

# Outreach Community and Residential Services Domiciliary Support Team

## Inspection report

Redbank House  
4 St Chads Street  
Manchester  
Greater Manchester  
M8 8QA

Tel: 01617403456

Date of inspection visit:  
26 October 2016  
31 October 2016

Date of publication:  
18 November 2016

## 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

This was an announced inspection carried out on the 26 and 31 October 2016. At the last inspection in August 2014 we found the provider met the regulations we looked at. We gave notice of our inspection because we needed to be sure somebody would be available at the office and arrangements could be made for us to visit people in their homes.

The domiciliary support team is part of Outreach, Community and Residential Services. The organisation is a registered charity who provide support and personal care to people living in the community and to people living in supported living services. The service provides support to people with a range of needs including people with a learning disability or a mental health condition.

At the time of the inspection, the service had a manager registered with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

People told us they felt safe with the support offered. Staff could describe and understood their responsibilities to support people to protect them from abuse and avoidable harm. Staff were recruited safely, which ensured they were of a good character to work with people who used this service.

Overall, people received their medicines as prescribed and safe systems were in place to manage people's medicines. Staff were trained in medication administration and their competency was checked regularly.

People's homes and equipment were regularly checked and the provider had plans to keep people safe during significant incidents, such as a fire.

Sufficient numbers of staff were available to meet people's support needs. People received support from staff who showed kindness and compassion. Their dignity and privacy was protected. Staff understood people's individual needs in relation to their care. Support plans were person centred and reflected individual's preferences.

The management team and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They had made appropriate referrals to the relevant authorities to ensure people's rights were protected.

Staff training was updated regularly and staff had regular supervision that helped identify training needs and improve the quality of care.

People who used the service had access to a range of healthcare professionals in order to meet their health needs

People chose their own food and drink and were supported to maintain a balanced diet where this was required.

Care records contained enough information to guide staff on the care and support required and contained information relating to what was important to the person and how any risks were managed. These were reviewed regularly and showed involvement of people who used the service.

The service had a number of ways of involving people and getting their suggestions for how the service could be improved. People who used the service had been involved in planning and reviewing the care provided. They were also involved in recruitment and service quality auditing.

People were supported to pursue social interests relevant to their needs, wishes and interests.

There was an effective complaints procedure for people to raise their concerns. People were confident they would be listened to and action would be taken to resolve any complaints they had. Information on raising concerns was available in accessible formats.

Quality assurance systems that were in place were sufficiently robust to identify areas for improvement. The registered manager and staff were committed and enthusiastic about providing a person centred service for people.

## 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 avoidable harm. Staff were aware of their responsibilities in supporting people to keep safe.

Overall, people received safe support with their medicines where this was required.

There were sufficient staff to ensure people's needs were met safely, and recruitment procedures were thorough to ensure the staff employed were suitable.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who received regular, relevant training and guidance.

The registered manager and staff understood people's rights to make choices about their care, the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had access to healthcare services when required and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

We observed interactions from staff members that were kind and caring.

Staff had developed good relationships with the people who used the service and there was a happy, relaxed atmosphere.

Staff understood how to treat people with dignity and respect and were confident people received good care. People's independence was encouraged.

### Is the service responsive?

Good ●

The service was responsive.

People had contributed to the planning and review of their support needs. They received person centred support based on their preferences and wishes.

People enjoyed a range of activities and were supported to participate in their local community

Effective systems were in place to respond to any concerns and complaints raised.

### Is the service well-led?

Good ●

The service was well- led.

There was a registered manager in place who demonstrated an excellent knowledge of the service and showed they were committed to providing a person centred, inclusive service.

Staff understood their roles and responsibilities and said they felt well supported by a management team who were open and approachable.

The provider had effective and robust checks in place to monitor the quality of the service.

# Domiciliary Support Team

## **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 visit took place on 26 and 31 October 2016 and was announced. The provider was given short notice because the location provides a supported living service; we needed to be sure that someone would be in the location office and arrangements could be made for us to visit people in their own homes. The inspection was carried out by one adult social care inspector 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.

Before the inspection, the provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed all the information we held about the home, including previous inspection reports and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us as required by law. We sent out 71 surveys to people who used the service, their relatives, staff and community professionals. 11 were returned to us. We have included the responses from surveys in the inspection report. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the inspection there were 27 people who received support from the service. We visited two of the houses where people lived. We spoke or spent time with seven people who used the service and spoke

by telephone with one relative. We also spoke with seven staff, two project managers (managers who managed teams of staff in supported living services), the registered manager and the quality and staff development manager. We spent time looking at documents and records related to people's care and support and the management of the service. We looked at four people's support plans and five people's medication records.



## Our findings

People who used the service said they felt safe using this service. One person said, "I am in safe hands here yes." A relative of a person who used the service said, "I have every confidence that [family member] is safe and well cared for." Staff and people who used the service told us when they went on supported activities they felt safe as it was planned well to ensure people got the best time out of it. We saw positive interaction when we visited people in their homes and people who used the service were happy, relaxed and comfortable with the staff.

We looked at support plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments gave detailed guidance and were linked to support plans and the activity involved in care or support delivery. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. People were supported to take responsible risks with the minimum necessary restrictions. We saw these were reviewed as needed when any changes occurred.

We found the service had safeguarding policies and procedures in place to inform staff of what constituted abuse or when and how to report any incidents. In our survey 100% of people who used the service said they felt safe from abuse or harm from their care workers. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to; this is known as whistleblowing. Staff told us they were confident action would be taken if they reported any concerns. One staff member said, "I know and am certain that [name of registered manager] would deal with anything we reported, no doubts at all." Staff had received training in the safeguarding of vulnerable adults and the records confirmed this.

Accidents and incidents were recorded and kept under review to ensure staff learnt from previous experiences. We saw the registered manager maintained a log of safeguarding incidents and could see any events were reported appropriately to the local authority and the CQC.

Overall people told us there were enough staff to meet their needs. Some people said they would like more staff. However, when we discussed this with the registered manager they said they were aware that some people would like more one to one support but they were not currently assessed or funded for this. They explained how they managed the staffing as flexibly as they could to ensure people's funded hours were optimised, for example, having staggered start times for staff.



In our survey, 100% of people who used the service said they received care and support from familiar, consistent care workers and also said they arrived on time. A relative of a person using the service said, "We always have the same person to support which is great because we have been able to build up such good relationships." A person who used the service told us, "Very tailored to my needs, good one to one support."

All the staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. The registered manager told us they reviewed and monitored staffing levels and requirements as part of their bi-monthly monitoring. A staff member told us, "We have a great team, we all cover if anyone is off, never have to have agency staff." Our observations when we visited people showed there were enough staff to meet individual's needs and they were able to respond to spontaneous requests for support such as going out for a walk.

There were effective recruitment and selection processes in place, which included people who used the service on the interview panel. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We looked to see if there were safe systems in place for managing people's medicines where the service was responsible for administering them. We found people received their medicines as prescribed and saw that medicines were stored securely. Medicines management policies and procedures were in place. These gave guidance to staff about the storage, administration and disposal of medicines. People who used the service told us their medication was kept locked away for safety and staff ensured they got their medication on time regularly. One person told us "We have pain relief if we need it. It's paracetamol, it's on our MAR (medication administration record) sheet."

We saw that all medicines were consistently and accurately recorded on MAR sheets. Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. However, for one person we noted the instructions were not clear as they stated 'as directed'. There was no support plan in place to describe what this meant. The project manager said they would contact the person's GP to ensure clearer instructions were included on the MAR and develop the support plan to make this clearer.

We looked at five people's MAR sheets and found they were fully completed to confirm people had received their medicines as prescribed. We saw where people had not taken their medicines the reasons were recorded on the MAR sheet; for instance if they were spending the weekend with their parents or family. We saw that MARs were regularly audited by project managers and there was a daily check on medication administration at each staff handover. This ensured people received their medicines as prescribed.

The training records we saw showed staff had been trained in the safe administration of medicines and had their competency to administer medicines regularly checked. Staff told us their competency was checked annually and also six weeks after the completion of refresher training to ensure they had retained their skills.

The people we visited lived in properties owned by an independent landlord. There were systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to each supported living environment. Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. PEEPs described the support people would need in the event of having to evacuate the house.



## Our findings

People told us the staff supported them well. One person said, "Staff know their job, we like them." In our survey 100% of people who used the service said their care workers had the skills and knowledge to give them the care and support they needed.

Staff received a comprehensive induction at the provider's head office and working alongside experienced staff at the house they would be working at. This is known as shadowing. Staff we spoke with confirmed they had received a good induction that had prepared them well for their role. One staff member said, "It was an excellent induction; gave me chance to really get to know people and their needs."

In the PIR, the registered manager stated, 'Staff receive induction training including the care certificate including the organisations mission statement, values and beliefs, they are informed of person centred support and what is expected from them as a support worker.' The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff told us they received good support when undertaking the care certificate.

Staff we spoke with told us training opportunities with the provider were very good, and they felt able to develop their skills well. Training records showed there was a rolling programme of training on offer which included, moving and handling, first aid, safeguarding, person centred support, learning disability awareness and positive behaviour support. The training records showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. All the staff we spoke with said they received refresher training. One staff member said, "They are very hot on training and making sure you do your updates."

We looked at the staff survey results from 2015 and saw staff had rated the training as 'excellent' 'fairly good' or 'good'. Some comments had been noted that staff would prefer face to face training rather than e – learning. The registered manager told us they gave staff opportunity to discuss their training face to face in staff meetings and supervisions. Staff we spoke with confirmed this.

Records we reviewed showed staff received regular supervision and an annual appraisal to discuss their roles and any development needs. Staff told us they felt well supported and were encouraged to develop their skills and undertake vocational qualifications.

When we visited people who used the service we saw people were able to express their views and make

decisions about their care and support. We saw people were asked for their consent before any care interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. (The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).)

Staff told us they had received training about the MCA 2005 and DoLS and that they understood what it meant. They were able to describe how they supported people to make their own decisions as much as possible such as with their personal care and daily choices. Staff told us when they needed to make decisions on behalf of someone they had meetings to discuss the best way forward, staff said they were not left to do this on their own and meetings would always, where possible, involve someone who knew the person who used the service well. In the PIR the registered manager said, 'Best Interest meetings are arranged for service users involving all people relevant to the individual based on what the best interest meeting is specific to at the time.'

We saw records of assessments of mental capacity and best interests documentation were in place for people who lacked capacity to make their own decisions. The registered manager demonstrated a good understanding of the MCA and DoLS and had identified people who were at risk of a deprivation of their liberty as they did not have the capacity to consent to their care. They had contacted the local authority who were responsible for making applications for DoLS to the Court of Protection. The registered manager had a tracker in place to show the action they had taken and the local authority's response. We found the service was working within the principles of MCA and people's rights and choices were respected. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Records showed arrangements were in place that made sure people's health needs were met. Comprehensive health assessments were in place and these were reviewed regularly to ensure all appointments and health checks were attended. We saw evidence staff had worked with various agencies and made sure people accessed other services such as speech and language therapists, physiotherapists and dieticians when needed. In the PIR the registered manager said, 'All service users have a traffic light in place in case of admission to hospital with all relevant information included and attached.' We saw this was a document which gave information on people's essential needs so health care staff could provide the support people needed. The registered manager also told us they were a member of a steering group at the local health trust which looked at improving the experience of people with learning disabilities when admitted to hospital. They said they had joined this group after some people who used the service had had a negative experience.

People who used the service said they were supported well with their health needs. They said they were supported to get appointments or a doctor if needed. One person told us "'If we are not well we knock for staff when on a sleep in; they come straight away. They look after us. I'm diabetic and get my feet done every

week."

We looked to see if people were supported to maintain a healthy diet. Care records we saw included information about food people liked and disliked and how they were supported to maintain a healthy diet and weight. People who used the service told us they were encouraged to eat healthily. One person told us they were pleased they had been supported to follow a diet and had lost half a stone. Another person said, "Yes the food is good, we choose what we want we go to the supermarket for our shopping."



## Our findings

People who used the service spoke highly of their experience and said they liked the staff. People's comments included; "I am happy", "Yes yes very looked after" and "Staff do treat us with dignity and respect." A relative of a person who used the service said, "I couldn't be happier with our support worker; so kind and we get on really well." In our survey, 100% of people who used the service said they were happy with the service and staff were caring and kind. One person who used the service told us, "When I had surgery the staff were with me until I went to sleep. When I woke up they were there for me. That was good for me." A person who returned one of our surveys said, 'The care worker I have is very helpful and I cannot get better help. [Name of staff member] is just the best.

When we visited people in their homes we saw very positive interaction from staff. It was clear they had got to know people well and developed good caring relationships with people. Each of the homes we visited had a homely, lively and comfortable atmosphere. There was plenty of laughter and fun and staff were cheerful in their support to people. We saw staff treated people as equal partners which showed how much they valued people who used the service. Staff told us they liked their job because they could make a difference to someone. One staff member said, "That's what it is all about. It's not me that lives here it's their home and it's my job to respect that and do what people want me to do for them if they can't themselves." Another staff member said, "I do what people want me to do and if I can do more I will."

The provider had made written information easier to understand for people who required this. We saw the complaints procedure was written using pictures to aid people's understanding. We also saw some information was available using photographs or pictures to support people to make choices about how to spend their time.

Staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. Staff worked in small teams for each house, scheme or person which meant people were provided with consistent staff who knew them well. Staff told us the service placed great importance on promoting and maintaining people's independence. Care records we reviewed contained detailed information about how staff could support people's independence. People who used the service told us they were encouraged to be as independent as possible and they welcomed the support they received to achieve this.

People looked very well cared for, which is achieved through good standards of care. Staff provided a person centred service and ensured the care people received was tailored to meet their individual

preferences and needs, such as how people liked to dress and hobbies they liked to engage in. Staff were skilled in their recognition of when people showed they were distressed or anxious. They provided reassurance when needed and responded well.

Staff we spoke with said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Staff said they were trained in privacy and dignity during their induction and said the project managers and registered manager worked alongside them to ensure this was always put into practice. We saw staff responded to people promptly and discreetly when care interventions were required. A person who used the service said, "They always knock on my door first they never just come in."

Staff were encouraging and supportive in their communication with people. People told us the staff listened to them and respected what they wanted. People told us they were involved with their support plans. One person said, "Our wishes and goals are written in there. We are advised about decisions we are not told what to do." In the PIR, the registered manager said, 'Service users are fully involved in all aspects of their support, each person has an identified key worker, reviews take place with social workers, families and any other individuals the person would like to attend. Monthly updates are completed with the service users to ensure the support plans are factual and relevant to the individual.' Our review of records confirmed this.

A relative of a person who used the service said they had been involved in developing and reviewing the support plans of their family member. They said they felt fully involved in the care and support of their family member and were kept well informed on any changes in needs.

In the PIR, the registered manager stated, 'Staff receive TIPP training, (the inclusive practice programme). To empower the individuals supported to have a greater involvement in the running of services, to inspect services and feedback areas of improvement.' We discussed this with the registered manager. They told us all staff within the organisation, including directors and board staff completed this training to ensure the values of the organisation were embedded throughout the service. Staff we spoke with said they had enjoyed this training and it helped them work in an inclusive and equal way with people. One staff member said, "We are all the same and want good things out of life."



## Our findings

Records showed people had their needs assessed before they began to use the service. This ensured the service was able to meet the needs of people they were planning to support. Assessments included the people who used the service, their family if appropriate and the local authority. Assessments were comprehensive and detailed, and support plans were drawn up from this information. The registered manager told us that when someone wanted to move into one of the supported living houses, visits to the property and meetings with other tenants would take place. This ensured people living at the property were compatible and people had a choice of who they lived with.

We looked at support plans for four people who used the service. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines, and could describe care needs provided for each person. This included individual ways of communicating with people. Where people who used the service did not use words to communicate there was guidance for staff on how best to communicate with the person. Care records we looked at included very detailed information about how people communicated. They included a 'Communication Passport.' This had sections such as; 'when I do this, we think it means this.' We saw these included descriptions of what certain gestures, facial expressions and body language meant. There was also information about how to support people to make decisions and choices.

Care records we looked at had been regularly reviewed and updated when changes had occurred. There was a system of monthly review in place to ensure all information was up to date and any changes were documented. Staff told us they did this as part of their keyworker role. Daily records showed people received their support as planned.

People were supported to follow their interests and hobbies and were involved in a wide range of activities. People told us they enjoyed the activities they were involved in and spoke of trips out, attendance at a leisure group, receiving one to one support to do shopping and go out for meals. We also saw a tablet device was used to record activity participated in by people who did not use verbal communication. We saw a wide selection of pictures showing people participating in activity in the local community such as enjoying walks, parks and meals out.

The provider ran a number of groups for people to get involved in. There was a drop in centre where people could enjoy activities such as baking and arts and crafts. The leisure group held meetings to inform people

of upcoming activity events such as a pantomime, a race night or a murder mystery night. There was also a group called the 'get up and go' group which organised and supported people with trips and events such as day trips to Blackpool, museums and bowling.

In the PIR, the registered manager said, 'The individuals supported are fully informed of how to raise a concern or complaint receiving a copy of the service user guide, regular meetings are held and service users forums take place.' People told us they knew how to make a complaint should they have needed to. One person said they told staff if they had any concerns. They said, "They deal with it and look after me. They always listen." In our survey, 100% of people who used the service said they knew how to make a complaint and the staff responded well to any concerns or complaints raised.

Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at records of complaints and concerns received and it was clear from the records people had their comments listened to and acted upon. The registered manager said any learning from complaints would always be fed back to staff through meetings or supervisions.





## Our findings

People who used the service were all complimentary about how the service was managed. People told us their individual service was well run. One person told us they had a senior support worker who was described as 'really good'. They said, "[Staff member] gets people involved; sits with us and asks what we want to do. If we need a chat if we are down then [staff member] finds the time. [Staff member] cooks good food, has our best interest at heart and divides their time between the four of us which can't be easy." A relative told us the service was well organised and there was always someone available to speak with if needed. They said they had confidence in the service and were pleased with the support their family member received.

There was a registered manager in post who was supported by project managers and a team of care and support staff. Everyone we spoke with was complimentary about the registered manager. Staff said the registered manager was very approachable and always in the services so they knew of important issues affecting the service and people who used it. Staff told us the registered manager was very person centred and focussed on the people who used the service. We saw the registered manager had excellent knowledge of the needs of people who used the service and it was clear they were well known to people. We found the registered manager to be enthusiastic, caring and very committed to providing a good quality person centred service.

Staff said the registered manager and project managers supported them well. One staff member said, "They are always there for you, offering any advice and support, answering questions you might have. You are never afraid to ask." In our survey, a staff member said, 'This project is very well run and has a well-structured staff team that work very well together and full support from the management team are needed which impacts on the service users being content and happy.' Staff spoke of how much they enjoyed their job. Comments we received included: "I absolutely love this job, it's the service users and the great support that make it" and "This is the best job ever, I love it."

Staff told us they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the service. We saw the provider conducted an annual staff survey. We looked at the results from the 2015 survey and saw the majority of staff were very satisfied working for the service and felt they were given the necessary support to carry out their roles.

In the PIR, the registered manager told us individual staff and staff teams were recognised through an employee of the month and quarterly star team award. We discussed this with the registered manager and they told us employees of the month were awarded with an additional days annual leave. They said they liked being able to reward good practice in this way. A staff member we spoke with told us they had recently attended the provider's annual general meeting where they had been recognised for their contribution to the service as they had received employee of the month a number of times.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2016 and these showed a high degree of satisfaction with the service. The registered manager said any suggestions made through the use of surveys would always be followed up to try and ensure the service was continually improving and responding to what people wanted. A summary document had been produced so people who used the service got feedback from the survey in an accessible format. We looked at this and saw the feedback had been produced using plain English and emojis.

We saw there were several ways the service involved people who used the service in contributing to how it was run. People told us they had regular meetings and we saw records to support this. Some people who used the service had trained to become quality checkers and conducted quality monitoring visits at people's homes to make sure they were happy with the service received. The registered manager told us this was a new initiative and they were hoping to develop this further. We also saw there was a 'service user forum' where regular meetings took place and important information regarding the provider's service as a whole was shared. This included an agenda item for concerns, complaints and compliments and information on how the forum members could get involved in local issues that affected them. For example, health service funding cuts and hate crime/ hate crime workshops.

The registered manager carried out, or arranged for project managers or staff to undertake, quality checks of the service to make sure it was of a high standard. We saw weekly medicine audits and environmental health and safety checks were completed. The registered manager also carried out spot checks on the performance of staff and regularly checked people's support plans. This was to make sure they were up to date and contained information staff required in order to provide safe and effective support to people. We saw these quality checks highlighted areas for improvement and there were action plans in place to drive change and ensure improvements were made.

The registered manager also conducted bi- monthly audits for each of the houses. Each audit involved the collection of evidence against CQC fundamental standards. The outcome of these audits helped the registered manager and project managers identify areas for service improvement. The registered manager and provider demonstrated a commitment to continuous improvement. We saw every meeting that took place within the organisation had a standing agenda item of suggestions for making the service better. The registered manager said they welcomed this input and valued the suggestions made. They said, "There is always something you can improve on."

The registered manager was aware of their responsibilities. The registered manager submitted statutory notifications to us for significant events. Providers are required to ensure that the Care Quality Commission (CQC) is informed of significant events that happen within the service.