

Vibrance

Vibrance Outreach

Inspection report

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Date of inspection visit:
01 June 2017

Date of publication:
05 July 2017

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 inspected Vibrance Outreach on 1 June 2017. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. Vibrance Outreach provides care and support to people in their own homes. At the time of our inspection, the service was providing 24 hour care for two people in their own homes.

There was a registered manager at the service 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.

The service was safe and had practices in place to protect people from harm. Staff were knowledgeable about safeguarding and what to do if they had any concerns and how to report them.

Risk assessments were thorough and detailed and staff demonstrated their knowledge in knowing what to do in an emergency situation.

Staffing levels were meeting the needs of the people who used the service and staff demonstrated that they had the relevant knowledge to support people with their care.

Recruitment practices were safe and records confirmed this.

Medicines were managed and administered safely and audited on a regular basis.

Newly recruited care staff received an induction and training for care staff was provided.

Care staff demonstrated an understanding of the Mental Capacity Act (2005) and how they obtained consent on a daily basis. Consent was recorded in people's care plans.

People were supported with eating and preparing food in a personalised way.

People were supported to have access to healthcare services and receive on-going support. The service made referrals to healthcare professionals when necessary and records confirmed this. The service created pictorial care guidance for people who used the service to reduce the anxiety of GP and dentist appointments.

Positive relationships were formed between care staff and the people who used the service and care staff demonstrated how well they knew the people they cared for.

The service promoted the independence of the people who used the service; people were encouraged to carry out tasks like personal care in an independent way and were supported when necessary.

Care plans were detailed and contained personalised information about people who used the service and their needs. Care plans were reviewed and this was documented accordingly.

Concerns and complaints were encouraged and listened to and records confirmed this.

The registered manager had a good relationship with staff and the people using the service and their relatives. There was open communications between all parties.

The service had quality assurance methods in place.

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 who used the service were protected from harm.

Risk assessments were detailed and robust.

Staffing levels were in line with the needs of people who used the service.

Medicines were managed safely and audits were completed on a regular basis.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision.

People were supported to maintain a healthy diet in line with nutritional risk assessments and guidelines.

People were supported to have access to healthcare services and received on-going healthcare support.

Is the service caring?

Good ●

The service was caring.

Positive and caring relationships were formed between staff and people who used to service..

People's privacy and dignity was respected and promoted.

People were encouraged to be as independent and possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and personalised and contained specific information in relation to people's needs .

Concerns and complaints were encouraged.

Is the service well-led?

The service was well led.

The registered manager had a positive relationship with staff and people who used the service.

Quality assurance audits were taking place on a regular basis to monitor the service.

Good ●

Vibrance Outreach

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.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we already held about the service, including statutory notifications we had received and we contacted the local safeguarding and commissioning teams for feedback on the service.

During our inspection we went to the provider's office. We looked at two care plans, five staff files including supervision and training records, medicine records, policies and procedures and risk assessments. We spoke with the registered manager and the team leader and after the inspection we spoke with two care workers, one person who used the service and a friend of a person who used the service.

Is the service safe?

Our findings

A friend of a person who used the service told us, "Oh yeah, definitely, [friend] is safe." One person who used the service told us, "Yeah", when we asked them if they felt safe with their care workers.

Policies and procedures were in place for safeguarding and whistleblowing. The safeguarding policy clearly stated how to raise a safeguarding alert and who to contact. In addition, the whistleblowing procedure was clear in explaining who to contact in the relevant circumstances. The service informed CQC of any safeguarding's that had been raised in a timely manner. The registered manager told us, "I've got confidence in my staff regarding safeguarding practices. They will tell me their concerns. If there's anything they think is untoward, they will tell me and I'll raise it with the local authority. The team are really good at it; staff email me if they have any concerns and call me as well. We've always got our phones on us and we have an on-call system as well." A care worker told us, "First and foremost if I had any concerns I'd speak to the person then I'd liaise with [registered manager] and leave her to take the lead." This meant that staff had a good understanding of safeguarding procedures and management were accessible to deal with any concerns raised by staff and escalate them without delay.

The service had robust and personalised risk assessments in place for people who used the service. The registered manager told us, "It's about minimising risk and also taking positive risk. It's about being able to evidence that you've put measures in place to prevent risks." One care worker told us, "Risk assessments are put in place along with guidelines and these are accessible. It's important." For example one person who used the service was at risk of choking. The risk assessment stated, "[Person] is at risk of choking when eating foods which are stringy, hard or sticky in consistency." The risk assessment 'action plan' stated, "All foods to be soft, moist, easy to chew consistency. No stringy, hard or sticky foods. Remove skins from grapes and sausages and other similar food. Mash down peas and any forms of beans to remove the outer shell/husk. Monitor [person] at all times when eating and drinking. Encourage [person] to chew his food." The risk assessment also gave instruction on what to look out for if the risk became apparent, for example, "Coughing/choking, change in complexion, watery/wet eyes, difficulty breathing." The risk assessment had clear instructions on what to do if the person started to present any of the signs of choking. This meant that care workers had clear guidelines on how to prevent the person from choking and also what action to take if this were to happen.

Another person who used the service had a risk assessment in place for their epilepsy. The type of seizure was documented, how it presented, possible triggers and clear instructions were documented for care workers to follow should the person have a seizure. Other risk assessments for people who used the service included safety whilst in the community, the risk of walking into other pedestrians when crossing the road and behavioural support plans for when in the community.

Medicines for each person were listed in care plans with dosage, usage and any potential side effects. For people who were prescribed medicine on an 'as needed' basis (also known as 'PRN'), there were clear protocols in place. For example, one person was prescribed a medicine for anxiety that was to be used only when needed. The care plan gave clear instructions of the dosage of medicine to effectively manage this

person's anxiety. The protocol also stated when the medicine shouldn't be given, triggers for the person's behaviours to warrant administering the medicine, techniques to try before giving the medicine and the side effects of the medicine. This meant that the protocol gave clear instructions to care workers to abide by in circumstances where giving the medicine was appropriate and also instructions on techniques to try to avoid over medicating.

The service carried out a monthly medicines audit and looked at the storage of medicine in the person's home, whether it was in safe and locked away, whether people had signed for their medicines and whether they had been seen by their GP for a medicines review. Records showed audits from April and May 2017 which looked at medicine administration records, whether any homely remedies were administered and whether all staff had received medicines training. Medicines audits were also completed in pictorial format so that people who used the service could contribute. This meant that people who used the service were empowered to feel in control of the medicines they were taking.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. The service used an online database called 'Datix' to record accidents and incidents. The registered manager told us, "Staff can access Datix from their laptops and smart phones and can complete accident and incident forms remotely. I will then get an alert review the information and give it a status. I'll notify the safeguarding team or CQC if relevant. Datix enables me to have a good handle on things." A care worker told us, "I've used Datix in the past. It's relatively easy. It's a useful tool, it's simple. You put your report in, send it to your manager and they review it." This meant that the service was using innovative ways to record accidents and incidents in a timely manner in order to take action without delay.

In addition to the use of Datix, the service implemented an 'incident card' that care workers carried with them whilst taking people they supported out into the community. The team leader told us that if a person they supported exhibited any challenging behaviour whilst out in the community, for example running off without paying for something, care workers would promptly hand an 'incident card' to shop owners or bystanders which stated, "If you have received one of these cards then you will either have witnessed or been involved in, an incidence involving one of our service users. We provide support for adults with learning disabilities and as you will appreciate our primary focus will be insuring their safety at all times. If staff have not been able to explain themselves to you, it will be because of the pressure of the moment and not through discourtesy." This meant that the service was committed to ensuring the safety of the people they cared for and also to counteract any negative impact it could potentially have on the community.

The service had robust staff recruitment procedures in place. Records confirmed that checks were carried out on prospective staff before they commenced working at the service. These included employment references, criminal records checks, proof of identification and a record of the staff's previous employment. This meant the service had taken steps to help ensure suitable staff were employed. The team leader for the service told us, "We have an online recruitment process, from the advert to selection, to booking interviews. Human resources do our ID checks and all of the paper work goes to head office, we see all of it, including the references and approve them."

The registered manager told us about arrangements that were made to cover any unexpected staff absences, "We work within the realms of core teams of staff so that we find cover within them for consistency. We phone around other members of the team and we also use a Vibrance relief bank. If we can't get cover, me or [team leader] will jump in." A friend of a person who used the service told us, "[Friend] always has the same regular carers. You get the odd one or two that cover but they're all really good with [friend]." A person who used the service told us his carers were the "Same girls", and told us the days that they visited him.

Records confirmed that people using the service either had a Court of Protection order in relation to their finances, or family appointeeship for the management of their money. The registered manager told us about the person with a Court of Protection order in place and stated, "[Person] gets money each month via his solicitor and this goes into his tin and it is recorded in his book and it is double signed." Records confirmed that financial transactions and receipts were written down and signed for and that financial risk assessments had been completed. This meant that people's finances were managed safely by the service.

Is the service effective?

Our findings

Newly recruited staff had to complete an induction which included looking at care plans, accident and incident reporting, policies and procedures, supervision and mandatory training and shadowing. Each part of the induction was signed off by management once completed. The registered manager told us, "We don't introduce a new member of staff to a service user until they have shadowed a shift." Care workers received regular training and the registered manager kept a record of when training needed to be renewed and updated. Records confirmed this and showed that care workers had received training in safeguarding, first aid, medicines, mental capacity, fire safety, health and safety, moving and handling and infection control. One care worker told us, "I had an induction and training when I first started. The induction was quite good I was impressed. I had training in health and safety, food hygiene, first aid and safeguarding." They also told us, "The overall ethos [of the service] made me feel like I could work here and not feel intimidated. They utilise my skills and I feel valued."

The team leader for the service told us, "We have started the Care Certificate but funding has come through for our staff to all do an NVQ so staff have a choice to do the Care Certificate or the NVQ. The Care Certificate is a staff induction training programme specifically designed for staff that is new to the care sector. An NVQ is a National Vocational Qualification.

The registered manager told us about e-learning courses that are offered to staff and the way in which these are managed, "If they've done e-learning we will go into the system and check how many attempts it has taken. If it's excessive then we will arrange classroom based training."

Records confirmed that staff received supervision every six to eight weeks and consisted of discussions about reviews, people who used the service, rota, training and flexible working. The registered manager told us, "As well as supervision we do lots of communication with staff via email constantly." Records confirmed that regular email communication was taking place between the registered manager and staff. The registered manager recently sent an email in February 2017 reminding all staff about the on-call process. One care worker told us, "I feel very supported. I have my supervision with the registered manager and I put forward ideas. She supports that."

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. 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.

Consent to treatment was captured in people's care plans and people who used the service signed a consent form to this effect. People also signed a form to consent to having photographs taken for the purposes of their care plans and the service's Facebook page. The registered manager and team leader told us that the people who used the service had their own Facebook pages and that staff members had their

own Facebook page, for professional use to share photographs with people who used the service and their friends. The registered manager told us that people who used the service enjoyed seeing pictures of themselves taking part in activities and days out.

The service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service. The registered manager told us, "We talk about mental capacity in team meetings and supervision and we use real life examples. If someone says no, it's no and if we think it's necessary, we will arrange a best interest meeting." Care plans contained Mental Capacity Assessments and Best Interest assessments. A friend of a person who used the service told us, "They don't force [friend] to do anything [they] don't want to do."

People who used the service were supported with preparing meals. One person's care plan stated, "I need my food to be cut into small pieces and be mashed." A friend of a person who used the service told us, "They cook things for [friend]. They ask [friend] what [they] want. [Person's] got to have it mashed up, they are looking after [friend] well, and they say "would you like this or that?" They know what they are doing with [friend]." One person who used the service told us, "I have my Coco Pops in the morning and cup of tea." In addition, people had care plans in place for eating and drinking which were created with the support of health professionals. For example one person's care plan stated, "All foods to be soft, moist, easy chew consistency. [Person] should be monitored at all times when eating and drinking. [Person] should be encouraged to sit close to the table." For another person their care plan stated, "Dietician has suggested low in salt and fat options. [Person] requires a low cholesterol/low fat diet. To have 0% fat yoghurt daily." Records confirmed that these dietary guidelines were being adhered to.

People who used the service were supported by their care workers to attend health appointments and this was confirmed in people's care plans. Care plans also contained pictorial guidelines when visiting the doctor or dentist for people who used the service. For example, for one person they had a guideline in place for when they visited their GP which included photographs of the GP surgery and guidelines for care workers to adhere to, for example, "Please ensure I have something to hold while waiting. When I leave the doctor explain to me we are going to the car. Show me the car keys and sign in Makaton that we are walking to the car." For another person who used the service there were pictorial guidelines for when they visit the dentist, and in particular a photograph of the location of the toilets within the dentist building. This meant that care workers supporting people in these circumstances had clear guidance to meet the needs of the people and support them in an individualised way.

People's reviews were also reflective of any health needs and one person's review from December 2016 stated, "I have lost weight. When I started losing weight my support workers were a bit worried. They took me to the GP and he did some tests. It was all fine and said it was because I was having a better diet." We saw records of regular email correspondence between the service and people's relevant health professionals. The registered manager told us, "I contact community teams to support us, for example with eating and drinking I will contact the speech and language therapy team. It's about using health professionals as a resource." This meant that people were supported to access services relevant to their health needs with the support of the service.

Is the service caring?

Our findings

A friend of a person who used the service told us, "We can't fault [care workers] in any way. They [staff] work really well with [friend]. They [staff] think the world of [them]; they look after [friend] really well. [Friend] knows all of their names and knows them and likes them." One person who used the service told us, "[Care worker] she helps me, she's good."

The registered manager told us about the caring nature of care workers who supported people who used the service, "Care workers show that they care. I've never had any complaints about staff. They go above and beyond, jump in to cover shifts and arrange social events for people that they know they will enjoy. We've got a really good team. All the little things that really matter, the staff are good at that." A friend of a person who used the service told us, "They [staff] are caring."

The registered manager told us about the things that care workers did to go above and beyond in meeting the needs of individuals and stated, "For example we had a service user who was end of life and staff took [person] to the pier to have fish and chips because that's what they wanted to do. That's who we are as a service."

They also told us about the support they gave one person who had to move house and the supportive nature of the care workers, "[Person's] move was a difficult time but [they're] so happy now. We never knew how it would affect [person] but we made a transition plan and kept the staff really consistent, it worked out really well." The friend of the person who moved house told us, "They put the carers in for six weeks when [friend] moved to the new place, it really helped."

Care workers told us how they supported people to feel in control of their care. One care worker said, "With [person] we know that [they] like to plan. We plan things with [person] and set times. For example, we ask [person] what time they want to do personal care and when the time comes [person] will tell us and feel in control of when it's happening. It's about making people feel confident." They also told us, "I look at people's abilities, not their inabilities, I get [person] to participate in their personal care, for example washing their face." One person who used the service told us, "Yeah, I do some of it myself."

On supporting people in a dignified way, a friend of a person who used the service told us, "They [staff] keep [friend] looking really smart. They can't force [friend] to have a bath but they'll encourage." [Friend] always looks like a gentleman, kept clean and tidy." A care worker told us, "The person I support, he's the boss, he makes the decisions. We support him."

Is the service responsive?

Our findings

Records showed that when the service took on a new person, they created a transition plan. For example one person had a five week transition plan that included a breakdown of care that was to be provided and also a rota with the same rotation of care workers. This ensured that people who were new to the service were eased in with the benefit of having consistent carers. One care worker told us, "Before [person] was taken on by Vibrance, I was given information about them beforehand and told I was a good match for them. When we met we had a connection, we were well matched." The service also carried out a 'sensory assessment' for people who used the service with a diagnosis of autism. The assessment was used by care workers to offer effective support with any visual, auditory and other sensory needs. For example, one person's sensory assessment stated that they frequently covered their eyes and that the person, "Often puts hands up to [their] face, as to examine it closely. [Person's] previous information states that [they] do not like the dark however [person] has had no issue with this since we have been supporting. There are fairy lights in [person's] room which [person] may at times request to be on..." This meant that care workers had guidelines in place to enable them to meet people's needs.

Care plans were personalised and detailed with individual information about people who used the service. This included their needs and preferences. For example, at the front of care plans there was a summary of needs which contained information about medical needs and diagnosis, key contacts such as next of kin and health professionals as well as preferences such as what people wanted to be called.

Care plans also contained an 'about' page which gave information about the person and what they liked doing, for example one person stated, "Watching TV, soaps, watching Strictly Come Dancing and Songs of Praise. I like to make jokes and spend time with my long term friend." The registered manager told us and records confirmed that for this person's birthday it was arranged for him to go to a Strictly Come Dancing live show. This meant that the service was proactive in supporting people to engage in activities they were interested in. One care worker told us, "We plan around people's daily routines, for example one person who likes to watch soaps on television every day, we will plan around this and this makes them happy."

People who used the service had activity plans in their care plans that were detailed and specific for each person and activity. For example, one person attended a club on a regular basis and their activity plan stated, "[Person] will have dinner at home before you go. Once arrived, encourage [person] to choose a seat, she likes to sit on the two seater sofa."

There was also information in care plans about people's communication needs, for example for one person this stated, "I can understand clearly when other people speak; my verbal communication may not be clear; I need support to read and respond to correspondence and to use the telephone. I talk softly so you may not hear what I am saying. If you ask me to repeat myself I may get grumpy." Another person's care plan stated, "I do not communicate using words, I use vocal sounds, facial expressions, body gestures, signals, some Makaton signs and also will physically show people what I want or am trying to say where possible. I understand what is being said to me." Their care plan also indicated in detail what certain vocal sounds meant, for example, "When I am telling you I do not want to do something I will make a loud "You" sound."

When happy and in a good mood I can make high pitch screams, coo-coo softly." This meant that care plans were detailed and personalised to assist care workers in meeting the communication needs of people who used the service.

Care plans contained a section labelled 'important information to know when supporting me'. For example one person's stated, "I do not like to be rushed; when in the community I may need to go to the toilet regularly." Another person who used the service had a checklist in their plan for care workers to adhere to before taking the person out in to the community. Items on the checklist included, "[Musical instrument], medicines and packed lunch." For this person, carrying their [musical instrument] was very important to them and this information was useful for care workers to support people in a personalised way. The team leader at the service told us, "I have a [musical instrument] in my car. [Person] doesn't like being in traffic so we have a [musical instrument] to hand to help relieve their anxiety. In addition, [person] has their own mobile phone and on it are their favourite songs and staff know them now too so one of our carers has created a CD for her car." This meant that the service was using innovative ways of meeting the needs of this person and supporting them in relieving any anxieties.

The service worked with people who used the service to develop outcomes and these were recorded in care plans. For example, one person had outcomes in relation to staying healthy, to continue living at the flat, maintaining a social life and being included in decisions about their life. This meant that the service was proactive in working with people who used the service to work towards achieving their outcomes.

One person who used the service recently had to go into respite. The registered manager told us about the action they took to ensure that the respite provider had all the personalised information they needed about the person beforehand and they created a 'Notes to take to respite' which included details such as diagnosis, personal care needs with specific guidelines, eating and drinking and sleeping, for example "[Person] chooses to sleep with the lights on and chooses to sleep in their day clothes and changes in the morning. [Person] sleeps in semi sitting position with the pillows supporting [person]." This meant that the service took a proactive approach in supporting the person whilst they would be in the care of another provider and worked together with the respite organisation to ensure that the person received a routine of care that they were accustomed to.

Care plans were reviewed annually and records confirmed this. Reviews looked at goals, achievements and next steps, for example in one person's review from December 2016 it stated, "Computer course on Wednesdays. I am learning to use the mouse." This person's care plan contained pictures of them on their computer and a friend of this person told us, "[Friend] has a laptop now and likes to use it." This meant that goal setting within reviews were being met and the registered manager told us, "The reviews vary, we have the local authority reviews as well and we do our own internal reviews annually but we will review sooner if needs change."

People who used the service were supported by care workers to access the community and engage in social activities. For example one person who used the service visited the pub and the golf club as well as the local disco and bowling. Their care plan contained photographs of them enjoying these activities and reviews reflected that they were continuing to enjoy these activities.

Daily records of care were completed by care workers and contained information about activities and care that had taken place as well as an 'end of shift checklist' for care workers to complete. For example for one person who used the service, their checklist stated, "Epilepsy chart, MAR sheet, body map, bowel chart, fluid intake, night chart, communication book, diary and Datix", as well as check lists on household activities such as washing and vacuuming. Daily records also had a section for care workers to complete that stated,

"Things to hand over to the next person on shift", and for one person this said, "[Person] came back home at 4:20pm. [Person] was in a good mood. [Person] was given a bath. [Person] had a roast dinner she enjoyed it." This meant that care workers starting their shift had information about the person and any issues or incidents and could therefore provide care accordingly.

The service had a complaints procedure that was pictorial to ensure that people who used the service were able to make a complaint if necessary. One person who used the service told us, "I'm happy now. If not, talk to carer." A friend of a person who used the service told us, "If I had a complaint I'd go through the registered manager or social services if I had any complaints." Records showed that the service had not received any formal complaints.

Is the service well-led?

Our findings

The registered manager told us about their management style and stated, "I'm open, and I'm honest. I'll tell you if you've done something wrong but I give people an opportunity to develop in an area. I think I am skilled and thorough and I've been able to develop the team. I've got an open door policy." A care worker told us, "[Registered manager] is firm but fair. All the managers are really nice and personable and the directors are also very approachable. I don't feel uncomfortable to speak my mind." A friend of a person who used the service told us, "I think the registered manager is pretty fair. She's a good manager."

The service had quality assurance practices in place and monthly audits were carried out which looked at care plans, complaints, accidents and incidents, good practice, achievements, communication, staffing and the rota. The registered manager and team leader carried out spot checks but these were not always recorded. We spoke to the registered manager about this and as a result they created a spot check recording form which they told us they have now implemented. The form will be recording information regarding the environment, client presentation, feedback, concerns, medicines, financial transactions, communication log and whether any actions have been carried out.

The registered manager regularly shared photographs of people who used the service engaging in activities and completing tasks. As a result, the service had received complimentary feedback via email from a friend of a person who used the service and shared this with us during the inspection. It stated, "Bless you, that's so sweet of you to let me see [photographs]. Yes, [friend] had told me and I'd seen the photos on Facebook, I love catching up with all that your team does with [friend], he has such a better quality of life now. Well done to all your team, you've done so well with [friend]."

We also obtained feedback from social care professional that stated, "I can confirm that we have commissioned Vibrance to provide a twenty four hour care and support service to one of my clients who has a learning disability. The service has been reliable and professional. The manager of the service is extremely knowledgeable and has been able to provide advice and guidance to enable the service to run smoothly. The outcome for the client has also been extremely positive in that his overall wellbeing has improved. There have been challenges to the service which have been addressed in a professional manner and at all times the welfare of the client is put first."

Team meetings took place quarterly and records confirmed this. Team meeting discussions included update of people who used the service, training, rota, policies, procedures, assessments and reviews. A care worker told us, "We have team meetings. The team meetings are important, helps you brainstorm and think of different options and come together as a team."

The registered manager told us how they shared important information with staff stating, "Everyone has a work email address and we have an intranet that staff can access things like policies and procedures. Sometimes I'll attach policies to emails if any are updated." A care worker told us, "We've got a work phone and management will call and email us. There's always interaction, it's open." They also told us about sending care workers to an Autism Festival in 2016 and stated, "They got experience from it, it's empowering

for staff to attend events like this."

The service had a 'service delivery' plan that stated, "The service will be provided by a small care staff team who have been trained to a high standard. Regular shift patterns will enable support staff [and people who use the service] to be flexible around community inclusion activities as it gives employees a better home to work balance, allowing them to feel fresh and enthused for their shift." One care worker told us about what it was like working for the service and stated, "I think the most important thing I've found with this service, there's not a stress level. I think it's because they [senior management] allow you to be yourself. You can express yourself here, they're very supportive."