

Spire (Preston) Limited

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Inspection report

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Tel: 01772524567

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 6 March 2018 and was announced. We gave the service short notice of the inspection. This was because we needed to be sure the registered manager would be available to support us during the inspection. This inspection was the first inspection since the service was registered with the Care Quality Commission on 28 December 2016 as a result of an office move. The previous inspection for this service was undertaken on 18 October 2013, when it was found to be meeting the requirements of the regulations relevant at that time. During this inspection we found the service was meeting the requirements of the current legislation.

This service provides care and support to nine people living in five supported living settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. There were 31 other people in receipt of a service from the provider, but not in receipt of personal care.

The care service has been developed and designed in line with the values that underpins Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff demonstrated their understanding of how to deal with allegations of abuse. Systems to record and act on any abuse allegations were in place.

People told us their medicines were managed safely. Medication records had been completed in full. The registered manager discussed their plans to introduce records to document any gaps or refusals of people's medication.

There was a safe recruitment process in place. The provider demonstrated their proactive approach to recruitment by ensuring people who used the service were actively involved in the interviews of potential staff. There was a detailed and comprehensive training programme in place that supported the development of the staff team in delivering effective care to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems of the service supported this practice. All staff demonstrated their understanding of the Mental Capacity Act (MCA) and how this related to supporting

people who used the service. The registered manager clearly understood the legislation in relation to MCA, Deprivation of Liberty Safeguards (DoLS) and the Court of Protection. Consent to care and treatment was clearly recorded in the care files we looked at.

Records had been developed with the involvement of people who used the service or family members. Hospital passports were in place that provided information about how to support people in the event of an emergency that required a hospital admission.

People who used the service and relatives told us they were happy with the care they received. People's likes, needs, wishes and choices were reflected in their care files, which demonstrated they had been involved in their development. There was a varied and detailed activities programme in place, which highlighted the type of activities people were supported to take part in.

The care records we looked at were detailed and comprehensive, which reflected the individual needs of people. The care plans clearly supported the delivery of care to people who used the service.

An effective system of recording and dealing with complaints was in place. There were a number of examples of positive feedback about the service and the care provided. Systems were in place to monitor the quality of service provided. We saw regular team meetings were taking place that enabled staff to be involved in the operation and delivery of care to people. We received positive feedback about the registered manager and the leadership of the service.

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.

Systems were in place to investigate, respond to and act on any allegations of abuse.

Medicines were managed safely. Staff had received appropriate training to ensure they had the knowledge and skills in relation to medicines management.

There was a safe recruitment process in place. The provider demonstrated a proactive approach to recruitment by ensuring people who used the service were actively involved in the interviews of potential staff.

Is the service effective?

Good ●

The service was effective.

Staff had access to comprehensive training to support them in providing effective care to people.

Records showed that consent had been sought for care and treatment. Records relating to applications to the Court of Protection were in place. This ensured people were not restricted unlawfully.

Records had been developed with the involvement of people who used the service or their family members.

Is the service caring?

Good ●

The service was caring.

Good care was provided to people that reflected their choices, likes, needs and wishes.

People were treated with dignity and respect and staff were seen to be respecting their wishes.

Is the service responsive?

Good ●

The service was responsive.

There was a varied and detailed activities programme in place.

An effective system of recording and dealing with complaints was seen.

The care records we looked were detailed and comprehensive and reflected the individual needs of people.

Is the service well-led?

The service was well led.

Systems were in place to monitor the quality of service provided.

We saw regular team meetings were taking place that enabled staff to be involved in the operation and delivery of care to people.

We received positive feedback about the registered manager and the leadership of the service.

Good ●

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 March 2018 and was announced. We gave the service short notice of our inspection to ensure the registered manager was available to assist us. The inspection was undertaken by two adult social care inspectors and an expert by experience. This expert by experience was involved in caring for people living with severe learning disabilities and/or behaviour that is considered to be challenging. They also had experience of caring for children and young people who use health, mental health or care services.

Prior to our inspection we looked at all the information we held about the service. This included any feedback we had received as well as any statutory notifications the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used a planning tool to collate all this evidence and information prior to visiting the home.

To understand the experiences of people using services we spoke with three people in receipt of care and two family members. We also spoke with three staff and the registered manager who took overall responsibility of the service. During our inspection we checked a number of records in relation to the management and delivery of care. This included four care files, three staff files, team meeting minutes, surveys and feedback, duty rotas, audits and quality monitoring records. With permission we also visited one of the addresses where people, who were receiving care lived.

Is the service safe?

Our findings

We asked people whether they felt safe with the care they received. Whilst some told us they felt safe; another told us about a concern they had. This person told us they had raised their concern with staff, who took action, but at times felt this was still a concern. The registered manager had made us aware of these concerns during our inspection and discussed the actions they had taken and their plans to ensure people who used the service were safe. A relative we spoke with told us their family member was, "Very safe." However another raised a concern relating to their relative. They told us the service had taken actions to keep their relative safe but felt that further steps by the service would be appropriate.

All staff we spoke with demonstrated their understanding of how to deal with any allegations of abuse and were confident in raising any safeguarding concerns with the management or the local authority, if it was required. Records we saw showed staff had received safeguarding training. This provided them with the knowledge and skills to deal with any allegations of abuse. The registered manager told us about the proactive approach to ensuring people who used the service had access to information about safe relationships. We saw evidence on display in relation to the stages of a relationship, consent to relationships, and a guide to safe dating. Training was available to people who used the service called, 'How do I date?' As part of this training pictorial guidance was available as well as a 'readiness quiz'. The registered manager told us people who used the service regularly visited the office for activities and training and were able to access this information easily. This supported the safety of people if they embarked on relationships with others.

Systems to investigate, record and act on any allegations of abuse were in place. There was guidance on display in the office about how to manage allegations of abuse. We saw detailed and comprehensive investigations had been completed. Relevant referrals had been made where required to the local authority safeguarding team. We spoke with the registered manager about one investigation where appropriate actions had been taking and work was ongoing to ensure people were safe. There was a computerised log in place that supported the monitoring and audits of any allegations. This helped to ensure appropriate actions were taken and these were monitored. The registered manager told us their system enabled them to analyse any concerns, identify themes and ensure any lessons learned could be shared with the team.

Duty rotas confirmed sufficient numbers of staff were in place to ensure people received appropriate and individualised care. The registered manager told us of their plans to update the way duty rotas were developed. They told us duty rotas would be completed centrally by the provider instead of in individual homes, in order to prevent any confusion or changes to the rotas. Staff received duty rotas in advance that would support them in planning their day. We were told staff were able to confirm their attendance for each shift online. This streamlined the process for staff and ensured time sheets for them were managed more effectively. The registered manager told us the changes in the duty rotas would be reviewed in July 2018 in partnership with the staff to monitor the effectiveness of the changes. People who used the service and staff we spoke with told us there were enough staff to ensure people's needs were met safely. One staff member told us, "The staff team work well together and support each other." Relatives told us, "Yes, there is enough staff usually", "Yes, [there is a] core group of support workers [staff]. Some of them have been there over 10

years providing good continuity of care to my [name]" and "Same staff, only occasionally agency staff."

All of the staff files demonstrated a safe system in place for the recruitment of new staff. Staff we spoke with told us they had completed a detailed recruitment process for their role. Records included completed application forms and interview records along with references and proof of identification. We saw evidence of Disclosure and Barring Service (DBS) checks. The DBS helped safer recruitment decisions to be made and helped prevent unsuitable people from working with those who used care and support services.

The registered manager told us that people who used the service were part of the interview process. This promoted the inclusion of people in decisions about who was delivering their care. The provider also stated that as part of the recruitment process interview questions 'Reflected the care certificate, including positive risk taking and assessing applicants understanding of safety. We assess numeracy skills in managing individual finances, forming the base for staff inductions.' This would ensure the correct calibre of staff were recruited to support people's needs.

Staff we spoke with and records we saw confirmed a detailed induction programme was completed. One staff member said, "The whole team is responsible for inductions. The document has been improved recently." The provider also stated, "Safety information is contained in our handbook provided [to staff] during induction. On call, safeguarding, and CQC phone numbers are on all ID badges.' This would ensure staff had the knowledge and skills to deliver safe care to people who used the service on commencement of their role. We saw a file in the office, which demonstrated a proactive approach had been developed, to ensure people and staff were appropriately matched, which enabled positive working relationships to flourish. One page profiles had been developed which included photographs of staff, 'what people like and admire about me', 'my hobbies and interests', 'what is important to me at work and how best to support me'.

The registered manager told us that one page profiles of the staff team were also available in people's homes and when new staff commenced employment with the service they always took the one page profiles with them on their first shift. This provided people with information about the staff team undertaking their support and care. Records also showed that people were matched with staff who enjoyed similar interests and hobbies as themselves. This promoted positive relationships between people who used the service and staff members.

Appropriate and detailed individual risk assessments had been completed. Areas covered included, swimming, attending the disco, shopping, relationships and social interactions. Records included the possible risks as well as the risk management controls. These provided staff with relevant information about people and how to keep them safe and protect them from harm. The service told us, "We support individuals in positive risk taking, demonstrating its importance through our values. We support planning and risk assessing, involving individuals wherever possible."

We saw relevant checks and monitoring taking place in relation to housekeeping and maintenance in individual homes. Risk assessments had been completed relating to the control of hazardous substances, fire, trips and falls, manual handling, electrical, on site preparation of food, the yard, supporting people in the community and lone working. This would ensure risks were identified and monitored effectively.

Relevant service checks and landlord certificates were seen that confirmed the home was safe for people to live in. The home we visited had information to guide staff on the measures to take in the event of an emergency. Emergency plans were seen, these guided staff on evacuation routes. We saw regular drills were taking place to ensure staff demonstrated their understanding of how to manage an emergency evacuation.

We also saw smoke detectors had been checked and an up to date fire risk assessment confirmed relevant fire safety measures were in place. There was a business continuity plan that provided staff with the relevant guidance on how to deal with an emergency situation to ensure people received their care from the service.

Detailed systems were seen that demonstrated the appropriate actions had been taken as a result of incidents and accidents. The system facilitated the analysis of themes and trends and enabled lessons to be learned and shared to reduce any future risks to people.

Up to date policies and procedures were seen and records we looked at confirmed the staff training included infection control. This provided the guidance to staff about infection control and how to protect people from the risk of cross infection. During our visit to one of the homes where people lived we saw all areas were clean and tidy and free from clutter. Audits in relation to infection control had been completed, which recorded findings, actions to be taken and specific time scales. This would ensure the risk of cross infection was managed safely.

We looked at how the safe administration of medicines was managed for people who used the service. Staff training and competency checks had been completed for the staff. There were policies and procedures in place to guide staff on the administration of medicines to people. This ensured they had the required knowledge and skills to administer people's medicines safely and promoted positive health outcomes for people. People we spoke with and their relatives told us staff discussed their medicines with them. They told us, "Yeah" and "Sometimes they do [discuss their medication needs]."

During our visit to one of the homes we looked at how staff managed people's medicines. Medication charts had been completed in full and demonstrated their safe administration. We discussed the use of a log sheet to aid an audit trail of medicines that are either refused or not given. The registered manager told us they would implement documentation immediately. Where cream was prescribed we saw some of these had not been signed when they had been opened. We discussed this with the registered manager who took immediate action to ensure all medicines that required an opening date recording was completed.

Is the service effective?

Our findings

People who used the service and relatives we spoke with were confident about the knowledge and skills of the staff. They said, "Yeah [the staff have the skills]." Feedback from one person was, "Yeah, sometimes they do. Some are good and some are not good." Staff we spoke with and records we looked at confirmed staff training was detailed and comprehensive and enabled staff to deliver the care effectively to people. Topics covered included, fire, infection control, safeguarding, moving and handling, food hygiene challenging behaviour, code of conduct and dementia. Feedback in surveys from staff confirmed they were extremely happy with the training they received. One comment was, "Personal and comprehensive [gives us the] tools for training and resources expected of the role."

There was a dedicated training room in the office that was available for staff to use to access training and resources. We were told the training provided was a mix of online and face to face. The registered manager said they had developed an online training system called, 'My cloud'. They told us this system enabled staff to access their training online via laptops in the office and via staff smart phones. Records confirmed a training matrix had been developed which detailed the courses available to staff as well as information about policies and procedures to guide staff in the delivery of care to people. We saw the 'My cloud' system identified each week what training was due and which staff were required to complete. All new staff to their role undertook the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

The new training had been designed with the views of staff. The registered manager told us a consultation had been undertaken to obtain the views of staff and the effectiveness of the training provided to them. Records identified the next steps planned to ensure training continued to evolve and develop.

We saw evidence of regular supervisions taking place that supported staff in their roles and the delivery of care to people. We saw appraisals were being sent to the staff team for this year's review. Planned dates for the meetings had been set. This would ensure all staff were provided with the support and guidance to deliver their role effectively.

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 make 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. Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

All staff demonstrated their understanding of DoLS and MCA and how this impacted on the delivery of care to people who used the service. The registered manager was extremely knowledgeable about the changes in legislation and the principles of MCA and DoLS and how this related to their practice and the care of people

who used the service. We were told of the appropriate systems in place to ensure referrals were submitted to the relevant agencies. This would ensure people were protected from unlawful restrictions. Relevant documentation had been completed in one person care file we looked at relating to the Court of Protection applications.

The registered manager told us they were taking part in a pilot with the Local Authority relating to an effective system for recording and scoring applications that had been submitted to the assessing authority. They told us that the system will enable the highest risk people to be identified and as such these will be assessed as a priority. This demonstrated the services commitment to improving systems to ensure relevant and timely assessments were completed.

It was clear from the care files that people who used the service or their relatives had been involved in their development. People told us, "Yeah" and "Yes, there is a good communication link." Care files we looked at demonstrated consent had been sought to cover all aspects of the care people received. One care file recorded, 'I consent to receive support hours from Spire as set out in my care plan.' These confirmed people's care had been discussed and agreed by them. People told us staff asked permission before undertaking any activity. A relative told us, "[Name] can no longer consent due to [a medical condition]; I give consent and approve all aspect of [name's] care."

Records clearly demonstrated the involvement of relevant others in the delivery and monitoring of people's individual health care needs. One page profiles had been developed that provided staff or professionals with information about how to support individual needs, people's goals and what is important to them in the future. Hospital passports had been developed that provided information about people's needs, health concerns and how to support them in the event of a hospital admission.

Care files clearly demonstrated the involvement of professionals in ensuring all people's individual and health needs were met. These included, GP's and Speech And Language Therapists (SALT). Family members we spoke with told us the service worked proactively with them ensuring update about people's conditions were shared and discussed with them. One person told us, "They always call if there are concerns. Updates too. Whenever I am up, we have regular meetings with the care agency." People who used the service told us they felt the service supported them to meet their individual health needs. They said, "Yeah, they do" and "Yeah."

During our visit to one of the homes we observed staff clearly engaging with one person in making choices and decisions with regards to their food and fluids. Staff were seen actively encouraging this person to be independent with the task of making a warm drink. Care files contained information in them about how to support people with their food, fluids, shopping and choices.

Is the service caring?

Our findings

People and relatives told us they were happy with the care provided. Comments included, "Yeah, very much so", "No, no concerns at all" and "Yeah." They also told us any changes in their care was discussed and agreed with them. Feedback in a recent survey demonstrated the positive impact the service had on the care for people they supported. Records confirmed people felt supported, understood person centred care and were involved in their support. It was clear staff were committed and passionate about the care they provided to people who used the service. Comments included, "I am passionate about individualised care. Listening is important [and] choice is very important" and "Honestly I really do love my job. This is the first care I have done but on the first day with Spire I thought 'This is for me'." Staff were able to discuss in detail people's individual needs and told us they felt people who used the service received excellent care and support from staff.

We received positive feedback that people were treated with dignity and respect. People told us, "Yeah [they do]." However one person told us about occasions when they felt staff reacted differently than they would have expected. During our observations we saw staff speaking kindly to one person offering positive encouragement to them. It was clear that supportive and meaningful relationships had been established between staff and people who used the service. We observed people's wishes were respected regarding their privacy and dignity. Staff were seen asking permission to undertake a walk around of their home. Where people did not want staff to access their rooms this was respected by them. Through our conversations with staff it was clear that they were passionate about ensuring people were treated equally with privacy, dignity and respect. Staff said, "I am passionate about individualised care" and "We have a good network here." The service was committed to ensuring people's equality diversity and human rights were protected.

The provider had undertaken a dignity in action day. Records we looked at stated, 'At Spire we promote the importance of dignity in the service that we provide at all times and have incorporated the dignity do's as themes in our core values to ensure they underpin everything we do.' We saw evidence that staff and people who used the service had attended a disability and equality conference recently as well as records about a world down syndrome awareness day. We saw the service had accessed the disability equality North West. We were told the main aim of this was to further the human rights of disabled people. This provided support, guidance and information to ensure the rights of people were respected.

Care files contained individualised information to ensure staff were aware of people's diverse needs and how to ensure these were met. These included, choices in relation to activities, personal relationships, how to communicate with people and their sensory needs. There was comprehensive and detailed guidance available for staff to ensure people were treated equally with privacy, dignity and respect. The provider told us, "We treat the people we support as individuals, and recognise their preferences through support planning, including individual's preferred names and gender for personal care." The services vision stated, 'We are always ready and willing to learn, demonstrating and promoting dignity, respect and compassion for everyone. We aim to always maintain our integrity. The provider also told us, "We promote dignity in our care, and staff are observed to check they are providing care in a dignified and respectful way."

Care files had detailed information about how to support people's individual and diverse needs in relation to their communication. Records included information where people required the use of sign language and pictures to support people's effective communication. The provider told us they, 'Planned to improve the accessibility of information, expanding this to audio and video files, involving the people we support in the production of these where possible.'

It was clear from speaking with staff and checking the care files that people who used the service and family members were involved in decisions and choices in relation to their care and support. For example, one care file we looked at identified the person's choice in relation to the gender of staff member who supported them with their care. People were supported to be independent with their needs, where it was possible. People and relatives confirmed staff promoted their independence. One page profiles had been completed and included important information about people's likes, choices and how to support them. Support plans were detailed and demonstrated people's involvement in their development. Review of care files were completed regularly and the records we looked at had information in them about discussions and achievements since their last review of care. The provider told us, "Personal care is planned with the individual, and independence is promoted where possible." This supported individualised care for people who used the service.

There was up to date and detailed guidance available to ensure people had access to advocacy services, where it was required. Information was on display in the office about advocacy services and the provider told us, we, "Train individuals in self-advocacy and support them in participating in relevant conferences." We saw the provider held monthly face to face forums which were facilitated by advocates. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

All care files we looked at had very detailed assessments of people's needs. Records were person centred and contained all relevant information to guide staff on the individual needs of people who used the service. Relevant personal information had been recorded such as date of birth, GP, next of kin and any allergies known. Support plans and risk assessments were comprehensive. Topics included, support with work, relationships, communication, personal care and around my home. Where support plans had been developed we saw detailed information recorded about people's goals and expected timescales for these. The provider told us that, "Life story work was completed, involving other important people to that person, using their pasts to inform the service we provide in the present." Guidance to support people's health needs and medical history was in place. This supported positive health outcomes and helped to maintain people's physical health. Risks assessments had been completed that supported people to take positive risks safely. The provider told us they were 'Responsive to end of life support situations as they arise, providing appropriate training and support to the individual, their staff team, affected friends, and family.' The service had evidence that people's future wishes for their care was discussed and incorporated in their care planning.

Records we looked at confirmed people who used the service had access to a wide variety of activities. The service had developed a weekly planner that detailed all of the activities provided for people. Examples seen included, attending church, music, household tasks, the cinema, meeting friends, shopping wheelchair basketball and art club.

Care files contained information about people's hobbies and interests as well as risks assessment relating to activities undertaken by people. This provided staff with the information to keep people safe. One care file we looked at had records of the activities undertaken since their last care review. These included days out with friends and a holiday. Staff we spoke with confirmed people were supported to go on holiday. One staff member said people who used the service had been to a well-known holiday camp. During our visit to one of the homes we saw people taking part in activities. One person arrived home following activities during our visit and others were out at the local shops and undertaking further education. Where people had been successful in gaining employment the service actively supported people to access this. This enabled people to lived fulfilled and enriched lives.

The registered manager told us they matched staff with people who used the service to develop and promote common interests. We saw an activities board on display in the office that had information to support varied and meaningful lives for people who used the service. These included, dance syndrome, art group, kola bar disco and musical meet. We saw people who used the service had been involved in a national fundraising campaign and there was a photograph on display where people had met Prince Harry during a local visit to the area. Regular activities were planned in the office for people who used the service and staff. These included art classes and movie nights. This enabled people to engage with peers and staff from across the service.

The registered manager told us they volunteered at a local drama group. She said that she used this to

enable working with other organisations to share good practice as well as interacting with people who used the service. It was clear the service has close links in the community to support and enable partnership working. The provider told us, 'We actively engage with the local learning disability forum, and have links with Preston carer's society, Preston older people's forum, and the Alzheimer's society.' They also said they had formed, 'Further partnerships with NHS, health watch, the local authority, and other providers.'

The registered manager demonstrated their proactive use of technology for the service. An on-line computer system had been developed to support the care people received. We saw duty rotas were developed using an electronic system and this was shared with the staff team via online resources. An electronic system was in place to ensure the monitoring and development of the service continued. Areas covered included staff records and audits on safeguarding, medicines, duty rotas and training. This promoted effective monitoring of the service and supported any changes to improve for the benefit of the people in receipt of care. The provider also stated, "We've worked with the Local Authority introducing assistive technology into appropriate projects, promoting independence. Work is ongoing with one individual to develop their independence; building from short amounts of time where staff are nearby, to longer periods, utilising a fake caller to assess their response. Smoke alarms and assistive technology are tested weekly."

We were told about the online 'My cloud' learning system that provided information on training and resources to support the knowledge and skills of the staff team. The registered manager told us and records we looked at confirmed all staff had their own learning profile and were able to access the systems via a number of different routes. These included, in the office, at home or via their own smart phones. Staff we spoke with were complimentary about the new system in place. They said it was a positive step forward in accessing the training and resources available to them and was interactive.

Systems to manage and deal with complaints were in place. This demonstrated any complaints or concerns were dealt with appropriately. People who used the service told us they knew how to complain. They said, "Yeah, I do" and "Yeah [the] staff." The procedure about how to complain was prominently displayed in the office. Information included a step by step guidance to ensure people knew how to complain. The registered manager demonstrated a detailed understanding of any concerns received by the service and was able to discuss in length the issue around the concerns and the actions taken to resolve the concerns. We looked at records relating to complaints. These contained relevant information in relation to the concerns as well as the details of the investigation and the outcomes to support any lessons learned. We were told an annual complaint, compliments, and ideas guide was shared with people who used the service in an accessible format.

There was a wide variety of complimentary feedback about the service. This demonstrated the positive impacts the care delivered by the staff had on people's lives. Examples included, 'Support staff are really nice', 'I like to play pool with support and like learning news skills', 'All staff are approachable. Communication is very good and informative. My [name] is very happy with the support [name] receives' and 'Thank you for providing dedicated and individual high quality support.' Records had information that confirmed people's comments could be shared. The service had developed a system that logged feedback alongside the relevant key questions of the Care Quality Commission. This supported gathering evidence of meeting the requirements of the regulation.

Is the service well-led?

Our findings

People who used the service, relatives and staff we spoke with were complimentary about the leadership and management of the service. They told us the registered manager was knowledgeable and provided effective leadership and management. They told us, "She is alright. She is making me laugh", "[Name], nice approachable", "Yes, very good. They know the client [person who used the service] very well" and "Yeah, she is approachable, seems to be knowledgeable of [Name's] needs." All staff said they felt well supported by the management. It was clear from our conversations with staff and the registered manager that she understood people's needs, was visible, supportive and worked closely with the staff.

The registered manager demonstrated the open and transparent culture that had been adopted by the service and the staff employed by them. The provider told us, "An open and honest approach with all is promoted throughout the organisation. This has been evidenced through staff briefings sharing; key challenges, achievements, concerns, and risks affecting the organisation." Any information requested from the service during our inspection was provided in a timely manner. This supported an effective and productive inspection process. The management team were clearly dedicated and had the knowledge and skills to ensure the service they provided met people's needs safely. The registered manager told us and records we looked at confirmed the service continually strived to improve and develop. For example, we saw a business plan had been developed that identified plans for new up to date documentation.

Records contained information about their actions taken and future plans for this. We also saw the service had a vision and strategy that identified their purpose. It said they were, 'Working together to share our values, knowledge and expertise to provide an individualised and creative service for adults who have a learning disability. We focus on continually building skills and independence from strength, gift and talent.' The provider told us, "The majority of our trustees have been involved since the initial establishment of the organisation, developing the culture and values that are still instrumental today."

There was evidence of annual meetings taking place with the senior members of the company. These included pictures and notes of the meeting and the topics that were discussed about any plans for the future developments in the service. Regular meetings with staff and people who used the service were conducted. This would ensure people felt included and were able to make decisions about how the service was run. Minutes from meetings we saw included attendees and dates these were completed as well as the topics discussed during them. These included, feedback about a recent learning disability forum, advocacy, activities, representing Spire, good news, the future, confidentiality, good use of basic language and pictures and survey feedback. Where meetings were held we saw lunch was provided to the attendees and there were regular guest speakers invited to these meetings. This provided up to date knowledge and guidance for staff and people. The service was committed to ensuring meetings were inclusive and informative for both people who used the service and staff. The registered manager told us they planned to alternate planned meetings in the community to enable as many people as possible to access them.

The service was led by a manager that had been registered by the Care Quality Commission and it was clear she took overall responsibility for the operation, management and oversight of the service. Certificates that

confirmed the service had been appropriately registered with the Care Quality Commission were on display. There were also certificates of the current employer's liability insurance and the companies' charity registration. Certificates that recognised the good care the service provided to people was seen. These included an Investors In People (IIP) certificate. IIP are a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard. The provider told us, "We are registered with the Information Commissioner's Office. We are a member of the Lancashire Learning Disability Consortium, Learning Disability England and One Stop Social." We also saw guidance on display such as Health and Safety advice and there were up to date policies, procedures and guidance such as the, 'A to Z of Spire' in place to support the staff in delivering effective care to people. The registered manager understood their responsibilities to ensure relevant notifications were submitted to the Care Quality Commission in a timely manner as required by law.

People who used the service and relatives told us they had been asked for their views and had completed a survey. They said, "Yes [a] survey at least once a year" and "Yeah they do." Feedback was on display in the office that recognised good practice. One comment included, 'For demonstrating and promoting dignity, respect and companion for everyone.' The registered manager told us and records we looked at confirmed the views of people and staff was sought. We saw on line system was used to obtain feedback about people's experienced of working for Spire. Topics seen in the surveys included E-learning and person centred practice. The registered manager told us they were planning to develop the online system to include the feedback from relatives, people who used the service and professionals. This would ensure any improvements required could be acted upon.

We were told the service held focus groups with people who used the service to ensure they obtained their views about the care and support they received. We saw good evidence of feedback received from people who used the service. Record included pictures and comments that had been completed by the person. The registered manager told us they were in the process of developing a system to ensure any future surveys were planned regularly to ensure a rolling system was in place to obtain the views of the care provided by them.

Regular newsletters were provided about the work taking place in the service, celebrating success and thanking people for their involvement in the development of the service. The provider told us about how important the newsletter was in providing information about their plans, achievements and developments. They said, 'We celebrate individual's achievements in our newsletter. We use the newsletters to share important information with the people we support, their families and carers, our members, and staff. In our most recent newsletter we shared information on eye care, relevant conferences, and community groups and meetings.'

There was a detailed and comprehensive programme of audits taking place. This demonstrated that people who used the service were cared for in a safe and monitored service. The service had copies of audits undertaken in people's homes. These included independent time and food and fluid charts. We saw records in the office relating to how the service was monitored to ensure people received good quality care. Audits seen included, senior support monthly audits that covered medical appointment, health and welfare, medicines changes, finance, maintenance and housekeeping, correspondence and communication. Records we saw included notes on their findings as well as any actions that had been completed as a result.