Housing And Support Solutions Limited

Housing & Support Solutions - Bridlington Region

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Housing and Support Solutions is a domiciliary care agency registered to provide personal care for people who may have learning disabilities or autistic spectrum disorder, physical disability or mental health needs and who are supported to live independently. The service provides the regulated activity of personal care for five people who live in East Yorkshire, either at the site in Bridlington or Goole.

We undertook this comprehensive inspection on the 16 and 20 February 2017. This was the first inspection for this service.

The service had a registered manager in post. 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.

People told us they felt safe living at the service. They said that this was because there were staff in the premises over a 24 hour period, and that the premises were safe.

We found the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005. They were aware of the need to gain consent when delivering care and support, and what to do if people lacked capacity to agree to it. People's abilities to make decisions had been assessed and appropriate support had been provided to ensure that their views were taken into account when making decisions.

People received their medicines as prescribed, from staff who had been training about the management of medicines.

We found people who used the service were protected from the risk of harm and abuse because staff had received safeguarding training and they knew what to do should they have any concerns. Staff were recruited following the organisation's policies and procedures.

Positive and caring relationships had been developed between staff and people who used the service. We saw people were treated with respect and their dignity was maintained. Staff were seen to speak with people in a kind, attentive and caring way.

Staff supported people to be involved in their care and to make choices about how they spent their time. Wherever possible staff encouraged people's independence and supported them to access the local community. Care plans contained information on the care people needed and the risks they faced. Staff were aware of people's health care needs and the support they provided helped to maintain them.

People told us they were happy with their meals. Some people worked alongside staff to prepare their meals

and other people had their meals prepared for them by staff.

People who used the service had a wide range of support needs. People received support for between four and 12 hours per day. We found sufficient numbers of staff were employed to ensure people's needs could be met.

Staff training and the on-going support staff received from the management team meant that the care provided was safe and effective.

There was a quality monitoring system that ensured people's views were listened to, any complaints were addressed, audits were completed and checks carried out on staff practices and performance.

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.

People received the right medicine and the right time.

Staffing levels ensured people received the service that had been agreed with them. Safe recruitment procedures were in place which helped ensure staff were of suitable character to work with people who may be vulnerable.

Staff received safeguarding training and knew what to do to keep people safe from the risk of harm and abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely without unnecessary restriction.

Is the service effective?

Good

The service was effective.

People's mental capacity was assessed and monitored. People gave their consent to receive care and support and where this was not possible, the principles of the Mental Capacity Act 2005 were followed to protect people's rights.

People's health care and nutritional needs were met.

Staff had access to training, supervision and appraisal to enable them to feel confident and skilled in their role.

Is the service caring?

Good

The service was caring.

We observed positive relationships between people who used the service and staff. Staff knew people's personalities and their strengths and used this to encourage people to develop.

People told us they were happy with their care and that their privacy and dignity was respected.

Confidential information about people was held securely.

Is the service responsive?

Good

The service was responsive to people's needs.

Staff knew the care people needed and provided person-centred care tailored to people's individual needs.

People were supported to live active and fulfilled lives both at their homes and in the community.

There was a complaints policy and procedure and people felt able to raise complaints or concerns in the knowledge they would be addressed. People were encouraged to express their views on the service provided.

Is the service well-led?

Good

The service was well-led.

There was an open and transparent culture in the service where people were supported to voice their needs and concerns.

People told us that the service was well managed.

The registered provider had systems in place to monitor and improve the quality of care the service provided.

Housing & Support Solutions - Bridlington Region

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 and 20 February 2017 and was announced. The registered provider was given 24 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

The inspection team consisted of one adult social care inspector. We visited two housing complexes and spoke with four people who used the service. The main agency office was based at the Bridlington site. We spoke with the registered manager, the team leader, the shift mentor and a support worker. At the Goole site we spoke again with the registered manager as well as the team leader and two support workers.

Prior to the inspection we spoke with the local authority contracts and commissioning team about their views of the service. We also received two questionnaires from health care professionals.

We observed how staff interacted with people who used the service. We looked at the care records for five people who used the service including any accidents and incidents, daily records, medication records, risk assessments and care plans.

We also looked at a selection of records used in the management of the service. These included staff rotas, the recruitment records for two members of staff, staff training records and quality assurance and complaint records.

Good

Is the service safe?

Our findings

We visited the flats at both developments registered as part of this location. People told us that staff were in the premises over a 24 hour period, on seven days a week. They said that this made them feel safe. Comments included, "I would go to the office if I needed support", "I feel safe when they [the staff] are with me" and "They [the staff] are people I know so I feel safe."

The properties had a push button entry system; the code was known by staff and people who lived at that development, but not by other people. This meant only people who should be in the premises could gain access.

There was a satisfactory medicines policy and procedure in place. People told us that they received medicines when they needed them. One person told us what tablets they were taking and the reason they had been prescribed. They said, "I know what medicines I should be getting and I get them." There was a printed list prepared by the pharmacy that included the name, a picture and the dose of all medicines prescribed, plus the number of tablets to be taken and the time.

Some people's medicines were stored in the staff office and some people had a locked cabinet in their flat. This depended on the level of risk involved. When medicines were held in the office, we saw they were stored in a locked box within a locked cupboard. Each person had their own box and medicines had been provided in individual blister packs by the pharmacy. The box also included a folder where the person's medication administration records (MARs) were stored along with additional information about the person's medication needs. This included a copy of the person's medication care plan and risk assessment. We saw that MARs had been completed accurately, although we advised that it was good practice for two staff to sign handwritten entries on MARs to reduce the risk of errors occurring when transcribing information from the medicine label. We found individual medicine protocols were in place for the use of 'as and when required' medicines such as for pain relief. Homely remedies had also been added to people's MARs so they could be monitored by staff.

None of the people who currently lived at the service had been prescribed controlled drugs (CD's), but the homes policy and procedure made reference to how CD's should be managed. CDs are medicines that require specific storage and recording arrangements. Medicines had been audited by the pharmacy in January 2017 and only minor concerns were identified; no follow up visit was required.

Records showed staff received training on how to manage and administer medicines in a safe way. The team leaders or shift mentor completed medication competency assessments on staff practice prior to them being able to administer medicines to ensure they were competent to do so. One member of staff told us, "After the training I had an exam. If I didn't pass I would have had to do it again. We have to be observed. If we make an error we are taken off medicines until we have been re-trained."

We checked the recruitment records for two members of staff. These records evidenced that an application form had been completed, references had been requested and checks had been made with the Disclosure

and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. We noted that prospective employees were asked to give the name of three referees; this ensured there were always two references in place prior to people commencing work. This meant that only people considered safe to work with people who may be vulnerable had been employed by the service.

People told us there were sufficient numbers of staff employed. They said they always received the one-to-one time they were allocated and staff confirmed this. Some staff hours were allocated to people's one to one time, and other staff were classed as 'shared' staff; these staff were responsible for cleaning and assisting people to manage their finances, but were also available to provide additional support to people or to assist another member of staff when needed. There were two members of 'waking' staff on duty overnight. The service was in the process of recruiting additional staff to ensure that staffing levels remained sufficient to meet people's needs. In the interim period, staff told us they were willing to work additional hours to fill any vacant hours.

Staff told us that there was always a manager 'on call' over the weekend who they could contact for advice if an emergency arose or they needed advice. The details of the managers 'on call' were displayed on the notice board in the office.

People were protected from discrimination, abuse and avoidable harm by staff that had the knowledge and skills to help keep them safe. The registered provider had policies and procedures in place to guide staff and these advised them on what they must do if they witnessed or suspected any incident of abuse. There was also a finance policy and finance guidelines that outlined how assistance with people's finances should be carried out in a way that protected them from the risk of financial abuse.

Staff were able to explain different types of abuse they may become aware of. They told us they would report any concerns to a team leader or the registered manager, and they were confident appropriate action would be taken. They said they would take the matter further if they felt it had not being dealt with properly. We saw the central record for safeguarding incidents and noted that these had been managed appropriately; there was a record of any investigations that had been carried out and the outcome.

Staff were also aware of the importance of disclosing concerns about poor practice or abuse and understood the organisation's whistleblowing policy. One member of staff told us they would not hesitate to raise concerns about their colleagues. They said, "The people who live here are the main priority – 100%." Staff were confident that their confidentiality would be maintained.

Accidents and incidents records were maintained and demonstrated appropriate actions were taken. The registered manager told us the organisation had introduced an electronic reporting system that enabled staff to report any incidents via chrome books that had been introduced into the properties. Reports were then sent to the team manager and area manager and this enabled them to respond in a timely manner to any issues that arose.

Staff told us they had completed training on managing people's behaviour when it could challenge other people and staff. This training gave staff the skills to be able to defuse situations and use diversional techniques to distract the person. Staff were also shown how to use low level restraint techniques to protect people from the risk of harm. Care plans included an 'individual reactive strategy' that described behaviours that the person could present with and how these could be managed. The organisation employed a behaviour support practitioner who had been trained in MABO, which is a type of conflict management

training.

Risk assessments had been completed for any areas that were considered to be of concern. Risk assessments recorded the risk, any triggers, how staff could reduce the risk and how the risk could be eliminated. Risk assessments were reviewed on a regular basis to ensure they remained relevant and up to date.

We saw people had personal emergency evacuation plans (PEEPs) in place. These provided staff with guidance in how to support people to safety when they needed assistance to leave the premises in an emergency. There was a business continuity plan and procedure which gave instructions for staff on how to deal with emergency situations such as utility failures, flood, epidemics, fire or damage to the property. This plan had been put into action during a recent expected tidal surge in Goole, where one of the developments was located.

Good

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The records we saw showed that staff had completed training on the MCA.

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 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. Discussion with the registered manager indicated that one person was being deprived of their liberty and the appropriate applications for authorisation had been submitted to the Court of Protection. One person's care plan recorded details of the solicitors who had been appointed by the Court of Protection as their joint deputies.

There was a policy in place on the MCA, choice and consent. This recorded the five key principles of the MCA and advised staff how to help people to give informed consent and make informed decisions and choices, including the principles of best interest decisions. We saw that best interest decisions had been made on behalf of people when they lacked the capacity to do this for themselves, including for staff to administer their medicines and the management of finances.

People we spoke with told us staff always sought their consent prior to assisting them and we observed this in practice during the inspection. Staff understood people had the right to refuse care and in such situations, they said they would consult with senior staff for further support and advice.

Staff described how they helped people to make day to day decisions, such as advising them to wear suitable clothing for the day's weather. One member of staff told us, "We give people a choice. We may lay clothes out for people to help them make a choice" and "We also use education and find information on the internet to share with people so they are able to make informed choices."

People received support from staff with their food and drink. Some people told us they worked alongside staff to make meals they had chosen, and other people told us that staff prepared meals for them in the kitchen in their flat. People were assisted by staff to do their shopping. Staff told us that people's food likes and dislikes were recorded in their care plan, and people who we spoke with confirmed that staff understood their likes and dislikes. People told us they were happy with their meals. One person told us about their favourite meals and that they were assisted to make these by their support worker. They also told us about their favourite 'take away' meals and said they sometimes ordered one.

Staff were confident that they knew people well enough to recognise the signs when they were unwell, even if the person could not express this verbally. People's diagnosed medical conditions were recorded in their care plan and we saw that people were supported to maintain good health. People told us that staff

supported them to access healthcare services when required. Staff told us that some people could make appointments and go to the GP surgery without assistance, but others would need the support of staff to go to the surgery. Records showed that staff involved external professionals where appropriate including speech and language therapists, clinical psychologists and dieticians. People were also supported to attend health screening appointments to ensure any healthcare issues were promptly identified.

There was a document in people's care plans that they could take to hospital appointments and admissions with them. This recorded information hospital staff needed to know about them and prioritised this as 'Things you must know about me, things that are important to me and things I like / don't like'.

Staff told us they received a range of training which was suitable to their role. They said there was a central record of the training they had completed and when refresher training was due, they were informed.

New staff carried out a thorough induction programme that included them being observed whilst carrying out the administration and recording of medicines and completing financial transaction forms. Staff shadowed experienced care workers during their induction period although this information was recorded on time sheets rather than in the person's induction records. The registered manager said they would make a separate record of people's shadowing shifts in future. Staff also told us they had the opportunity to read the care plans for people who they would be supporting during their induction period. One member of staff had the title 'Shift mentor'. They were responsible for coaching new staff and providing guidance for all staff. One member of staff said, "I had two weeks training, all full days. I learnt so much. I also shadowed and had a mentor."

Staff who were new to the caring profession were required to complete the Care Certificate; this ensured that new staff received a standardised induction in line with national standards. Staff with previous experience were not always required to undertake the Care Certificate, especially if they had already achieved a National Vocational Qualification (NVQ) or equivalent. All staff were expected to work towards a NVQ or equivalent following their six month probation period.

We looked at the training record and this showed that staff had completed training on health and safety, epilepsy, food hygiene, finance, fire safety, MCA, safeguarding adults from abuse, medication, autism, first aid, personality disorder and Timian. Timian is training for staff on how to safely use physical interventions.

The organisation had developed an Autism Strategy that had been shared with staff. There was a folder in place that contained best practice guidance for staff. We also saw guidance on diabetes, epilepsy, understanding borderline personality disorder, psychosis, assistive technology and a heatwave plan. This provided staff with information that kept them up to date with good practice guidelines.

Staff told us they felt well supported by the team leader and registered manager. Each staff member had a target of four supervisions a year which was monitored by the registered manager. Comments from staff included, "We previously didn't feel well supported. [Name of team leader] has turned this around – they give 100%" and "When I was new I had a lot of questions. They were all answered. I feel well supported and that includes mentoring." They also said they did not need to wait for supervision meetings to discuss concerns with their manager, as they had an 'open door' policy.

People lived in their own flats within the development and these were decorated to suit their needs and tastes. The maintenance of the premises was the responsibility of the landlord and we saw that the premises were well maintained.

Good

Is the service caring?

Our findings

People told us that staff supported them to be as independent as possible. Most people who received support did not require assistance with taking a bath or a shower, but some people required support with washing their hair or shaving. Staff told us that they encouraged people to do things for themselves, and always checked what assistance people required before they provided it. One member of staff said they promoted independence and that "Some people needed more encouragement than others." They added, "We want to make a difference to people's lives." A social care professional told us, "My client has developed good relationships with staff and say they are enjoying their time there. Their needs are being met and their independence is being promoted. They are encouraged and prompted to do as much as they can for themselves."

In March 2016 the company carried out a short survey with people who used the service to determine whether they were undertaking any paid or voluntary employment and if they voted. This showed that 10% of people supported by the organisation were in paid or voluntary employment and that 80% of people had the capacity to vote if they chose to.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, covering people during assistance with personal care and providing personal support in private. Care plans recorded whether people preferred to receive support from a male or female support worker. One person's care plan recorded, 'I can become very anxious around men and I only like females to support me.' Care plans also recorded the level of support people required with personal care, such as 'Staff to prompt me to brush my teeth and hair. I may like staff to help me cut and file my nails'. One person told us that their assistance with personal care was "As private as it can be. Staff always check with me that it is ok to support me."

We saw people were offered support and encouragement to maintain their personal appearance and to promote their self-esteem and sense of pride in their appearance. People were able to wear clothes they liked that suited their individual needs and preferences and staff were seen to respect this.

During observations of care and support we saw staff treated people well. There was a good atmosphere within the services we visited and we saw staff interacting positively with people. One person told us, "I like my flat and I like the staff. I'm happy here" and another person told us the name of their support worker for that day and added, "He is a nice young man." Staff told us they were confident that all staff who worked for the organisation genuinely cared about the people they supported. One member of staff said, "People genuinely care. There is a positive vibe at the service" and "I wish I'd done this type of work years ago." We observed people were happy and at ease with staff and we saw that staff had a good rapport with them.

The staff explained to people the purpose of our visit and reassurances were given to people before we accessed different areas. They had a good understanding about people's current needs, personalities, strengths and anxieties and their role in supporting and enabling people to live with these.

Some people who received a service were not able to communicate verbally, and some people lacked literacy skills. One person's care plan recorded that staff needed to use Makaton and simple language to communicate with them. Makaton is a type of sign language used by people with a learning disability. There was a communication plan and passport to aid staff to communicate with this person effectively. This described how the person would indicate their care needs, such as tapping their mouth to request food and drink and tapping their ear to listen to music. A health care professional told us, "I have found that working with the service has been a very positive experience. We have had a difficult case. However, good communication and a very committed staff team have enabled this service to work and for the person to settle very quickly."

At the time of our inspection, the service was providing care and support to people who had protected characteristics (age, disability, gender, marital status, race, religion and sexual orientation). We were told that those diverse needs were adequately provided for.

The registered manager confirmed advocacy services had been involved with people who used the service for a range of issues and they would support people to access advocacy services if they needed additional support. This was confirmed in one of the care plans we reviewed. Advocates can represent the views of people who are unable to express their wishes.

People who used the service had a copy of the organisation's service user guide and statement of purpose. This included information for people on the type of service provided, confidentiality, complaints and compliments, useful contact numbers (including CQC, the local authority, the NHS Trust and advocacy services) and how to contact staff 'out of hours'. The service user guide was produced in large print and used symbols. This ensured people had the information they needed to understand the support they were receiving.

We found records were held securely. The registered manager confirmed the computers held personal data and were password protected to aid security. Staff had completed training about information governance and confidentiality in their induction.

Good

Is the service responsive?

Our findings

We found support plans were well organised and easy to follow. Support plans had been written for a variety of topics, including communication, identified behaviours, medication, finances, access to healthcare, personal care and community involvement. They included information about people's chosen lifestyle, their personality traits, their capacity to make decisions, medical conditions and the support people needed with personal care. They had been signed by the person concerned when they had the capacity to understand and agree to the content. This information enabled staff to provide person-centred care. One member of staff told us, "The people who live here are at the centre of everything we do."

Care plans recorded details of the amount of support the person would receive; this varied from four hours to 12 hours a day. An 'All about me' document recorded details of health care professionals who were involved in the person's care, their favourite things, places they liked, what made them happy and sad and their hopes and dreams for the future. Care plans were produced in large print and, when they were able to do so, people were asked to sign their care plans to confirm they agreed with the content.

The organisation also used an 'outcomes star' system to record people's support needs and how they would be supported to reach their goals. The registered manager told us the outcomes star both measured and supported progress for service users towards self-reliance or other goals. They were designed to be completed collaboratively as an integral part of key-working. A key worker is a member of staff who takes particular interest in a person, such as assisting them with shopping and supporting them with activities.

Reviews of the care provided were held routinely and meetings were arranged when issues needed to be addressed. Staff completed daily records, which detailed the relevant support that had been provided to people, for example, food and fluid consumed, their physical and emotional well-being and medication administered. This information provided staff with an overview of what had happened for individuals on a daily basis.

There was a comprehensive complaints policy and procedure in place, and this included information on how complaints would be used to effect continuous improvement. Staff told us that people understood how to make a complaint. One member of staff told us, "People are in charge of their own lives. They know how to complain" and "If I thought someone needed to complain but they hadn't, I would tell someone." Staff said they would share any complaints they became aware of with the registered manager and they were confident the registered manager would investigate appropriately. They said people's complaints were listened to. The people who we spoke with confirmed they knew how to express concerns and make a complaint.

People who used the service had been invited to complete a satisfaction survey in July 2016. People were asked questions about staff skills in communication, their relationships with the manager and staff, the cleanliness of the premises, their understanding of the complaints system, professionalism, whether staff were kind and caring and how well the service was managed. 100% of people using the service had returned a survey. The responses had been analysed but the document we saw only recorded whether or not people

would recommend the service. 74% of people who completed a survey said they would recommend the service to other people. One person who received a service told us, "I have been asked if I am happy with the support I receive."

Tenants meetings had been introduced in Bridlington in December 2016. The minutes of the meeting showed that smoking outside the premises, relationships with neighbours, activities and Christmas and New Year celebrations had been discussed. People were asked to suggest topics for the next meeting via the agenda that would be placed on the notice board in the hallway. The minutes of the meeting in January 2017 showed that action had been taken about some of the issues raised at the December meeting. For example, a Christmas and New Year night out had been suggested. These had been arranged and people had enjoyed the events. This showed that people were involved in how the service was operated, and that there were systems in place to enable people to share their views.

We saw people were supported to follow their interests and choose what they wanted to do. One person's care plan recorded, 'I am able to go out by myself but like staff to accompany me'. People were supported by their 'one-to-one' worker to take part in community activities. One person told us they liked to walk into the town every day and said, "I like to go to a café for a Cappuccino." They said they liked to play DVD's and computer games in their flat, and told us about the meals their support worker made for them. They named the support workers who they particularly liked spending time with. Another person told us they had been into the town that day for lunch.

We saw effective arrangements were in place to support people to maintain friendships and family connections. Some people had two bedrooms within their flat so their family and friends were able to stay with them, and one person told us about visits their family had made. A health care professional told us, "Management has coped well with parents who are struggling to come to terms with their child moving into supported living. Managers have evidenced that they take on board the thoughts of family but ultimately are focused on the best interest of the client."

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of this inspection and this meant the registered provider was meeting this condition of their registration

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way by submitting the required 'notifications'. This meant that we were able to check that incidents had been appropriately managed. We reminded the registered manager that notifications in respect of actual or alleged abuse needed to be submitted to CQC even when the safeguarding threshold tool introduced by the local authority indicated that an alert did not need to be submitted.

We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely.

The service had policies and procedures in place, including those for safeguarding adults from abuse, medication, MCA / choice / consent, complaints and finances. These were reviewed and updated on a regular basis. Staff were expected to read these policies and procedures during their induction period.

We saw that there were clear lines of communication between the registered manager and staff. The registered manager knew about the specific needs of people living at the service. We asked people if they felt able to speak with the registered manager. One person said, "I can talk to [Name of registered manager}. We are good mates. They sort things out." They also spoke positively about the team leader. They told us, "[Name] is a great manager. They listen."

Staff told us the service was well managed and that they enjoyed working for the organisation. Comments included, "Things here work really well. We know who we can go to if we need to talk, even the name of the Chief Executive" and "[The managers] are helpful, approachable and they listen." One member of staff told us that staff worked very well as a team and that they were able to challenge colleagues about their practice without causing offence, as all staff understood that their priority was to provide the best care for the people they were supporting. They added, "We all have different skills and we bounce off each other." Another member of staff told us, "We are a good team who support each other. We are all singing from the same hymn sheet and have the same goals."

The registered manager had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. The registered provider had introduced a staff award ceremony and one of the team leaders had been nominated for an award.

The staff described the culture of the service as "It's like going to a friends for the day. We become close but remain professional. It's a rewarding feeling" and "This is a very good company to work for. It's rewarding,

challenging and enjoyable. I'm excited to come to work."

Staff told us they attended staff meetings and that these were 'two way' meetings. They said they were always asked if there was 'any other business' so they were able to discuss any concerns at the meetings. One member of staff told us, "We all join in. It's nice when we are all together. At the last meeting we made suggestions about where we could take people. One of my colleagues [in their own time] prepared a spreadsheet to record how far away these places where so we could look at transport costs."

We saw the minutes of two staff / group supervision meetings that had taken place in January 2017. Topics discussed included new staff / mentors, audit updates and 'what's not working'. Staff also received a newsletter. The most recent newsletter included feedback from a national conference on building the right support for people with a learning disability and / or autism. This meant that all staff had information about the latest thinking on this topic.

There were systems in place to monitor and review the quality of the service and to drive improvements. One audit that was completed by the registered manager was based on the CQC areas of safe, effective, caring, responsive and well-led and the outcomes were recorded as 'urgent' or 'some evidence that actions are happening but more action needed'. We checked the health and safety audit that checked the safety of every flat in both developments. The checks covered fire safety systems, carbon monoxide detectors / alarms and that people had a PEEP in place. Any action required had been recorded, although we did not see any updates to record when these shortfalls had been actioned.

Staff told us that quality assurance was used 'genuinely' to make improvements to the service. They said they were confident that there would be learning from any incidents or complaints that occurred. Staff told us that there had been learning from medication errors that had occurred. A member of staff said, "We would speak openly. Medication was missed for [name of person who uses the service]. This was recorded in the communication book and there is now less chance of errors occurring."

People told us they received a consistent service. They said they always received the hours of support that had been allocated to them. In addition to this, they received this support from a small, consistent group of staff. They confirmed that they had been consulted about which staff they would like to support them.

The organisation had carried out an employee survey in 2015 but this was before the Bridlington branch was registered with CQC. However, this showed that the organisation consulted with their staff. We saw examples of blank surveys that had been produced in preparation to be sent to relatives of people who used the service and for staff.

The organisation's newsletter (Team Roundup) is an internal publication that is shared monthly via team meetings and supervision with the aim of enhancing and engaging teams. The main purpose is to share information and learn. This enables us to pick up any common themes or hot topics, learning is shared and cascaded to services to improve quality.

The registered manager told us that team leaders had established working relationships with the local community learning disability teams to ensure they were working in partnership. They said that the sharing of information was a two-way process with a focus on the needs of the individuals that they supported. A social care professional who was involved with someone who moved into the service commented, "The providers have liaised with social services extensively throughout this 'settling in' period and have worked hard to make things work."