Creative Support Limited

Creative Support - Morecambe Service (Learning Disability)

Inspection report

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Date of inspection visit: 13 January 2016
Date of publication: 03/03/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection visit at Creative Support - Morecambe Service (Learning Disability) was undertaken on 13 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care and supported living service to people living in the community. We needed to be sure people in the office and people the service supported would be available to speak to us.

Summary of findings

Creative Support - Morecambe Service (Learning Disability) provides personal care and support to people living in their own homes. The service supports people who have a learning disability or mental health needs in their own home. Support can be provided at specific times, to full time care throughout the day and night. The office is located close to Morecambe town centre. At the time of our inspection there were 62 people receiving a service from Creative Support - Morecambe Service (Learning Disability).

The service had a registered manager in place. 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.

At the last inspection on 17 October 2013, we found the provider was meeting the requirements of the regulations that were inspected.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure. One staff member told us, "The training refreshes you, it makes you more aware, more vigilant."

The provider had put in place procedures around recruitment and selection to minimise the risk of unsuitable employees working with vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff. Recruitment checks made by head office were not explored at interview.

We found staffing levels within the supported living service were adequate with an appropriate skill mix to meet the needs of people who used the service. We were told that people being supported in the domiciliary service did not always get their allocated hours at the agreed times. Staffing levels were determined by the number of people being supported and their individual needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. Documentation looked at made it unclear whether all people were supported to meet their care planned requirements in relation to medicines.

We have made a recommendation about the management of some medicines.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. One staff member told us, "The training is great, you couldn't ask for more." The provider ensured staff had the skills to fulfil all care tasks required by people being supported. For example, the registered manager had sought specialised training to ensure staff delivered effective support to people who display complex behaviours.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

People told us they were mostly supported by the same group of staff. This ensured staff understood the support needs of people they visited and how individuals wanted their care to be delivered. Comments we received demonstrated people were satisfied with the service they received.

The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care. Compatibility visits took place prior to anyone moving into a supported living service. This allowed personalised care plans and support strategies to be in place beforehand.

Systems were in place for monthly house audits to be completed by the provider. The monthly audits had not all been completed by the team leaders. This meant that the information held by the registered manager was not up to date.

A complaints procedure was available and people we spoke with said they knew how to complain. We saw examples where a complaint had been received,

Summary of findings

responded to, investigated and the outcome documented. Staff spoken with felt the management team were accessible supportive and approachable and would listen and act on concerns raised.

We have made a recommendation about how quality assurance is assessed within the domiciliary service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Staff had been trained in safeguarding and were knowledgeable about the ways to recognise abuse and how to report it.

Risks to people were managed by staff, who were aware of the assessments in place to reduce potential harm to people.

Recruitment procedures the service had in place were safe. however gaps in employment were not documented as being explored.

Medicine protocols were safe but not always followed.

Requires improvement

Is the service effective?
The service was effective.

Staff had the appropriate training and support to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and had knowledge of the process to follow.

People were protected against the risks of malnutrition and dehydration.

Good

Is the service caring?
The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

People were involved in making decisions about their care and the support they received.

Good

Is the service responsive?
The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider was committed to providing a flexible service which responded to people's changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Good

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The registered manager had in place clear lines of responsibility and accountability.

People and staff felt the registered manager was supportive and approachable.

The management team had oversight of the supported living service and acted to maintain the quality of the service provided.

There was no structured quality checks in place to monitor the domiciliary service.

Creative Support - Morecambe Service (Learning Disability)

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 was carried out by an adult social care inspector, an inspection manager and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had experience of domiciliary care.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events which the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service.

During the inspection we visited three supported tenancy schemes where people who received support from the service lived. We spoke with eight people who used the service and six people's relatives over the telephone. We also spoke with five care staff as well as five members of the management team and the registered manager. We looked at the care records of four people, training and recruitment records of staff members and records relating to the management of the service.

We looked at what quality audit tools and data management systems the provider had in place. We reviewed past and present staff rotas focussing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We looked at the continuity of support people received.

Requires improvement

Is the service safe?

Our findings

People we spoke with said they felt safe when supported by their care staff. Every family member we spoke with felt their relative was safe and protected from harm. A staff member told us, "We get trained to make sure people are safe." A second staff member told us, "Safeguarding training makes you more aware, more vigilant."

We noted the safeguarding policy and procedures were on display at the office base. There were procedures in place to enable staff to raise an alert to minimise the risk of abuse or unsafe care. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. When asked what they would do if they had any concerns they responded, "I would report any concerns to the care co-ordinator or go straight to the manager. I feel confident something would be done. But if it wasn't, I could ring the safeguarding line."

Training records we reviewed showed staff had received relevant information to underpin their knowledge and understanding. When asked about safeguarding people from abuse one staff member told us, "People are safe." For example as part of their induction staff received training on how to support people with complex needs. We were told, "You cannot work here [supporting people with complex needs] unless you have been trained. The training is to protect people and to protect staff." They further commented, "The training is good, they talk you through situations at work."

Care plans looked at contained completed risk assessments. This was to identify the potential risk of incidents and harm to staff and people in their care. Risk assessments we saw provided clear instructions for staff members on how to minimise the likelihood of an incident occurring. For example we saw a risk assessment for one person to travel in the car safely. We asked the team leader about the risk assessment. They were knowledgeable about the assessments and the benefits for the person involved. We saw, where required, people had positive behavioural support plans. The plan provides care staff with a step by step guide to managing challenging behaviour. This showed the registered manager had put in place strategies to protect and keep safe people and staff. The plans were completed and reviewed regularly with the support of the behaviour intervention team. Within another person's care plan we saw it contained information on pressure care and positioning guidelines. This showed the registered manager had preventative measures in place to keep people healthy and safe.

We visited three tenancies within the supported living scheme. The water temperature was checked at two tenancies during our inspection, and was thermostatically controlled. We saw documentation that showed the water temperature was monitored on a regular basis. This meant the taps maintained water at a safe temperature and minimised the risk of scalding.

Within the supported living tenancies we saw each person had a personal emergency evacuation plan. The intention of these documents was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

Strategies were in place to minimise the risk to people. One person's care plan had evidence which showed support from an outside agency. For example the registered manager told us there was involvement from the falls clinic, occupational therapist, physiotherapist and genealogist. This was to look at strategies to minimise risk, alleviate some of the symptoms that caused the accidents and keep the person safe.

We looked at how the service was being staffed. We talked with people who used the service, relatives and staff members. We did this to make sure there were enough staff on duty at all times to support people in their care. We received mixed feedback on staffing levels. For those using the domiciliary service, one person said they never had any missed visits and staff stuck to the rota. One person felt their relative did not always get their 30 hours support each week because there was insufficient staff, although these hours did get 'banked' for future use. They felt that when the service was short-staffed, priority was given to the supported living service at the expense of those who used the domiciliary service. They commented, "I believe whilst it is understandable that 24/7 support has to be provided where required, people living in the family home are just as entitled to their support hours and it places an additional burden on families when support hours are not fulfilled." For those who used the supported living service, two relatives thought there were enough staff, but there had been phases when the service was short-staffed. One relative told us about the supported living service there were not always sufficient staff for their relative to have

Requires improvement

Is the service safe?

their one to one support, but the service, "Gives back hours where they can". We spoke with the provider who told us they had had issues with recruitment. They told us several staff had left within a short period of time. They commented, they had recently recruited to vacant posts and were awaiting on references before inducting the newly appointed staff. They further commented, during this period all one to one activities regarding personal care, medication administration, emotional and financial support, was met from the agreed commissioned hours. One to one support is where a person is supported by a carer on a personal level to support that person to undertake an agreed activity.

There was an appropriate skill mix to meet the needs of people who lived in the supported tenancy schemes. One staff member said, "New staff are sent away for training as soon as they start. They are then put with experienced staff to shadow, observe and learn." On the day of the inspection we observed a newly recruited staff member shadowing an experienced staff member throughout their shift. We were told by a member of the management team there was no set time for shadowing. It was until staff were competent to keep people safe.

We looked at recruitment procedures and documentation for staff. Recruitment records examined contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history and references. We asked staff if they had to wait for clearance before commencing work. Every staff member we spoke with confirmed they had to wait for clearance. One person commented, "I got a temporary job while I waited to be cleared to start with Creative Support."

We saw in three application forms where the reason for gaps in employment had not been explored and documented at interview.We spoke to the registered manager who explained that all employment gaps are checked corporately via Human Resources at Head Office, as part of the Creative Support recruitment procedures. The registered manager stated in future discussions would take place with candidates at interview regarding employment gaps. The provider has told us they have amended the interview questionnaire to include a question regarding gaps in employment, so this can be recorded at interview.

We checked to see if medicines were managed safely. One person told us, "Staff prepare my medication dose for me to take myself and this works well." Medicines were stored in a secured locked cupboard or safe within the supported living services. Records contained information that showed when medication was delivered it was counted and documented. The medication was delivered in blister packs from the local pharmacy. The blister pack had tablets organised into separately sectioned blister packets. Each packet marked with the day and time of day when different tablets should be taken. This helped staff to correctly administer medicines at the right time. It also helped identify if any doses have been missed. Each person had a medication administration form (MAR). The form contained information on prescribed tablets, the dose and times of administration. There was a section for staff to sign to indicate they had administered the medicines. During our inspection we noted five missed signatures on a MAR form. This was for medicines prescribed to be administered by gel. This made it difficult to assess whether people had received what was prescribed. Staff on duty had not highlighted the lack of signatures to a senior member of staff. We discussed this with the senior community support worker who told us they would investigate the situation.

The registered manager ensured only staff who had been trained to manage and administer medicines gave them to people. Staff we spoke with confirmed this. The registered manager had a good practice protocol in place that all staff who administer medicines receive an annual competency observation. The team leaders completed observations on care staff and administered medication. There was no annual competency observation in place for the team leaders . We spoke with the registered manager who reassured us competency tests would be introduced for all staff administering medicines. If staff made a medication error then an internal investigation would take place. Any issues that were identified would be looked into and addressed with the staff member. Staff would not be allowed to administer medication until they were reassessed to ensure they were competent to administer medication.

We recommend the introduction of safeguards to highlight when staff fail to record the administration of creams and ointments.

Good

Is the service effective?

Our findings

People receiving a service told us they thought staff were able to do their job effectively. Relatives spoken with thought staff were well-trained with the right experience for the job. One relative commented, "They're very good, the staff there." A second relative stated, "I'm very confident with the staff." They also said, "The staff are well-trained and experienced."

People were supported by staff who had the knowledge and skills required to meet their needs.

Staff told us their training was thorough, effective and on-going. Regarding training, one member of staff told us, "As soon as new staff start they are sent for training then put with an experienced member of staff to shadow." A second person commented, "If there is anything I think I need they will send me on it. They are pretty good like that." A third staff member said,"The training is really good. Even when sometimes you think you know it, the training refreshes you." They further commented, "The trainers are very nice, you watch videos, do group work and have tests at the end. Its more interactive, you are not just sat there." Staff who worked in the supported living services received a 'house' induction if they are new or have moved work bases. The induction familiarises staff with people who live there and how they wish to be supported. At one location we saw quick read information booklets on how to provide effective and valued support to people. This showed the provider reviewed work based skills and mandatory training courses were completed to ensure staff supported people effectively.

Staff received annual appraisals and supervision on a regular basis. Staff we spoke with confirmed this. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development and training needs and raise any concerns they might have. One staff member said, "The supervisions are always quite frequent and very thorough." A second staff member told us, "I get supervision about every six weeks but if I need one sooner I just go to the care co-ordinator and arrange one." A third staff member commented, "I discuss any niggles I have in supervision, then things get addressed."

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 registered manager demonstrated an understanding of the legislation as laid down by the MCA.

We spoke with the registered manager to check their understanding of the MCA and DoLS. They demonstrated a good awareness of the legislation and confirmed they had received training. Staff had also received training. Staff we spoke with were able to describe what was meant by a person having capacity. Staff also told us what they would do if they thought someone did not have capacity. At one supported living service we saw a gate had a padlock attached to prevent one person who lived there from leaving the garden onto a busy road. We asked the team leader what safeguards had been put in place and why. We saw all relevant procedures had been followed and clearly documented. The team leader was knowledgeable on the reasons and clear that the decision had been taken in the person's best interest. This showed the registered manager had acted in line with the MCA 2005.

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. This included staff preparing meals for people in their own homes. For example within the domiciliary service people were supported to go shopping and choose their meals which staff then prepared during mealtime visits. Within supported living services we saw the kitchen areas were clean and tidy. We saw weekly menus were chosen by people who lived in the house. One staff member commented, "It's like a café here sometimes if everyone had chosen something different for their meal." A second staff member commented, "We support people to make meals and we also ensure people have a drink with their meals." They commented there was no restriction on food or drink. They also stated they had to guide and advise people with a balanced diet. For example they told us, "If we are out and the person who has diabetes wants to buy a lot of chocolate. I will advise to buy less chocolate and fruit. I can't tell her what to do I can only advise." A third staff member told us they cook but people being supported supervise. Regarding the evening meals the staff member told us, "They all choose daily in the morning. One person can tell you what they want and we use pictures

Good

Is the service effective?

and cue cards with other people." They further commented, "We also support people to go out and buy in fresh food, they can then choose what they want." There was information about each person's likes and dislikes in the care records and staff were familiar with each person's dietary needs. This showed staff took a personalised flexible approach that ensured people had sufficient food and drink.

People's care plans included the contact details of health professionals. For example their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. People also received visits from the behaviour intervention team, community nurses and occupational therapists. The provider sought health care professionals who had experience of delivering health care to adults with a learning difficulty. The provider liaised with health and social care professionals involved in their care, if their health or support needs changed. For example one relative told us the community nurse came to train staff on the use of medical equipment with their relative. This was confirmed by talking with staff members and records we looked at.

Good

Is the service caring?

Our findings

People we spoke with said staff treated them with respect. For example one person told us, “Everyone treats me well.” A second person commented, “They are very patient.” Whilst a third person said, “We get along well. They listen to me.” One staff member told us, “We are each different but we grow together.” Family members who had regular contact with staff were positive about the ways in which staff interacted with their relative. Comments we received included, “Staff are brilliant.” One relative told us, “We have very good relationships with staff.” Another relative said, “Staff really care about the people there.”

Through our observations and speaking with both staff and people receiving a service, it was evident good, caring relationships were developed, and carers spoke about people in a warm, compassionate manner. For example we observed one person being supported to make their lunch. The staff member was very comfortable and at ease with the person. They worked together, with the person being supported receiving a lot of positive feedback throughout the task. The staff member told us, “I do like to support [The person] to be independent.” All the staff we spoke with told us they enjoyed working for the company. One staff member stated, “I love my job. It’s a pleasure to work for the people at [the supported living house].” A second staff member told us, “I get great satisfaction from my job.”

Staff we spoke with had a good knowledge of people they were caring for. When they spoke with us it was clear they had worked with the same people for some time and had become very familiar with their likes, dislikes and preferences. One staff member told us it was about knowing the person and giving people time. They said, “I walk into work with a smile on my face. If people are unhappy you can tell. [The person] will come up and say, can I talk to you? I say course you can mate; 99% of the time that’s all it takes, time.”

During our inspection we observed staff actively listening to people and using their preferred method of communication. For example one person used pen and paper to support their communication. A second person had an electronic tablet with photographs on. A third person used sign language to converse when we visited their home. We observed that staff allowed people to speak for themselves only joining the conversation as and when required. This showed that people had been given the time and the tools to express their own views.

When we visited the supported living services we saw they had been personalised with pictures, ornaments and furnishings. The décor reflected the age and gender of the tenants living there and their likes. For example one house had a lot of football memorabilia on show which reflected the tenants’ hobbies. Rooms were clean and tidy which demonstrated staff respected people’s belongings.

Care files we checked contained records of people’s preferred means of address, food likes and how they wished to be supported. For example, when supporting someone first thing in the morning we read, ‘Give [The person] a little time to come round and then take a drink in.’ Also written within the care plan was, ‘Verbal consent should be gained from[The person] that he is ready.’ This showed the provider had guided staff to interact with people in a caring manner. People supported by the service told us they had been involved in their care planning arrangements.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available. The registered manager knew how to contact the advocacy service. For example a person had received guidance and support from an independent advocate regarding end of life support. This showed the registered manager had acted in line with current legislation.

The provider had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy in place. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. Staff had attended training at a local hospice to ensure people were cared for in their own home in a dignified way. From the records we sampled we saw two people within the service had funeral plans. These were documents that recorded their wishes upon their death. This highlighted the provider had respected people’s decisions and guided staff about end of life care.

Good

Is the service responsive?

Our findings

To ensure they delivered responsive personalised care the provider assessed each person's needs before they came to be supported by Creative Support - Morecambe Service (Learning Disability). For example getting to know you meetings took place. These are meetings for people to spend time together to see if they like each other and raise any possible concerns. Meetings with the family, short lunch meetings in cafes, lunch at the house and sleep-overs all take place prior to a permanent move. This ensured people had the opportunity to share their views on the move. It showed if the placement would meet a person's needs and staff would have the skills to keep them safe. People or their relative had signed the care plan to show they consented to the care.

Staff were experienced, trained and responded to the changing needs in a person's care. Staff had a good understanding of people's individual and collective needs. Staff received regular training to support people with complex needs. Staff told us they had to assess people's mood and respond appropriately to diffuse situations. One staff member told us, "As people develop, we develop with them to meet their needs." One relative told us when she had been admitted to hospital, the service had liaised with family to ensure that their family member had adequate support and was not left on their own. This showed a flexible approach in meeting a person's needs.

Some people we met showed us their person centred plan (PCP). The plans were kept in a folder and were personalised around the person's likes and dislikes. The folder contained photographs of people and activities important to that person alongside minutes of meetings that had taken place. People invited who they wanted to attend the meeting. The meeting was to plan for the future and they looked at what was working well in someone's life. They looked at setting targets relating to people's wishes and preferences. For example, we saw holidays, jobs and hobbies had been discussed. We saw at the office base an invitation for a member of the management team to a person's meeting. On the invite alongside a photograph of the person we noted, '[the person] would like to invite you to his PCP meeting. Let's get together to talk about what is working for me.' The person centred planning meeting was reviewed yearly.

We spoke with one person who told us he had moved from one house within the service to another one because he wanted to live in an all-male environment. He told us he had spoken with staff about wanting to move home. He told us he liked living in his new home. A second person had chosen to move from a shared house to live independently. When asked how they receive feedback from people with limited communication, one staff member told us, "We know people, we pick up on facial expressions or if someone is not eating." They also commented, "When you come into work and [The person] makes a fuss of you or has a beaming smile, you know you are doing something right." This showed the registered manager had systems in place to listen to people and they had responded appropriately to people's views.We found staff we spoke with had a good awareness of the needs and wishes of people they supported. We saw one person had a communication chart which showed, 'what is happening,' 'I do this,' 'we think it means this' and what the staff response should be. This showed the provider had well-structured information in place. This allowed staff to respond appropriately to meet the person's needs. Staff were creative in meeting the needs of the people they supported. For example one person who liked routine within their timetable, had to withdraw from the local day centre. Supported living staff had attempted to mirror the timetable he had previously received to maintain his structured lifestyle. They had accessed activities alongside people from the day centre to support the person's preferences and continue their relationships. A staff member told us, "Positive risk assessments take place so people can be supported in new activities but be independent."

In one supported living service we saw the staff rota was written on a board for all the tenants to see. People then chose who they wished to be supported by for the day or activity. We asked the team leader what happened if two or more people chose the same staff member. We were told negotiation then takes place or a staff member goes out, comes back and goes out again. Regarding activities, a staff member commented, "People do what they want and the team leader tries to match staff with people to ensure they have a good time." They further commented, "Everybody is good at something and we all have a role in meeting people's needs." This showed the provider respected people's views.

Good

Is the service responsive?

Family members we spoke with thought that their relative was supported in activities in which they were interested and did not think their relative became bored. Activities included participating in various clubs, college, working in a charity shop, participating in a gardening group, horse-riding, paid work in pubs (parent not entirely happy with this line of work but acknowledged it was their preference), trips out to neighbouring towns, meals out and holidays abroad.

We found the complaints policy the registered manager had in place was current and had been made available to people who received support. This contained information about the various stages of a complaint and how people could expect their concerns to be addressed. We saw the service had a system in place for recording incidents/ complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded. We spoke with relatives about complaints and the process involved. No-one reported they had made a formal complaint. Specific issues had been raised with staff/managers where necessary and dealt with satisfactorily. A member of staff told us, “The house has a complaints file and I know the procedure, but I have not had to use it.” They also said, “If I had to make a complaint I would.”

Requires improvement

Is the service well-led?

Our findings

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the staff team. The management team were experienced, knowledgeable and familiar with the needs of the people they supported. One person we spoke with told us about the care they received, "I feel quite happy, very satisfied". Relatives we spoke with felt the service was well-managed and that they could approach the manager of that service with any concerns.

One relative told us, "Yes, it's well-run." A second family member stated, "Good teamwork, good handovers and a lot of communication." A third family member commented, "The service is very good, it's not an easy job. [My relative] is very happy."

The supported living service was divided into two teams. One team was led by the registered manager. The second team was led by the unit business manager. The domiciliary service was co-ordinated by the team leader. This allowed the managers to gain a greater knowledge of their identified area. Staff were aware of the management structure and who to seek for support and guidance.

The office base is close to the town centre. Staff we spoke with told us they regularly called in the office with the people they supported. This could be for paperwork or for a coffee and to say hello. One staff member told us, "We see the registered manager regularly. It's the sign of a decent company." Regarding the registered manager, a second staff member said, "The registered manager used to be a team leader. She was good at that job, she is good at this job." Regarding one of the team leaders ,we were told by a staff member "She is the woman! She knows her job!" A third staff member told us about their line manager, "We've got a brilliant team leader. Always there for you; always caring." This showed the provider at all management levels had knowledge and insight relating to people being supported and the staff.

During our inspection the registered manager showed us a plan of announced and unannounced visits to people within supported living, for the forthcoming year. They had forecast management meetings, supervisions and appraisals for the year. They had planned mandatory training for the year. This showed the provider sought to remain aware of the culture of the service and had taken a proactive approach to delivering quality support.

There were regional meetings for the registered manager to attend. These looked at the development of new managers, lessons learnt from any recent incidents and 'knowing we are getting it right.' This showed the provider had systems in place to develop managers and staff.

Staff meetings were held every six to eight weeks within the supported living service. This enabled the provider to receive feedback on the service delivered and to support and develop the staff. It also gave a forum for staff to discuss any issues or concerns. For example one staff member told us, "In team meetings we talk about how things are going and if we need to change anything." They further commented, "If there is anything troubling us we get together and discuss issues." A third staff member said, "We get together as a team, we look at activities, any issues, people's health and what we could do better." They stated they found the team meetings useful as they work with people with complex needs. They told us, "It is a good way to learn from each other, to find ways to work better. We can reassess ourselves and find triggers to behaviours." This showed the registered manager had systems in place to reflect on the service and pursue improvements within the care provided and recognise achievements. One staff member told us, "You do get a lot of praise from higher up."

Systems were in place for monthly house audits to be completed by the provider. Each tenancy had to complete and submit monthly audits to the registered manager. The monthly audits had not all been completed by the team leaders. This meant that the information held by the registered manager was not up to date.

We saw the organisation completed annual audits in each tenancy. These included medication, staff training, financial audits and care of the people they supported. A document was then produced indicating what was done well and where improvements could be made. We looked at the response document and noted log sheets could contain more information. It was recommended a team meeting be arranged to address the issue. We spoke with the team leader about the recommendation and asked to see team meeting minutes. We saw minutes included discussions of log sheets and how to improve the quality of the documentation. We noted one supported living service

Requires improvement

Is the service well-led?

was audited for 'if we can do anything better.' Night time support was highlighted as an area of improvement. We saw rotas showing staff work through the night rather than sleep at the home. This showed, based on the information received, the provider had taken action to improve the quality of care provided.

Surveys are completed annually with relatives and people receiving a service. We saw feedback that one parent did not know how to complain. We read that the registered manager had spoken to the parent and had given them their telephone number and business card. The registered manager told us they had arranged regular buffet lunches at the office for families to attend.

Within the domiciliary service people felt they had all the information required to support people. One staff member commented, "They [management] always supported me fully. I get supervision every month but I can just drop in the office if I have any concerns." However domiciliary staff did not have team meetings and no spot checks had occurred to assess the quality of support being delivered by staff. We spoke with the team leader during our inspection who confirmed no spot checks occurred. We spoke with the registered manager who told us they would put in place a local policy that outlined their communication on a group level. They reassured us there was regular contact with service users, regular reviews and telephone checks.

Accidents and incidents were recorded by staff and information collated at the office base. One staff member told us, "I have been trained on accidents and incidents at work. Forms have to be completed within 24 hours." We saw good recording of incidents but no analysis of the information.

The services liability insurance was valid and in date. There was a business continuity plan in place which had recently been updated. A business continuity plan is a response planning document. It shows how the management team will return to 'business as normal' should an incident or accident take place.

Registered providers are required to notify CQC about any significant events which might take place at the service. We found the registered manager had informed CQC of significant events promptly and correctly. This ensured CQC had information about severe incidents which had taken place and the registered manager had taken the appropriate action.

We recommend the service introduce a structured system of monitoring quality assurance within the domiciliary service.