Positive Individual Proactive Support Limited

PIPS Office

Inspection report

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14 July 2017

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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 inspection took place on 5 July 2017 and was announced. The provider was given notice because the location provides domiciliary care services and we needed to be sure that someone would be in. We visited people in their own homes on 11 July 2017 and contacted people who used the service and staff via telephone on 14 July 2017 to ask their views.

PIPS Office registered with CQC in May 2016 and this was the first inspection of the service. The service is based in Stokesley and provides supported living services to people in the Middlesbrough, Hartlepool, East Cleveland and York areas. At the time of this inspection the service was providing support to 15 people, most of whom had autism and/or learning disabilities. The nominated individual and registered manager where present throughout the inspection.

The service had a registered manager. 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.

Recruitment procedures had been followed to ensure staff were safe to work and did not pose a potential risk to people who used the service. Interviews were recorded and records showed that the provider ensured new staff were suitable for the role before an offer of employment was made.

Medicines were managed and stored safely. When people required their medicines to be administered by staff, appropriate documentation and risk assessments were in place. Medicines records contacted accurate information which reflected people's current medicine needs. Records showed that medicines had been administered as prescribed.

A safeguarding policy was in place to protect people from the risk of harm. All staff we spoke with were aware of the procedure to follow if they suspected abuse was taking place. Safeguarding concerns had been managed appropriately.

Risk assessments had been developed and were in place for people who needed them. The service promoted positive risk taking and risk assessments recorded how this was to be managed safely. People were not restricted and their independence was promoted. Risk assessments had been regularly updated to reflect people's current needs.

People told us they trusted staff and felt part of the service. They were able to transition to the service over a period of time which helped people to build relationships with staff before they began receiving support.

Staff demonstrated good knowledge and understanding of the requirements of the Mental Capacity Act 2005. Staff were aware of the procedure to follow if they suspected a person lacked capacity to make

decisions.

There was a process for completing and recording staff supervisions and competency assessments. Systems in place ensured staff received the training and experience they required to carry out their roles. They completed an induction process with the provider and shadowed more experienced staff until they built relationships with people. A range of training was provided to ensure staff were able to effectively carry out their roles.

Some people were supported by staff with meal preparation and where possible people's independence was promoted in this area. Records and people confirmed that they were given choice and were able to make independent decisions about what they had to eat and drink.

People were supported by a regular team of staff who knew their likes, dislikes and preferences. Staff had the knowledge of people's personal histories and medical conditions and had been involved in implementing and developing support plans to meet people's needs. Support plans were reviewed on a monthly basis to ensure they continued to meet people's needs.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. Professionals were kept updated regarding people's progress or any concerns that had been identified. People were clear about how they could get access to their own GP and other professionals and staff at the service arranged this for them where needed. People and relatives told us they were always treated with dignity and respect.

People usually consented to their care and support from staff by verbally agreeing to it and when appropriate best interests decisions had been made and were recorded. People we spoke with confirmed they had input in the support planning and had access to their care records. Information on advocacy services was available.

The provider had an effective system in place for responding to people's concerns and complaints and easy read formats of the complaints procedure were given to people when they joined the service. People said they would talk to the manager or staff if they were unhappy or had any concerns.

Staff told us they felt supported by the management. They said the management team were approachable and they felt confident that they would deal with any issues raised. Staff were kept informed about the operation of the service through regular staff meetings and other forms of communication. They were given the opportunity to suggest areas for improvement.

The management team carried out a number of quality assurance checks to monitor and improve the standards of the service. Information was analysed and the findings shared with staff during staff meetings.

The manager had a good understanding of their role and responsibilities and had extensive experience of working with people with autism and learning disabilities. They understood when notifications were required to be submitted to CQC. Notifications are changes, events or incidents the registered provider is legally obliged to tell us about within the required timescales.

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.

Recruitment procedures had been followed to ensure staff were safe to work and did not pose a potential risk to people who used the service.

A safeguarding policy was in place to protect people from the risk of harm and staff had received appropriate training.

Risk assessments were developed and contained required information.

Medicines were administered and stored safety. Staff competency to provide support with medicines was regularly assessed.

Is the service effective?

Good

The service was effective.

Staff performance was monitored and recorded through a regular system of supervision and competency assessments.

All new staff completed an induction. Systems in place ensured staff received the training and experience they required to carry out their roles.

Staff demonstrated good knowledge of the Mental Capacity Act 2005.

People were supported to maintain their health and access other professionals, when needed.

Is the service caring?

Good

The service was caring.

People were supported by a regular team of staff who knew their likes, dislikes and preferences.

People spoke highly of the staff and said they were treated with

dignity and respect.

Advocacy services had been had been actively involved in people's care and support when appropriate.

Is the service responsive?

Good

The service was responsive.

Support plans detailed people's needs, wishes and preferences and were extremely person centred which helped staff to deliver personalised support.

The provider had an effective system in place for responding to people's concerns and complaints and easy read formats were available.

People and relatives told us they were actively involved and had input into their care planning.

Is the service well-led?

Good

The service was well-led.

Quality assurance processes were in place to monitor and improve the service.

Staff were kept informed about the operation of the service through regular staff meetings and other forms of communication.

The manager had a good understanding of their role and responsibilities.

PIPS Office

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 checked 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 5 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service providing support to people in their own homes. We needed to be sure that someone would be available at the office. A second day of inspection took place on 11 July 2017 where we visited people in their own homes. Calls to people who used the service and staff took place on 14 July 2017.

The inspection was carried out by an adult social care inspector. An expert by experience made calls to people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of expertise was in learning disabilities.

The provider had been asked to complete a provider information return (PIR) and this had been returned within required timescales. A 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. We used this information to help plan this inspection.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We also sought feedback from the Local Authority.

During the inspection we reviewed a range of records. These included three people's care records containing care planning documentation and daily records. We also looked at four staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with six members of staff including the registered manager and the

nominated individual. Following the inspection we contacted four people who used the service by telephone and one relative to seek their views. We also visited one person in their own home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, "I am safe. There is always staff around if you need them. My stuff is safe in my room. [Manager] always looks after me." Another person told us, "Safe, yes I am. The staff are brilliant." A relative we spoke with told us, "I'm very happy where [person's name] lives. It's safe. He's got two key workers. There's an intercom and cameras to see who's outside so it's very good security."

We looked at the arrangements in place to manage risk so people were protected from harm. Risk assessments had been completed and contained sufficient detail which enabled staff to support people safely and reduce associated risks. For example, one person was at risk of choking. A care plan and risk assessment had been developed which detailed the action staff should take to reduce choking risks, such as cutting food into small pieces and monitoring whilst eating and drinking. The risk assessment also contained an 'easy read' format so the person was able to understand what was contained within the risk assessment. Easy read is a way of assisting people with learning disabilities to understand written communication and includes simple words and pictures.

People were supported to manage risk safely so that this did not restrict activities. Risk assessments were in place for accessing the community, vulnerability in social situations and absconding. These provided staff with clear guidance on how these risks should be managed.

The provider had systems and processes in place to record and learn from accidents and incidents and these identified trends and helped prevent re-occurrence. Information was recorded and we saw these were processed and evaluated regularly by management. This meant the provider could monitor and assess accidents and incidents to make sure people were kept safe and any health and safety risks were identified and acted upon as needed.

We saw arrangements were in place to manage the risk of emergencies in the home. People had a risk assessment in their care files for the environment and a personal emergency evacuation plan (PEEP). PEEPs are documents, which advise of the support people need to leave the home in the event of an evacuation taking place. These had been regularly updated to reflect people's current needs.

Staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. Staff told us the manager would respond appropriately to any concerns. One staff member said, "I have no concerns reporting anything to [manager]." We looked at training records in relation to safeguarding vulnerable adults and could see that staff had received training. Referrals had been made to the local authority when needed and these were recorded appropriately.

Medicine administration records (MARs) contained the required information to enable staff to administer medicines safely. This included the dose, time and frequency of medicines, as well as any known allergies. All MARs had been completed accurately to state when medicines had been administered by staff. Training

records showed that staff had received appropriate training with regards to medicines and staff competency assessments had been completed by management.

Some people were prescribed 'as and when required' (PRN) medicines. There was clear guidance in place for staff to follow which detailed when PRN medicines should be administered. Records confirmed that PRN medicines had been administered appropriately.

During our visit to one person's home we could see that medicines were stored securely within a locked medicine cupboard. Records of room temperatures had been taken ensure medicines had been stored at the correct temperature. Medicines were counted after each dose was administered, to ensure there were no discrepancies.

Due to the complex needs of people who used the service, PIPS operated a transition period when new care packages were accepted. The manager told us, "We go out and assess any new packages to ensure we can meet their needs. If we feel we can manage the package we will then start recruiting people who have the appropriate skills and knowledge. Interview questions are adapted depending on the person's need who we are recruiting staff to support. Most of the people we support have very complex needs. Once we have recruited we have a transition period where PIPS staff will work alongside other providers or professionals. This is to ensure PIPS staff build relationships with the person and are aware of people's needs and associated risks and how these need to be managed. If we were to just take on a package and start immediately it would be a disaster for the person and staff."

The provider had a recruitment procedure in place that had been followed. We looked at four staff recruitment files. Applications and interviews had been completed and interview questions focused on the individual needs of the people they would be supporting. Two references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults at risk.

Rotas showed that people were supported by a regular team of staff. Staff told us, "We work with the same people. It's not like other places I have worked where you may look after a number of people. It is very individualised and I think that is why it works so well."

People we spoke with confirmed they were provided with support from a regular team of staff. One person told us, "I have two staff during the day and one at night. I know them all. They come here often. A relative we spoke with told us, "There is at least two staff on in the day. They put 110% in. They all know [person] very well. It is a regular team."

Good

Is the service effective?

Our findings

People we spoke with thought the service was effective and that staff had the appropriate skills to provide good care. One person told us, "They look after me and know what is right and wrong. They are brilliant." A relative we spoke with told us, "The staff are 100% in the job and they make sure [person] gets what [person] needs. They have the appropriate skills, that's for sure."

The provider operated a regular system of supervisions to provide guidance to staff and monitor personal development. Supervisions also provided staff with the opportunity to share any ideas for improvement, what was working well, additional training needs as well as support with any personal issues that could impact on the person's working practices. Supervisions were well documented and action that was needed had been taken in a timely manner. For example, one member of staff had requested to complete an additional training qualification. Action had been taken by the manager to put this in place.

Staff told us they were supported in their role. One member of staff told us, "The management team are very supportive and there is always someone available when you need them. I have no problems approaching them with anything." Another member of staff told us, "The support is brilliant. You couldn't ask for anything more really."

As the service had only been registered for 12 months staff had not yet received an annual appraisal. Plans were in place for these to be completed when needed.

All care workers completed an induction to their role and the service when they were first employed. The provider told us staff new to care would undertake the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected. We looked at staff files and saw that staff had completed or were in the process of completing this training. This demonstrated that staff were supported to understand the fundamentals of care.

New staff also 'shadowed' a more experienced member of staff before working alone. This meant that people were introduced to new staff before they were expected to provide care and support. One member of staff told us, "I shadowed for a long time. People have very complex needs and to be able to provide the correct support I needed time to get to know the person and make sure they were comfortable with me." Another member of staff told us, "I joined the service when a transition period had just started for a new client. They were in hospital so I worked alongside experienced PIPS staff as well as hospital staff for a few months before the person came to live in the community. It works really well doing it this way." Staff also worked supervised until all training considered mandatory by the provider had been completed.

New staff were required to complete a six month probation. Throughout the six month period staff were closely monitored to ensure they were performing to the standard required by the provider. Monthly supervisions took place and the Care Certificate and mandatory training had to be fully completed before staff could pass their probation. Records we looked at confirmed this.

There was an extensive program of training staff were required to completed which included specialist training such as learning disability awareness, personality disorders, affective disorders and positive behaviour which corresponded with people's individual needs. We were provided with records for the training completed. All training was up to date and the manager had a training matrix which enabled them to track when training was due for renewal. Staff we spoke with confirmed they had sufficient training to be able to provide effective care to people. One told us, "There is lots of training but I must say all of it is relevant. If we feel we need any other training we just ask and it is arranged."

Staff had received training and understood the requirements of The Mental Capacity Act 2005 (MCA). The 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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). For people living in their own home, this would be authorised via an application to the Court of Protection.

Some people who have been kept in hospital under the Mental Health Act 1983 can get free help and support after they leave hospital. This is known as a section 117 aftercare. The service was supporting some people who were subject to a section 117 aftercare. We could see that other professionals involved in people's care and support were kept informed of any concerns or changes when required and that relevant documents regarding the section 117 aftercare were in place. Some people also had Community Treatment Orders in place (CTO). A CTO allows people to leave hospital to receive treatment and support in the community under the Mental Health Act. People who were subject to a CTO had all relevant documentation in place, including conditions of the CTO and professional contact details and correspondents.

All the staff we spoke with had a good level of understanding of the MCA and action they would take if they had any concerns.

People consented to care and support from staff by verbally agreeing to it. Staff confirmed they discussed care and support with people and asked them if they understood and were happy with what they were doing. Where people lacked capacity to give such consent, professionals and advocates had been involved in making best interests decisions.

People had access to their care records. One person told us, "There is a file all about me. I can see it if I want." A relative we spoke with told us, "I can access the care plan whenever I want and I am always kept updated by staff." Easy read documents were available to people to help them understand the contents of their care plans.

Some people who used the service required support from staff with meal preparation but this varied from person to person. We found that care plans contained details of people's preferences and any specific dietary needs they had, for example, whether they were diabetic or had any allergies. One person told us, "I do all my cooking. The staff help if I need it." Another person told us, "I cook my own food. Chicken dinners with vegetables, Sunday dinner, pie and chips and I also like fruit. The staff are there if I need them but I like to do it myself." We visited one person in their own home who was busy making lunch when we arrived. Staff allowed the person to prepare the meal independently only offering reassurance and guidance when it was required. The person told us they had selected what they wanted to make.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, community nurses, psychiatrists and social workers. One person told us, "They (staff) will get me a doctor if I'm ill or go to appointments with me if I need them." A relative told us, "They take [person] to hospital and other appointments, like the opticians, when needed."

Good

Is the service caring?

Our findings

People we spoke with told us that they were well cared for and treated with dignity and respect by all the staff. Comments included, "Staff are brilliant", "Staff are approachable, they always look after me" and "Yes, they are caring and kind."

We asked people if they felt staff treated them with dignity and respect. One person told us, "I can go to my room and have private space whenever I want. Staff just check I am okay. I can do most things on my own and staff respect that. They don't just walk in on me, they knock (on doors)."

Staff were able to describe how they protected people's privacy and dignity, by keeping curtains and doors closed when assisting people with personal care, allowing people to have private space and by respecting people's choice and the decisions they made. One member of staff told us, "People's needs do vary. The person I provide support to is very independent but just needs reminding of risks when making decisions, to keep them safe. If they are showering or getting undressed I make sure curtains and doors are closed and always knock before entering their bedroom. This is their home and I respect that."

People told us that staff knew their needs and preferences. They were familiar with staff, knew their names and the usual days they provided support. The management team regularly reviewed care packages to ensure people were happy with the staff that were providing care and support and people told us they were confident in raising any issues regarding staff to management. Records confirmed that people were involved in reviews of their care.

Staff knew people extremely well, including their personal history, medical history, previous risks, preferences and likes and dislikes. Staff we spoke with spoke passionately about the people they supported and discussed how much they enjoyed building relationships with people and helping them transition back into the community. Comments included, "I think the work we do at PIPS is invaluable. Some people have been in hospital for long periods of time and the support we provide shows that with the right support and staff people can live in the community."

One person we spoke with had recently moved into the community with support from PIPS. They told us how they had begun to build relationships with people in the community with the support of PIPS staff. They said, "I've been here a few weeks. Staff helped me to get a bus pass and I have started going to the local social club where I have made some friends." We discussed this with a member of staff who told us, "The social club is for people with learning disabilities in the local area. [Person's name] needed encouragement initially to speak to other people whilst at the club but slowly they have started to develop relationships. There is talk of a movie night happening sometime soon and they meet one person from the club at the bus stop to go to football. It's nice to see those relationships develop."

People told us that visitors were welcome anytime and staff provided privacy when visitors were present. One person told us, "I can have visitors anytime."

Records demonstrated that advocates were kept up to date with changes and any concerns. Advocates help to ensure that people's views and preferences are heard. We saw evidence that advocates had been involved in best interests decisions. For example, one person required medicines to be administered covertly. A best interests meeting had taken place with the advocates and other professionals involvement.

An independent voluntary organisation had been sourced by the provider to seek the views of people who used the service and advise the provider how they could involve people in the running of the service. The manager said, "We hope to have involvement of people with recruitment as well as quality checks. The voluntary organisation is helping to develop this with people. We are hoping to have some feedback from them by the end of August. One person put together some questions which we used for interviewing new staff for their care package. The answers were given to the person and they scored each candidate. They didn't want to be present at the face to face interview but this was a way of keeping them involved that they were comfortable with. This is the kind of involvement we want people to have."

Good

Is the service responsive?

Our findings

People who used the service confirmed they received a service which was personalised to meet their individual needs. Everyone we spoke with said they had information about how to raise a complaint if this was required. People told us they had confidence that any concerns would be appropriately addressed when required. Comments from people included, "I have no complaints; I know [manager] would sort anything for me" and "I always get asked if I am happy. I would tell staff if I was upset about anything."

The provider had a complaints procedure in place and we saw this was contained within their statement of purpose which was provided to people when they began to receive a service. The document included guidance on how to complain and what to expect as a result. There had been one complaint made which had been dealt with swiftly in accordance with the provider's policy. Staff we spoke with were aware of the complaints procedure, where it could be found and what action to take if a person raised a concern.

We found people received a service that was individualised to their needs and focussed on their abilities and personal strengths, together with areas for potential development. During the inspection we looked at three people's care records which contained personalised support plans. These plans detailed what support needed to be providing and covered areas such as personal care, communication, nutrition, medical conditions, emotions and social interaction. They were extremely person centred. For example, one emotions support plan detailed a set of cards that could be used to help the person express their emotions and what each card indicated. The support plans also detailed signs that would indicate the person was showing signs of agitation or upset. There was detail recorded about how best to manage these situations. A social support plan included the activities that the person should be encouraged to attend. Details included places, date and time of such activities and the bus route and times to take.

We discussed this person's social support plan with a member of staff who told us a specific bus route and time was taken to familiarise the person with the route so in the future they could manage the route independently. They told us, "We want people to develop and progress and yes there may be some issues that come up along the way but we deal with them as and when. Having a disability does not stop people being independent."

Care records also contained detailed information about people's life history, including likes and dislikes, relationships, hobbies and interests and previous medical conditions. Relatives and professionals had also been involved in the development of an 'All about me' section of the care records. Staff told us how they used this information to stimulate conversations and be aware of any actions that could trigger behaviour that may appear challenging.

Comprehensive assessments took place before a new package of care was accepted. The manager told us, "We have to complete a thorough assessment and ensure we can support the person. I feel this service is in high demand but we have to be thorough for the benefit of people and staff. If we do accept a new package of care we have lengthy transition periods and ensure the correct support is in place, including involvement of other professionals."

We asked people if they had been involved in the development of care plans and if discussions had taken place around what was important to them. One person told us, "I am fully involved and if there is anything I don't understand they take time to explain it to me." Another person told us, "Yes I was involved and I have reviews but I don't like being involved in them."

People were encouraged to participate in social activities. We saw evidence that demonstrated people were able to participate in a range of activities; these included coffee mornings, football, discos at local clubs, shopping and shows and festivals. Staff were knowledgeable about peoples likes and dislikes with regards to activities. One member of staff told us, "[Person's name] likes shows and going to the theatre. When they joined the service we identified that they had never been to the cinema so we organised a visit. [Person] didn't enjoy it so we have not been again but we had to try it. We also took them to a pantomime which they thoroughly enjoyed."

People spoke positively about the support they received to access the community and activities. One person told us, "I go to see my family. I go to football on Wednesdays. It's a disability team. I really like it." Another person told us how they liked that activities were flexible and they could walk into town when they wished with staff. This person also had an activities board which displayed some structured activities but also space for the person to make independent choices.

The service had received a number of compliments about the support provided. Comments included, 'Thank you for the care, flexibility and support you are providing' and '[Person's name] is content and happy.' Feedback from professionals had also been extremely positive. Comments include, 'I am thrilled at how well [Person's name] is doing since PIPS began providing support. They are like a different person' and '[Person's name] is so at ease with staff. I have not seen them this happy in a very long time.'

Good

Is the service well-led?

Our findings

The manager had registered with CQC in May 2016. Prior to this they had worked within mental health services and they are a registered learning disabilities nurse. They had many years' experience working within this type of service within a managerial capacity. They had a good understanding of their role and responsibilities and spoke enthusiastically about the support that PIPS provided.

The management team carried out a number of quality assurance checks to monitor and improve the standards of the service. Quality assurance and governance processes are systems that help the provider to assess the safety and quality of their services, ensuring they provide people with good services and meet the appropriate quality standards and legal obligations. Monthly audits were carried out of documentation such as daily visit reports and medicine administration records as well as audits of recruitment, staff sickness, financial records and accident and incidents. Any issues that were identified were discussed at management meetings and the findings shared with staff during staff meetings.

The management team were very knowledgeable about the people that they supported and any risks that need to be considered. The manager told us how they visited people in the community on a regular basis to monitor the care being provided. People we spoke with confirmed this. One relative we spoke with told us, "I have met with [manager's name] quite a few times. We sometimes meet for a coffee and chat about [person's name] care and support. I am kept updated all the time."

People who used the service and the relative we spoke with also thought the service was well-led and that the management team operated an open door policy. Comments included, "[Manager] is brilliant. They make sure I am ok and happy" and "They look after me without taking over. I don't want that" and "They are just normal people who I can speak to about anything. They are all sound."

Staff told us they felt the service was well led. Comments included, "The management team are very supportive and nothing is too much trouble. They will go out of their way to help you" and "They are by far the best management team I have worked with." Staff told us that they felt valued and that their views were listened to. One member of staff told us, "Every client has a review once a month. Staff that are key workers are involved in these meetings and we get to say what we think is working and what isn't. We are always listened to and I think that the management team give us responsibilities to help us develop. Any suggestions we have are listened to."

Regular staff meetings took place and covered areas such as training, people's support plans, safeguarding, staffing and recruitment as well as any other business. Discussions also took place around any issues identified by the quality assurance process. For example, if a member of staff had not provided enough detail on daily reports. A discussion would take place to instruct staff on what was expected of them.

The management team also used secure social media to report any organisational updates or changes that were planned. Articles were also shared that would improve personal development, such as skills for care updates and upcoming events such as learning disabilities awareness week. Access to this was restricted to

employees and was password protected. The manager told us, "We like to keep staff updated in 'real time.' The secure account allows us to do this."

Service user's questionnaires had not yet been distributed due to the on-going work with an independent voluntary organisation. The organisation was in the process of developing an effective way to gain feedback that was appropriate to people's needs and abilities. Plans were in place for these to be distributed in the next few months.

Staff questionnaires had been distributed in June 2017 and the service had received a 70% response rate. An analysis of the feedback was in the process of being generated and the manager told us how they would implement any action needed and share the findings with staff.

Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received the required notifications from the manager.