

Creative Support Limited

Creative Support - North Lincolnshire Service

Inspection report

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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

Creative Support - North Lincolnshire Service is a Domiciliary Care Agency that is registered to provide personal care to people who live in supported living accommodation arrangements. Each of the supported living services provides support to people who live in their accommodation, with their own tenancy agreements. The people using the service received individual bespoke support hours depending on their assessed needs, following an assessment by the local authority who commissions the service. The aim of the service is to provide people with the support they need to live as independently as possible.

This inspection of Creative Support - North Lincolnshire Service took place on 4 March 2016 was unannounced. We subsequently carried out a further inspection visit on 8 March 2016 which was announced. This was to enable us to meet the people living in supported living arrangements in their own homes and was in consideration of their needs and to ensure they would be available.

The service was last inspected on 27 and 30 June 2014, when it was found to be compliant with the regulations inspected.

At the time of our inspection the service was providing personal care to 21 people under supported living arrangements.

There was a registered manager in place for the service. 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.

Due to the complex needs of people who used the service, many were unable to provide clear verbal comments about their experiences and views about the service. We therefore observed their interactions with staff.

Staff were safely recruited and received training about the protection of vulnerable adults to ensure they could recognise and report issues of potential abuse.

Assessments concerning the management of known risks for people were carried out and regularly reviewed to enable staff to keep people safe from harm. Staff training was provided to ensure they knew how to positively manage the behaviours of people who used the service. Incidents and accidents were recorded and analysed to enable them to be minimised.

Staff were provided with training to ensure they knew how to administer medicines to people safely and audits of Medication Administration Records (MARs) were carried out to ensure potential errors were identified and action taken to minimise them occurring again.

Staffing levels were monitored to ensure there were sufficient numbers available to keep people safe from harm. People who used the service appeared comfortable with staff, who we observed were very sensitive in ensuring their individual needs were met and communicated with them in kind and friendly way that could be understood.

People who used the service were supported by staff who had received training in how to meet their needs. People who needed support with making informed decisions and choices were protected by use of legislation to ensure their human rights were protected

People received support that was person-centred and based on their individual wishes, needs and preferences. People and their relatives were involved in the development and provision of their support where this was possible. People were supported to maintain a healthy and balanced diet to ensure their nutritional needs were met. Staff supported people's medical needs and liaised with health professionals for advice and guidance when this was required.

We observed staff interacted positively with people who used the service and involved them in making decisions, to ensure they were happy with how their support was delivered. People told us that staff treated them with kindness, dignity and respect at all times.

People who used the service were encouraged to develop their aspirations and goals based on their personal strengths and interests. A comprehensive range of 'creativities' (opportunities for social interaction and personal development) took place at the office base of the service and in the community to ensure their independence was maximised and enable their social inclusion to be promoted.

People were asked for their views about the service. Satisfaction surveys were sent out to people and action was taken to help the service improve. There was an accessible complaints policy using pictures and words to help people raise a complaint if they were unhappy with support they received and have this resolved where this was possible.

The registered manager understood their responsibilities and reported accidents, incidents and other notifiable incidents as required. Arrangements were in place to ensure equipment was appropriately serviced and a business continuity plan was available for use in emergency situations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People who used the service were supported by staff who had been safely recruited and trained to ensure they knew how to recognise and report potential abuse

Known risks to people had been assessed to help staff keep people safe from harm and make positive decisions about these.

Accidents and incidents were monitored to ensure the safety of people who used the service was promoted.

People's medication was managed and administered safely.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received a range of training to ensure they were able to effectively carry out their role.

Staff completed an induction and received on-going support and regular supervision to ensure they were aware of their professional responsibilities.

People were supported to enable their involvement in making decisions and choices about their lives.

Is the service caring?

Good ●

The service was caring.

People's wishes and needs were supported by staff who ensured their personal dignity was respected.

People who used the service had positive relationships with staff who we observed communicated with them kindly and in way that could be understood and ensured their individual needs were sensitively met.

People were consulted about their wishes and supported with making decisions.

Is the service responsive?

Good ●

The service was responsive.

People's support was personalised well to ensure their individual needs rights and preferences were positively respected.

People were provided with opportunities to take part in a comprehensive range of community based activities that enabled their independence to be promoted whilst reducing risks of potential social isolation.

People were actively listened to and positively encouraged to participate where this was possible to contribute ideas about the planning and development of their support.

An accessible complaints policy was in place to help people understand their rights and what to do if they were unhappy with support they received. People knew how to raise a complaint and were confident their concerns would be listened to and as far as possible to be resolved in a timely way.

Is the service well-led?

Good ●

The service was well led.

The service had an open and learning culture.

Staff were positive and enjoyed their work and told us that management was supportive and listened to their ideas and suggestions.

People were encouraged to provide feedback about the support they received.

A quality assurance system was in place to highlight shortfalls in the service and to make improvement when required.

Creative Support - North Lincolnshire Service

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 registered 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 of Creative Support - North Lincolnshire Service took place on 4 March 2016 was unannounced. We subsequently carried out a further inspection visit on 8 March 2016 which was announced. This was to enable us to meet the people living in supported living arrangements in their own homes and was in consideration of their needs and to ensure they would be available. The inspection team consisted of an adult social care inspector, who was accompanied by a colleague from the Care Quality Commission Regulatory Development team on the second day of the inspection.

Before the inspection, the provider completed 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 checked our records to see what notifications had been sent to us by the registered provider. This showed us how they had responded to accidents and incidents that affected the people who used the service.

The local authority safeguarding and performance teams were contacted prior to the inspection, to ask them for their views on the service and whether they had any on-going concerns.

Due the complex needs of people who used the service, many were unable to provide us with clear verbal comments about their experiences and views of the service. We therefore used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to

help us understand the experiences of people who could not talk with us. We spent time observing the interactions between the people who used the service and staff.

We visited three supported living projects and spoke with five people who used the service, together with eleven of their relatives following our visit. We spoke with five members of staff, together with the registered manager and the area manager for the service. We also spoke with professional staff in the community who commissioned the service.

We looked at the care files and other important documentation that related to four people who used the service. These included, medication administration records (MARs) and accident and incident records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management, cleaning schedules and maintenance of equipment records. We also undertook a tour of the service.

Is the service safe?

Our findings

The group of people who used the service had a variety of complex needs. We were unable to obtain clear verbal comments from some of them about their experiences and views of the service. We therefore observed their interactions with staff. We saw staff were respectful of people's individual choices and supported them to ensure they were safe

We observed relationships between staff and people who used the service were positive and relaxed and we noticed that people appeared trusting of the staff. One person who used the service who was supported to live independently in their own accommodation told us, "I definitely feel safe, I don't know what I'd do without them [Staff] They listen to me and are very careful and don't rush." They went on to tell us how staff recently stayed over their allocated time when they had been poorly, to ensure they were alright and that appropriate arrangements were in place. They told us their care staff were, "Lovely girls."

Relatives of people who used the service said they had developed close relationships with the staff and trusted them. One relative told us, "I have good working relationships with the staff and I am in the process of arranging a regular parents meeting. They went on to say their member of family had, "A very positive relationship with the staff, who all know how to handle him and give him space."

Relative's we spoke with told us they saw their members of family on a regular basis. One told us "He comes to see us every Sunday and there's never any problems in getting him to go back home. We would know by his mannerisms if he was not happy." Another relative said their wife visited the service on a weekly basis, they told us, "We would soon know if there were problems."

Assessments were available for people about the management of known risks to enable staff to keep them safe from harm. We saw these included assessments concerning a range of issues such as their behavioural and medical conditions, home environment, abilities to mobilise, communication needs and support when out in the community. There was evidence in people's files these assessments were regularly reviewed and updated where this was required. The registered manager told us, "Prior to delivery of care an individual care plan is completed including risk assessments to maintain individual safety within their home environment. The company supports and encourages positive risk taking to ensure people lead a fulfilling lifestyle. Risk assessments are reviewed regularly taking note of each individual's human rights and equality."

Staff confirmed they were aware of their responsibilities to ensure people who used the service were protected from potential harm or abuse. We found safeguarding procedures were in place that were aligned with the local authority's guidance about this. There was evidence that training in relation to the protection of vulnerable adults was provided to staff. We found this was updated and discussed in themed supervisions with staff to ensure they knew how to recognise and report issues of potential concern. Staff we spoke with were familiar with the different forms of abuse and were able describe these to us. They confirmed they were aware of their duties to 'blow the whistle' about any concerns or incidents of poor practice. Staff advised they would report issues of potential concern to the registered manager and were confident they would take

the appropriate action and follow disciplinary procedures when this was required. The local authority advised the service cooperated and worked with them well to resolve safeguarding concerns.

We looked at the files of staff who had been recently employed and saw that checks had been carried out before they had commenced work at the service. We saw references were taken from previous employers, where this was possible, and the potential employees were checked with the Disclosure and Barring Service (DBS) to ensure they did not pose an identified risk to people who used the service. We saw recruitment procedures included checks of their personal identity and past work experience to enable gaps in their work history to be explored.

The registered manager told us about recent training they had undertaken to become a positive behavioural support practitioner to help ensure staff were equipped with the skills needed to safely manage the behaviours of people who may challenge the service and others. There was evidence of systems in place for analysing and recording incidents and accidents to enable the service to learn and develop. The registered manager told us "Incident and accident reporting is used to highlight areas of concern and we have a good track record of reporting incidents appropriately both internally and to relevant agencies to ensure the safety of service users and staff."

We found staff were provided in sufficient numbers to meet people's needs. Comments in staff in questionnaires we previously sent out indicated this had been an issue in the past, as a result of a number of staff deciding to leave. Staff told us however this was now resolved and that a number of replacement staff had been appointed. Talking about the requirement for the service to have a regular set of staff for meeting their member of family's needs, a relative confirmed that staffing had sometimes been an issue, but that this had now been resolved. They told us, "Communication and recruitment can be a problem due to high staff turnover." However, they told us this had now been addressed by the service and that, "Things are much better now, and nowhere near as bad as it had been." They told us their member of family had very complex needs and experienced difficulties in establishing relationships and needed consistency with staff. They told us, "Staff know her well and how she responds; they manage her behaviours quite well." They went on to comment, "She's got a lot safer environment now than in the past, staff do take care of them." (People who use the service.)

Some of the people who used the service were supported to take their medicines. There was evidence that training about the safe use and administration of medicines was provided to staff before they supported people to take their medicines. We found a number of medication errors had occurred since we last visited the service. However, we saw appropriate action had been taken by the service to ensure that where medicine errors were identified, investigations were completed to minimise them from occurring again and enable learning to be gained. There was evidence that audits of people's medicines were carried out to ensure they were correctly administered and signed for, together with actions for staff to address shortfalls. We saw that Medication Administration Records (MARs) were used to record when people had taken medication or reasons for non- administration. The MARs we saw had been signed accurately and were up to date.

Arrangements were in place to ensure people's environment was kept safe and well maintained. A relative told us they had previously been concerned that some doors didn't always fit and about some mould in their member of family's bedroom. We spoke to the registered manager about this and saw evidence that appropriate action had been taken by the service, with correspondence to the landlord to follow this up. There was evidence that equipment was appropriately serviced and that a business continuity plan was in place for use in emergency situations, for example; fire and severe weather conditions or breakdowns in essential utilities like water, gas or electricity.

Is the service effective?

Our findings

We were unable to obtain clear verbal comments from some people about their experiences and views of the service because of their complex needs. We therefore observed interactions between them and staff. We saw that positive relationships existed between these two groups and support was provided to ensure people's quality of life was promoted. We saw support was provided to enable people in making decisions about their lives and observed a group of people being supported and involved in the preparation and choosing of their meals.

Relatives told us their members of family were supported to undertake a lifestyle that was varied and fulfilled. One relative told us, "[Name] has a full programme of events and is going on holiday later this year with staff." Another relative told us, "We see [Name] out in the community all the time with staff."

We saw people who used the service appeared comfortable with staff, and it was clear their individual needs were known very well by them. We observed staff were very sensitive to ensuring people's individual and specialist needs were met, they listened well and communicated with them in way that could be understood by them. We observed staff demonstrated patience and kindness whilst respecting people's wishes and preferences for their support. Staff told us they always sought people's permission before undertaking personal caring tasks and made sure people understood what had been said and were in agreement with this. There was evidence the service had acted on a recent request from the local authority following an audit carried out by them in November 2015. Improved documentation about obtaining consent from people to ensure they were in agreement with issues concerning their provision of care and support had been developed by specialist staff working for the registered provider and were in the final stages of being introduced.

There was evidence a wide range of training and development opportunities were provided to ensure staff had the right skills to meet the needs of people who used the service. We found newly recruited staff undertook an induction to the service linked to the Care Certificate (The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.) They had also signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. Staff training records contained evidence of completed courses on a variety of topics, including, safe handling and administration of medicines, moving and handling, emergency first aid, health and safety, infection control, communication skills and specific training on the specialist needs of people who used the service. We found the local authority had highlighted that safeguarding training required renewing for some staff in their recent audit of the service; we saw that arrangements to address this issue had been appropriately made. The registered manager told us, "Refresher training is provided in addition to themed supervisions that check out staff knowledge and understanding in key subjects including, safeguarding, medication, finance and dignity." They also told us that team meetings and direct observations were used to monitor staff and implement good practice. Staff confirmed they received supervision and appraisals of their skills and were encouraged to undertake external qualifications to ensure they had the knowledge and skills needed to enable people's health and wellbeing to be promoted.

A relative of a person with complex needs told us, "Staff manage her behaviours pretty well and seem to know what they are doing." Whilst another said, "From what I've seen, staff are well trained and know him well, they know exactly what they're doing." They told us staff used distraction techniques to manage their relative's complex behaviour that presented a challenge to the service and had involved external professionals to ensure their best interests were promoted and upheld. The relative told us, "[Name] is definitely happy, he is very settled and has a consistent staff team, any slightest incident and we are informed straight away."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted and that the registered manager understood their responsibilities and in the process of liaising with the local authority to ensure people's legal rights were properly maintained and protected.

People's care files contained evidence a range of detailed support plans that had been developed to address their various individual medical conditions. Staff told us about specialist courses they had attended to ensure they had the skills needed to meet people's needs. We saw evidence of liaison and involvement with health care professionals when this was required and were told that people were supported to attend appointments, for example GP's, opticians and consultants when needed. Relatives told us they were happy with this aspect of support and that the service worked in partnership with them. One told us how well staff had supported their member of family when they needed inpatient treatment for a serious medical condition.

There was evidence that training on nutrition and food safety was provided to staff to ensure they were aware of safe food handling techniques. Members of staff told us they provided support to help ensure people maintain a healthy diet. People's case files contained assessments about their nutritional needs together with staff guidance and referrals for specialists concerning the management of their medical conditions where this was required. We observed a group of people attending a cookery class to help them develop new skills which was based at the offices for the service. People who lived in one of the supported projects we visited told us how staff involved them and encouraged them to make healthy choices about what they ate.

Is the service caring?

Our findings

We were unable to obtain clear verbal comments from some people about their experiences and views of the service because of their complex needs. We therefore observed interactions between them and staff. We saw people who used the service appeared happy and relaxed with staff, who treated them with kindness and sensitivity.

Comments from relatives demonstrated that they were very happy with the service. Two relatives of people with complex needs told us staff had developed strong relationships with their members of families. One commented, "[Name] is very fond of his staff, they come with us to his medical appointments and have come to offer us support at home in the past." They told us they had made a positive choice about using the service and had visited other supported living schemes to help them reach this decision. They said they were very happy with the service provided. Another relative told us their member of family was, "Very content and happy. He is always smartly dressed and well shaved; we have no issues about any aspect of his care."

We observed interactions that were open and outgoing and saw staff involved and communicated with people sensitively about their wishes and feelings. Where people had communication difficulties, we saw staff used gentle touch and sign language to help people understand and express themselves. We observed staff demonstrated patience and use of encouragement when supporting people to ensure they could understand what was said.

We saw staff were considerate about meeting people's individual needs and it was clear they were knowledgeable and familiar with people's particular preferences and wishes. We found equality and diversity training had been provided to staff to ensure they were able to recognise and act on the importance of respecting people's individual and differing needs.

We were told themed supervisions were carried out with staff that covered issues on the importance of maintaining people's personal dignity and that staff held keyworker roles and were allocated to work with individual people to help promote their wellbeing. We found person centred reviews were annually held to help maintain and set development goals for people who used the service.

There was evidence in people's personal files that demonstrated a personalised approach was used to meet their needs. We saw this included information about people's personal preferences and likes, together with details about how their independence should be promoted. People who used the service and their relatives confirmed staff consulted and involved them and external advocates in decisions to ensure people's legal rights were upheld.

We observed people looked well cared for and appropriately dressed to ensure their personal dignity was maintained and that their wishes for privacy were respected. We saw people's bedrooms were equipped with personal possessions to help them feel at home. People told us staff encouraged them be involved and

help undertake tasks such as cleaning their rooms and preparing or shopping for meals, in order to help promote their skills in daily living.

Staff demonstrated a good understanding about the importance of maintaining people's confidentiality and we saw that information about people was securely held. There was evidence a range of information was available in pictures and words to help people know what to expect from the service and who to contact when needed, together with newsletters that detailed events such as holidays and activities.

Is the service responsive?

Our findings

We were unable to obtain clear verbal comments from some people about their experiences and views of the service because of their complex needs. We therefore observed interactions between them and staff. We saw people who used the service appeared contented and relaxed with staff.

Relatives and people who used the service who we spoke with told us they were provided support that was flexible and responded to their needs. They said they were supported to follow their interests and take part in a range of social events. One relative commented their member of family had, "A full programme and goes out every day." They went on to tell us, "The service integrates people well into the community, particularly games and activities. [Name] has a better social life than I do."

Comments obtained from a group of people who used the service and their relatives confirmed they were happy with the service delivered. They told us they knew how to raise a concern and were confident these would be resolved. People told us they would approach staff if they were unhappy. A relative told us they had raised a concern when their member of family first started using the service, but that this had been quickly addressed. They told us, "We have no problems and are really quite pleased with the service. The matching process (where people share the same accommodation) works well, we did have a problem with this initially, but this was quickly resolved. If ever we need to contact the office, they get back to us straight away."

A group of people who used the service told us that staff involved them in making decisions about their support and encouraged them to participate in tasks such as cooking and helping with cleaning to enable their independence to be promoted. We saw people were supported to follow their interests and hobbies to enable their personal aspirations to be met. People who used the service were encouraged and supported to engage with services and events that took place outside of their homes. We observed an extensive range of 'creativities' took place in a facility based at the office for the service aimed at providing people with opportunities to maximise their independence and reduce risks of social isolation. On the day of our inspection visit a group of people were participating in a class to develop their cooking skills. One person told us how they were supported to work at a supermarket close by, whilst others told us about regular social visits they undertook to watch their local football team. One person told us about a lake district visit they had just returned from that had involved them travelling independently on the train and staying in youth hostels which they had booked for themselves.

We found that people had been invited to take part in a consultation exercise during the last election to ensure their rights of citizenship were promoted and upheld. We were told that people had been supported by an advocacy service with this which involved them meeting local parliamentary candidates and voting for them using different types of biscuits of their choice.

We saw evidence that assessments of people were carried out at the start of their use of the service and that support plans were developed from these to enable the service to meet their needs and ensure a personalised service was delivered. People's care and support was planned in a proactive way with people's

involvement in this, we observed one person with very complex needs and difficulties with verbally expressing their needs using an item of electronic technology (iPad) they had been given, to help them to communicate with and help them control their environment.

We found people's support plans covered a range of issues that focussed on their personal strengths and needs and enabled staff to support people's wishes for self-control and independence. There was evidence in people's care records of how they were actively encouraged and involved in making decisions about their support together with participation in reviews, to ensure their wishes and feelings to be upheld. People's care records contained assessments about known risks concerning their personal health, emotional and psychological wellbeing and mobility needs to ensure they were kept safe from harm and enable a positive approach to be taken about decisions about these. Assessments and risk management plans were included in people's personal files that provided staff with guidance in how to support them and ensure person-centred care was provided that focussed on their individual needs. There were comprehensive risk management plans regarding issues such as the management of their specialist nutritional needs and behaviours that could be challenging to them and other people. There were also descriptions of people's medical conditions which provided staff with additional information about these. We found people's assessments were reviewed and evaluated on a regular basis to ensure their health and safety was promoted. Health action plans were available in people's personal files that detailed their medical needs together with information for use in emergencies situations, such as admission to hospitals. This helped ensure staff were provided with guidance and information about people, together with instructions for use from professionals.

There was evidence the service had an open and listening approach and consulted with people to ensure they were happy with the service delivered. We found a variety of methods were used, including newsletters, questionnaires and meetings, together with direct observations and opportunities to talk with staff on a 1:1 basis. The registered provider had a complaints procedure that used pictures and words to help people understand their rights and know what to do if they were unhappy. The registered manager maintained a record of complaints and compliments. We saw evidence that action was taken to resolve complaints where this was possible. The registered manager told us that outcomes from complaints were used to help the service to learn and develop. Feedback from relatives was overall very positive. One relative told us their member of family had made "Wonderful progress."

Is the service well-led?

Our findings

Relatives told us that overall the service was well organised and they would talk with the registered manager if they had a concern or needed anything that required to be followed up. Two relatives did tell us there had been times in the past when due to high turnover of staff, communication with the office could be improved. However, they told us this issue had been now been addressed and one went on to say, "They know where to spend money" and "Staff are open and welcoming."

There was registered manager in place who was aware of their responsibilities under the Health and Social Care Act 2008. We found the registered manager worked well with the Care Quality Commission (CQC) and saw that notifications about incidents, accidents and other notifiable events were submitted in a timely way as required. The registered manager had appropriate knowledge and experience and had worked in social care for a number of years.

The registered manager told us there were elements with the service they wanted to improve and that arrangements were in place to address these issues. They told us this included managers carrying out audits and unannounced quality visits to see people who used the service. The registered manager said this would include direct observations of staff and obtaining and acting on feedback from people around the duty of candour to ensure the service was open and transparent (The duty of candour aims to ensure that providers follow up and provide truthful information and an apology when things go wrong.)

We found the registered manager was supported by a range of both care and ancillary based office staff and there were clear lines of accountability and managerial responsibility in place. Since the service was last inspected in 2014 there had been a change in some regional management arrangements and a new area manager had been appointed. Relatives we spoke with were positive about this. One of the eleven relatives we spoke with did express a minor concern about certain aspects of management; however they told us that, "Things had recently got better"

There was evidence the registered manager had a 'hands on' and open style of approach and took their role seriously. Staff comments about management were positive. Staff who we spoke with told us they enjoyed their work and felt valued by the service. Staff said they were able to speak with management and felt their ideas and suggestions would be listened to. The registered manager told us staff were nominated through a corporate staff awards programme for issues such as good practice and long service.

We found the service had a clear sense of vision and values that included a commitment to ensuring people were provided with an individualised service designed around meeting their individual needs and choices. There was evidence an inclusive approach was adopted that enabled people to develop their personal goals and aspirations. We saw evidence of regular consultation with people to enable them to participate and share ideas about the service. We found this included use of newsletters, surveys and regular meetings with people together with opportunities for their involvement in a range of community activities.

We saw evidence of communication with staff to ensure they were aware of their professional roles and

responsibilities for promoting people's involvement in decisions about their lives whilst respecting their independence, and needs for equality and safety. A whistle-blowing policy was in place to enable staff to raise any concerns about the service and we saw evidence that appropriate managerial action was taken in relation to issues in this respect. Members of staff we spoke with said they could raise any concerns and felt the service's management team were approachable and fair. The registered manager told us, "Senior managers spend time in projects and work hands-on supporting shifts if needed."

We saw evidence in staff files of individual meetings with senior staff which enabled their attitudes and behaviours to be monitored and their skills to be appraised. Staff told us about meetings that were held to enable the registered manager to provide leadership and direction. Staff told us they received feedback about their work in a constructive manner and that the registered manager listened to their ideas to help the service develop.

Internal governance systems were in place to enable different aspects of the service to be monitored and enable the quality of the service to be assured. We saw that improvements had been made to address issues that had been highlighted by the local authority in a timely way. We found that audits of the service were carried out for example; care planning reviews, medicine audits, staff training and general satisfaction surveys to enable the service to be reviewed together with action to improve the service when this was required.