Cheshire East Council

Congleton Supported Living Network

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 5 and 6 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people in their own homes and we wanted to ensure that staff were available in the office, as well as giving notice to people that we would like to visit them. On the 18 April 2017 we contacted people's relatives by telephone to seek their views about the service. At the last inspection in December 2014, we found the service met all the regulations we looked at and was rated as good.

Congleton Supported Living Network is one of a number of services provided by Care4CE the in-house provider of social care services for Cheshire East Council. The Network provides personal care services to adults with learning disabilities in their own homes. This arrangement is called 'supported living' because people are supported to live, often in groups, in properties which are provided by a social or other land lord. At the time of our inspection visit there were 19 people being supported. They were supported within eight separate properties in the local areas.

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

We found that people and their relatives were positive and complimentary about the support they received from the service. People lived in clean and comfortable environments and the people spoken with indicated that they were happy and well treated.

Policies and procedures for safeguarding people from harm were in place. We saw from the records that staff had previously been trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. However, we noted that some members of staff had not undertaken any recent refresher training in this subject. The registered manager told us that safeguarding training was being arranged by the provider and a number of staff had undertaken this and assured us that the rest of the staff wold undertake this as soon as it was available. The registered manager kept a safeguarding file which held details about any safeguarding referrals that had been made to the local authority and demonstrated that these had been dealt with appropriately.

Risk assessments were undertaken with people to identify any risks around areas such as physical health, safeguarding, behaviours and medication. We reviewed risk assessments within people's support plans which included detailed information about the action staff should take to support people as safely as possible. Staff were able to tell us about the risks people faced.

The were some staff vacancies and the provider aimed to recruit to these posts when possible. However there was a small pool of bank staff and an agency member of staff available to ensure that there were

sufficient staff to meet people's support needs. We found that people were provided with the level of support commissioned by the local authority to ensure people's needs were met. Appropriate recruitment checks had been made to ensure that staff were suitable to work with vulnerable adults.

Medicines were managed safely and people received their medication as prescribed.

During the inspection we saw from training records that there were some gaps in training undertaken. For example, certain staff had not completed refresher training in safeguarding, food hygiene or emergency aid for over three years. Staff spoken with told us that they had received training, whilst others thought they were overdue to complete training in some areas.

There had been a change to the way that the provider arranged and delivered training. Training had previously been managed by an internal training department within Cheshire East Council but new arrangements were being introduced and the procurement of new training was being undertaken. We found that this meant it had become more difficult for the registered manager and staff to access certain training courses and there had been some delays in training becoming available. We discussed the plans for training with the service manager who demonstrated that a new training programme was being developed. Some courses were now available such as safeguarding and staff would be nominated to attend further training as soon as it became available. Staff competence and knowledge was developed not only through formal training but through various other means, including mentoring, supervision and staff team meetings.

We checked whether the service was working within the principles of the MCA and found that staff had some understanding of the principles. Staff told us that they gained consent from people before undertaking any care tasks and supported people to make decisions where possible. However, records reviewed did not always evidence that people's capacity had been assessed and best interest decisions were not always recorded where necessary. We recommend that the service finds out more about training for registered managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

People were supported to maintain their good health and were supported to access healthcare services and support.

Staff supported people in small teams which enabled them to build relationships and get to know them well. A number of staff had been employed by the service for several years and were very knowledgeable about people's needs. During the inspection we observed positive and caring relationships had developed between staff and people using the service. We found that the atmosphere within both houses visited was happy, friendly and welcoming. Emphasis was placed on staff treating people with dignity and respect.

Support plans were in place. They provided sufficient detail to enable staff to support people and were regularly reviewed and updated. The support plans and risk assessments provided person centred information, which included people's preferences and choices. We found that people were supported to maintain as much independence as possible and encouraged to take part in activities within the wider community.

People had access to the complaints procedure and told us that they knew how to raise any concerns should they need to. We found that the management team had regular contact with people and dealt with any issues and concerns as they arose.

The service was well-led. The registered manager was focused upon improving the quality of the service and was developing a 'Service Improvement plan'. People knew who the registered manager was and felt able to

raise any concerns with him. Staff told us that they felt well supported. We saw that regular tenants and staff meetings were held, as well as supervision meetings to support staff. There were quality assurance processes in place and people's feedback was sought about the quality of the care.

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 were protected from abuse and harm. Staff were knowledgeable about safeguarding procedures and knew how to report any concerns.

There were sufficient staff to meet the needs of the people using the service and safe recruitment processes were followed when recruiting new staff.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

Medicines were safely managed and where appropriate people were supported to take their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had an awareness of the Mental Capacity Act, however the service had not always assessed or clarified whether people had capacity to consent to aspects of their care or always ensured that best interest decisions were recorded.

Staff were knowledgeable and skilled, they had received some training. There remained gaps in refreshed training that staff had undertaken. The provider was developing a training plan.

People were supported to maintain their health needs.

Is the service caring?

Good

The service was caring.

People were treated in a kind and caring manner.

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

Staff respected people's choices and provided their care in a way that maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff knew people well, and had a good understanding of their support needs.

Care records demonstrated people's needs were assessed and people received person centred care. Care plans and risk assessment were reviewed and kept up to date.

People were aware of how to complain and said they would feel comfortable raising any issues that they may have with staff or registered manager.

Is the service well-led?

Good

The service was well-led.

People who used the service, their relatives and staff were able to express their views and these were listened to.

Staff felt well supported and able to approach the management with any concerns.

The service had systems in place to monitor the quality of the care. This included seeking feedback from people using the service.

Congleton Supported Living Network

Detailed findings

Background to this inspection

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

This inspection took place on 5 and 6 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a supported living service to people in their own homes and we wanted to ensure that staff were available in the office, as well as giving notice to people that we would like to visit them. On the 18 April 2017 we contacted people's relatives by telephone to seek their views about the service.

The inspection was undertaken by one adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the service and the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we visited two of the houses where people received a service and spoke with four people separately. We also talked with two people at the offices which were based at a day centre called Carter House. We telephoned and spoke with two of the relatives of people using the service.

During the inspection we spoke with a number of staff including, two support workers, three senior supervisory support workers, the registered manager and service manager. We also looked at support planning documentation for four people and other records associated with the running a care service. This included three staff recruitment records, staff supervisions/appraisals and training records. We reviewed further records including feedback from service users and their families, quality assurance audits, meeting minutes, rotas and policies.

Good

Is the service safe?

Our findings

People told us that they felt safe with the staff who supported them. One person described how they were "Happy and safe." Relatives also felt that their relatives were supported by a safe service, comments included "She's well supported" and "I think he's well cared for."

We reviewed the systems in place to safeguard the people who used the service from the risk of abuse. Policies and procedures for safeguarding people from harm were in place. A copy of the local authority safeguarding guidance was available for staff. We saw from the records that staff had previously been trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. However, we noted that some members of staff had not undertaken any recent refresher training in this subject. The registered manager told us that the Cheshire East Council as the provider of the service arranged the training for staff and there had been some changes to the way that training was arranged and delivered. We saw that a new training programme was being developed and a number of staff had undertaken safeguarding training in March 2017. The registered manager told us that all staff would undertake this refresher training as soon as places became available.

We saw that safeguarding concerns and procedures were discussed with staff are part of supervision meetings and staff meetings. The registered manager and staff understood their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Staff spoken with told us that they could raise any concerns and felt that they would be dealt with promptly. They told us "We have an advice line if we need any support." Another member of staff gave us an example when it had been necessary to raise a safeguarding issue and knew how to report any concerns. Safeguarding issues were also discussed with people using the service to help them to understand how to keep safe. We saw an example where staff had discussed the security of the premises with people, within a tenant's meeting.

The registered manager kept a safeguarding file which held details about any safeguarding referrals that had been made to the local authority and demonstrated that these had been dealt with appropriately. Suitable arrangements were in place to support people with their finances and to check that money was handled safely. Regular audits were in place to monitor this.

Risk assessments were undertaken with people to identify any risks around areas such as physical health, safeguarding, behaviours and medication. We reviewed risk assessments within people's support plans which included detailed information about the action staff should take to support people as safely as possible. Staff were able to tell us about the risks people faced. One member of staff told us how one person was at high risk of falling and what they needed to do to support the person.

Any accident and incidents which occurred were recorded; this included a description of the incident and any action taken by staff. We were advised that the reports were entered onto a central computer system called 'Prime'. The registered manager received a monthly report which analysed whether there were any themes or trends to the incidents recorded. Any follow up actions were then identified and further risk

management undertaken. For example the registered manager described how one person had experienced a number of falls. A review had been triggered, which resulted in medication changes and bed sensors being installed to support the person more safely.

We checked the systems in place in the event of an emergency. Evacuation plans and fire risk assessments were in place. All staff had received fire safety training and people had personal emergency evacuation plans (PEEP). These contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency. There were regular fire safety checks in place and we saw from household meeting minutes that fire evacuation procedures were discussed with people using the service. Regular fire drills were undertaken. The maintenance of the properties was the responsibility of the housing landlords and we saw that quarterly visits were undertaken to assess any health and safety issues within the households.

We looked at the staff rotas and spoke to staff and people who use the service. We found that people were provided with the level of support commissioned by the local authority to ensure people's needs were met. Some people needed additional one to one staff support either at home or to access the community. Where this was the case, people had been referred to the commissioners of the service to ensure that sufficient funding was in place to meet these needs. The registered manager told us that there was some flexibility within the service to increase staffing levels if required, in response to changes in people's needs. Longer term changes would be referred back to the commissioning teams for further assessment.

The registered manager told us that there were some staff vacancies within the service and they had not yet been able to recruit to these vacancies, but were hoping to recruit or re-deploy staff from other parts of the organisation in the near future. We found that there was sufficient staffing to provide consistent care. There was a small pool of relief staff available and an agency member of staff was being used to ensure sufficient and consistent staffing. We saw that the service sought appropriate information regarding the training undertaken by the agency staff, as well as providing a specific induction for these staff.

We looked at the recruitment processes in place in the service. The registered manager told us that all recruitment processes were undertaken by the provider's human resources department. We looked at the staff files for three members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form and evidence of references.

We found that people's medicines were managed so that they received them safely. Staff had been trained in the safe management of medicines and confirmed training had been provided. The registered manager told us that staff competency to administer medication safely was checked at least three times per year. We looked at the Medicines Administration Chart (MAR) for two people supported at the houses we visited. Medicines and recording sheets showed people were given the required medicine regularly. Records supported that medicines were given safely and at the times people needed them. Audits were conducted to monitor that medicines were being managed safely and we saw examples of these which demonstrated that action was taken if any discrepancies or errors were identified.

The houses we visited were clean, comfortable and well maintained. We saw that staff were aware of requirements around infection control and used appropriate protective equipment where necessary.

Requires Improvement

Is the service effective?

Our findings

During the last inspection we noted that some staff had not received certain elements of training, such as health and safety since 2011, meaning that they might require some update training. At the time the registered manager told us that he was aware of this and the provider had arrangements in hand to respond to this. However, during the inspection we saw from training records that there remained some gaps in training undertaken. For example, certain staff had not completed refresher training in safeguarding, food hygiene or emergency aid for over three years. Staff spoke with told us that they had received training, whilst others thought they were overdue to complete training in some areas.

The registered manager explained there had been a change to the way that the provider arranged and delivered training. Training had previously been managed by an internal training department within Cheshire East Council but new arrangements were being introduced and the procurement of new training was being undertaken. We found that this meant it had become more difficult for the registered manager and staff to access certain training courses and there had been some delays in training becoming available. We discussed the plans for training with the service manager who demonstrated that a new training programme was being developed. An electronic training record for the whole of the service was being created to enable managers to easily identify when training had been completed and when refresher training was due. Some courses were now available such as safeguarding and staff would be nominated to attend further training as soon as it became available.

The service manager told us that staff competence and knowledge was developed not only through formal training but through various other means, including mentoring, supervision and staff team meetings The re-launch of the dignity charter within meetings was an example of this. He advised that specific training could also be requested to meet individual needs and there was a specific trainer within the service regarding manual handling. Staff confirmed that they were trained to use equipment on an individual basis as required.

Staff had completed an induction when they first started working at the service. This was a mixture of training and the shadowing of more experienced staff. One relative confirmed that occasionally new staff members would be introduced and they shadowed more experienced staff. Staff spoken with told us that they had received an induction. The registered manager informed us each new member of staff had an induction pack which detailed core tasks and training they needed to complete. We saw an example of one person's induction checklist record which covered physical guidance, personal guidance, policies and procedures, health and safety and confidentiality amongst other topics. Induction information was also provided to staff which covered infection control and the reporting of safeguarding concerns.

The Care Certificate sets fundamental standards for the induction of adult social care workers and the registered manager told us that six members of staff were required to complete The Care Certificate. The Care Certificate had not yet been embedded within the service but we saw that this had been included as an action within the service improvement plan for the next twelve months.

All staff were issued with a staff handbook. We reviewed this and could see that it contained useful information for staff members such as the providers values of 'putting residents first', information about the Care Quality Commission including regulations and standards, policies and procedures, information about safeguarding and guidance on working in the community.

Staff development was supported through supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review training needs, roles and responsibilities. Records reviewed evidenced that supervision was undertaken on a regular basis and regular staff meetings were held where training and development was discussed. Annual appraisals were held with staff and personal development plans were developed to support staff with their training and development needs. We also saw that senior staff members undertook direct observations of the staff members, this included checks that medicines were being administered correctly.

A number of staff worked alone within the houses and we saw that importance was placed upon good communication. There was a staff handover and communication record, which recorded key information about any changes to people's needs and the support they required. The registered manager and staff we spoke with told us that the information was used to communicate information between shifts.

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. We checked whether the service was working within the principles of the MCA and found that staff had some understanding of the principles. Staff told us that they gained consent from people before undertaking any care tasks and supported people to make decisions where possible. One person told us that they were given choices and gave us examples of these choices. A staff member commented, "They all have as much choice as possible." This was also reflected in one support plan reviewed where the ability of the person to make day to day choices and decisions was highlighted.

Where there were concerns about a person's capacity the make decisions about their care or treatment the registered manager told us that they would refer to the local authority to undertake capacity assessments and best interest decisions. Staff told us that they occasionally took part in best interest meetings and we saw in one person records that a best interest meeting had taken place However, the records reviewed did not always evidence that people's capacity had been assessed and best interest decisions were not always recorded where necessary. For example one person's safety was supported through the use of assistive technology and staff supervision. Whilst we were advised that discussions had taken place with the person's social worker regarding these arrangements, there was no record as to whether the person's capacity to consent to this level of support had been assessed or a record available to evidence discussions leading to a best interest decision. Therefore we found that records did not always demonstrate that the MCA was robustly and consistently followed.

We recommend that the service finds out more about training for registered managers, based on current best practice, in relation to MCA and adjust their practice accordingly.

People were supported to have sufficient to eat and drink and maintain a healthy diet. People we spoke with had different levels of need for support with meal preparation and cooking and people were supported according to their individual needs. One person said they enjoyed the food and commented "I like having egg and chips." Staff knew the level of support each person needed. Staff told us that people were encouraged and supported to plan meals and we saw that menus were discussed within meetings, so that

people's preference and choices were taken into account. People were also supported to seek advice about healthy eating. One person's support plan included guidance sought from the GP regarding healthy eating, exercise and weight loss.

Staff supported people to maintain their health and well-being. Individual care records showed health care needs were monitored and action was taken to ensure health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. We saw that where people's health needs changed the service contacted health professionals and informed relatives appropriately. Records demonstrated that the provider had referred to health professionals such as GPs, districts nurses and occupational therapists where necessary. We saw that the staff supported people where necessary to attend health appointments. People were also supported to be involved as much as possible regarding decisions about their health needs. For example we saw that a person's wishes were respected as they did not wish to have a specific health screening test.

Good

Is the service caring?

Our findings

We found that the service was caring. People told us that staff treated them in a kind and caring manner. One person said "I like all the staff, they treat me lovely." Relative's comments included "The carer was really caring."

People spoken with said they were happy with the support they received. Staff supported people in small teams which enabled them to build relationships and get to know them well. A number of staff had been employed by the service for several years and were very knowledgeable about people's needs. People confirmed they received support from staff who knew them well. We found that the management team also had a thorough understanding of the needs of all the people they supported.

During the inspection we observed positive and caring relationships had developed between staff and people using the service. We found that the atmosphere within both houses visited was happy, friendly and welcoming. We saw for example that people laughed and joked with the staff and were relaxed in their company. It was evident that staff had developed positive relationships with people, who they cared about. One staff member spoke warmly about the people using the service and explained, "(Name) is now confident and independent; she's come on really well. (Name) never used to go out, we're really proud of her."

We saw that a number of compliments had been received by the service. Comments viewed included, "Staff showed unlimited kindness and understanding." Staff had recently arranged a special birthday party for one person and explained how they were developing a memory box so the person could enjoy photographs and discuss important memories.

We found that where possible the service supported people to be actively involved in making decisions about their care and support. Information was provided to help people understand the support available to them and this information was also provided in an accessible format. Staff had accessed alternative communication methods to enable people to be involved in decision making. Examples of this included supporting people to understand and consent to a tenancy agreement because the information had been provided in an easy to read format. There was a vacancy within one of the households and we saw that staff had closely involved the two people already living at the house regarding the decision about the potential person to move in.

We saw that communication support plans had been developed to ensure that staff understood people's individual communication needs. Not all of the people were able to fully express their views verbally. Staff made use of body language, hand gestures and employed other methods of communication to support people with non-verbal communication to have a voice and maintain choice and control. One person had a very detailed communication support plan regarding the staff approach in certain situations, which meant they could safely and effectively support the person.

Support plans reviewed included specific information about people's individual preferences, which

demonstrated that their differences were respected and the staff had listened to people and their views acted upon. Information was included about what was important to the person and how the person liked to be supported. Regular tenants meetings were held within the households. We saw the minutes from these meetings which showed us that people were actively supported to express their views.

Staff told us that they supported people to have as much choice, independence and control as possible. Discussions demonstrated that people were encouraged to be independent, one staff member commented, "We encourage independence, we had to encourage (Name) to maintain their mobility." Observations also confirmed staff encouraged people to be as independent as possible, such as making a hot drink or answering the telephone. We saw that two other people had been supported to enable them to travel independently.

People's dignity and privacy was respected and promoted by the service. Staff we spoke with were aware of importance of promoting dignity and were able to provide examples such as maintaining people's privacy whilst undertaking personal care. We observed that staff sought permission from people before making themselves a drink. One staff member explained "People have rights, it's home from home here and they are happy."

The management team told us and we saw records which evidenced that regular checks were undertaken with the staff. Part of this check was to ensure people were treated with dignity and respect. The registered manager advised us that the provider was currently focusing on dignity within the whole organisation and presentations and/or discussion were due to be held within staff meetings on a monthly basis around the theme of dignity and safeguarding. We saw that the subject of dignity had been included within the service's improvement plan and one of the senior support workers had been nominated to become a dignity champion.

Good

Is the service responsive?

Our findings

People and relatives spoken with told us that the service was responsive. Comments included "The regular ones know him well and are responsive" and "She's well supported, they know (name) well."

People received care that was personalised to their needs. All the people we spoke with felt that the staff knew them well and knew how to support them. One person spoken to said they were happy and told us about all the things they liked doing. We found that staff had good knowledge and awareness of the people that they supported. We saw that assessments of people's needs had been completed prior to them using the service and this information had been used to develop their support plans, so that they received appropriate care and support. People who were new to the service were supported through an introductory process to ensure that their support needs could be appropriately met. Staff explained how they had developed their relationship with a new person through a number of short introductory visits. We saw a further examples which evidenced that staff were responsive to people's needs. We saw that the support provided by the service had had a very positive impact on one person who told us how they had gained in confidence. They were particularly pleased that they had been supported to arrange a holiday later in the year.

Each person had a support plan that was tailored to meet their individual needs and included information about the support and care required. This information included details about peoples' mobility, medication, health, communication, eating and drinking and person care needs amongst other information. There was a section on 'What people like about me' and 'What is important to me' which provided key background information and helped staff to understand people's specific likes and preferences. Staff were able to provide examples of how they respected people's preferences, such as one person who preferred to be supported by a female member of staff. We also saw an example of a support plan which provided good detailed information about the structured and consistent support they required in the morning.

Staff told us that they felt there was enough information within people's care plans for them to understand what support people needed. They were able to tell us in detail about the needs of the individuals they were supporting. Staff told us how they routinely read people's support plans and risk assessments. We saw in people's supports plans that staff had signed to indicate that they had read and understood the details of the plan. One member of staff commented "We work closely with people and notice any changes straight away."

People's care needs were kept under regular review. When changes had been identified records were updated to reflect this. We saw that daily records were kept which were detailed and up to date. Review meetings were held with people and their relatives were invited along with other professionals as appropriate. Relatives told us that they were kept informed about any changes to their relative's support needs and were included within support planning. One relative commented "We go to various meetings… they let us know."

The service promoted inclusion and supported people to take part in activities which reflected their

individual preferences and interests. The majority of people who received support from the service also attended a day centre during the day. We saw that one person was supported to work within the wider community and other people had been supported to undertaken college courses. Staff confirmed where people needed assistance to access the activities this was supported. Other activities that people took part in included attending a drama group or visiting the leisure centre. We found that there were some limitations regarding the flexibility of individual activities, as one to one support was not commissioned for all the people living within the service. This meant that often one member of staff often supported two people and therefore they may need to go out together or take part in the same activity. However, staff told us that as far as possible they aimed to meet individual needs and accommodate individual preferences. People told us they were happy with the arrangements in place. One person commented "I can choose what I want to do, we had a DVD night and I like to go to the park." The registered manager explained they would always refer back to the service commissioners to request a review if they believed someone required increased support.

The service listened to and learned from people's experiences and complaints. Regular meetings were held with people who used the service to enable them to share information and make suggestions about improvements to the service. Staff told us that they routinely spoke with people to seek their view about the support they received. One staff member commented "Staff listen to people and feedback any problems." The service manager told us that one positive aspect of the service was that staff were good at advocating on behalf of the people they supported.

The provider had a complaints policy, which had been reviewed in September 2016. A complaints procedure was in place and made available to people with a copy held within each support plan We saw that the complaints/ compliments procedure was available to people in an accessible format via a leaflet. The procedure clearly explained how a complaint should be made and how this would be investigated and responded to. All the people we spoke with told us that they felt confident in being able to raise any concerns or issues with the staff or management. They felt that any issues would be addressed. One person said "Course I could tell someone course I would, I would tell (name)." A relative told us "I could speak to someone at the house if I had any concerns. I would say if there was anything wrong, but we've not had any problems."

Processes were in place to record any complaints received and we reviewed theses. We found that complaints received and had been appropriately addressed in accordance with their policy.

Good

Is the service well-led?

Our findings

We found that the service was well-led. People knew who the registered manager was and said that the management team were responsive. One person described the registered manager as their "friend". Staff also told us that the service was well-led. Comments included "It's a platinum service" and "(Registered manager) is very good, he is supportive and would deal with issues."

We saw that effective management systems were in place to ensure that the service was well led. There was a registered manager in post who had been registered with the Care Quality Commission since May 2014. He was supported by a wider senior support team, as well as a service manager. We found that information requested was well organised and readily available. The management team responded well to the inspection process and we found them to be helpful and approachable.

The registered manager also had management responsibility for another of the provider's services. Staff told us when the registered manager was not at the service, they were contactable and accessible if they were needed. There was also an on-call 'advice line', which meant that support was available outside office hours.

The registered manager told us he was focused upon improving the quality of the service and demonstrated that he was in the process of creating a 'Service Improvement Plan'. We saw a draft of this plan which demonstrated that the registered manager was proactive in identifying areas for improvement and had identified actions around training, medication and quality assurance, amongst other areas. An information file was also being developed, to be introduced into each location in the near future, to help improve further the staff knowledge and communication.

Good management and leadership could be demonstrated. Staff spoken with were motivated, enthusiastic and positive about the management of the service. They were also positive about the quality of care being provided. Indeed a staff member commented "I'd live in our service." Staff told us they felt able to approach the registered manager with any concerns. They said "If I'm concerned I phone up or go to the office" and "(Name) is very approachable. He knows what's going on."

We found that staff had a good understanding of their roles and responsibilities. Regular staff meetings were held and we saw from the minutes of these meetings that the registered manager set out his expectations of staff and included discussions around the quality of the care provision. The service manager told us that the provider had high expectations on staff and felt that it was important to learn from good practice. The network managers within the organisation met on a regular basis to share information and good practice across the service.

A staff survey had been undertaken in 2016. As a result of this survey, staff workshops were being held and a staff forum was due to be created to look at how staff could be further supported within their roles.

Regular quality monitoring of the service was undertaken by the service manager. We saw an example of a monitoring report completed in January 2017. The service manager had identified the need to focus on

training, recruitment and supervisions. This linked into the areas identified for development with the service improvement plan being developed by the registered manager. We noted that areas identified within this inspection for further improvement around training had been included within the service improvement plan. The registered manager told us he also intended to include further actions to ensure full compliance with the MCA. Further audits were also undertaken including medication and finances.

People's views on the service had been sought though a recent questionnaire. This had been sent out to a sample of people using the service in an accessible format. The registered manager told us that he also planned to send out a further survey, to seek the views of all the people using the service.They were awaiting the results of the questionnaires and the registered manager told us that an action plan may be developed dependent upon the results.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. Our records indicated that notifications, apart from one had been submitted appropriately in line with CQC guidelines. There had been one oversight when the registered manager was on annual leave. The registered manager was aware of his responsibility to inform CQC as required. He agreed to review the procedures to ensure that reporting guidelines continued to be followed when he was unavailable.