

Halton Borough Council

Halton Supported Housing Network

Inspection report

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02 November 2016

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Ratings

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

Summary of findings

Overall summary

The inspection took place on 27, 28 October and 01, 02 November 2016 and was announced.

At our previous inspection in June 2013 we found the provider was meeting the regulations in relation to the outcomes we inspected.

Halton Supported Housing Network consists of 19 houses. The network provides accommodation with support in the community for adults with learning disabilities and physical disabilities. It provides staff to support people in their own homes with a variety of support packages based on their individual needs. The network supports individuals to uphold their tenancy agreement, participate in the community and to lead their lives in a purposeful, healthy and enjoyable way. At the time of the inspection there were 52 people using the service.

The service has a registered manager. 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.

People who used the service and their relatives were high in their praise of the staff and services provided. They told us that staff were kind and caring and had enhanced people's lives.

We saw that staff had developed effective communication methods with people to meet their individual needs. We saw staff used verbal and non-verbal interactions to ensure people were able to speak their mind and have choices in all aspects of their daily life.

Care plans held detailed information about the individual's needs and choices. They also held full risk assessments, which balanced the potential benefits and risks in order to support people wherever possible to live a life of their choice.

Staff recruitment was robust. The service used value based recruitment techniques and competency assessments to ensure wherever possible that staff had the right qualities to provide person centred care for vulnerable people. We saw that people who used the service were part of the interview process for potential employees, which demonstrated the service's commitment to the culture of inclusion.

The service promoted a person centred approach to staff, starting with induction, shadow shifts and training and support throughout the probation period. This time was used effectively to listen to the people who used the service and reflect on staff's practice to consider compatibility.

Staff training records were up to date and they showed that staff had been provided with all relevant training to have the knowledge and understanding of individual support needs and how to meet them.

People told us that they were supported by consistent staff who knew the people they supported very well.

We saw the service had good links with community specialist teams to enable staff to make necessary referrals in areas such as behaviour which challenged. These were followed up appropriately.

The service promoted healthy eating and supported people to take the lead in shopping, using menu planning and a pictorial shopping list. People were also assisted to eat safely and healthily using guidance from Speech and Language Therapists (SALT). Joint working on health initiatives were used such as Fresh Start programmes and local Weight Watchers.

The service had recently undergone some changes to its staffing structure and staff told us that this had greatly improved service delivery and staff morale. Staff said the registered manager led by example, was most supportive and they were proud to work for Halton Supported Housing Network. Staff told us that they felt valued and empowered by the registered manager. We saw that staff worked well together. There was a no blame culture permeating throughout the service and the team motto was to provide the best support possible to enhance people's lives.

We saw that updated policies and procedures to monitor the quality of the service had been introduced with a view to ensuring continuous improvement.

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.

There were systems in place to safeguard people from the risk of harm.

Risk assessments were undertaken to assist people to live a life of their choosing.

Is the service effective?

Good ●

The service was effective.

New staff members received a thorough induction.

Staff members received regular training and on-going supervision.

Policies and procedures were in place regarding the Mental Capacity Act and staff members were knowledgeable about the processes involved to ensure people's rights were upheld.

Is the service caring?

Good ●

The service was caring.

The people we spoke with were positive about the staff and their ability to support them.

The staff members we spoke with could show that they had a good understanding of the people they were supporting and they were able to meet their various needs.

Is the service responsive?

Good ●

The service was responsive.

There was a formal care review process in place. This was done with the involvement of the people using the service and where applicable their family members or other relevant people such as their social worker.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these were addressed within the timescales given in the policy.

Is the service well-led?

The service was well- led

There was a registered manager in place who was respected by staff and people who used the service.

Information about the quality of service provided was gathered on a continuous and on-going basis.

The organisation had appropriate systems in place to audit the quality of service being provided by Halton Supported Housing Network and identify any improvements required.

Good ●

Halton Supported Housing 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 27, 28 October and 01, 02 November 2016. We gave the provider 48 hours' notice before the inspection to make sure appropriate staff and managers would be available to assist us with our inspection.

The inspection was undertaken by an adult social care inspector.

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. As part of our inspection planning we reviewed this information and other information that we held about the service including statutory notifications received from the provider. These statutory notifications include important events and occurrences which the provider is required to send to us by law. We reviewed previous inspection reports and we contacted care and health commissioners and social care professionals who were involved with the service to seek their feedback.

We spoke with six people who used the service and sixteen of their relatives to gain their perception of the staff and services provided. With their permission we visited three people who used the service in their own homes. We also joined a service user group meeting and met with twelve more people who used the service and three health and social care professionals. We spoke with nine staff members, the registered manager, the assistant manager, the operations manager and three senior support co-ordinators.

We viewed four people's care files within the office and three people's care files within their own homes. We

looked at four staff files, people's medication records, recruitment and training files and a selection of records used to monitor the service quality including staff brief, meeting minutes, audits and questionnaires which the service had sent to people to check if they were happy with the service.

Is the service safe?

Our findings

People who used the service told us they were safe and comfortable and that the staff made them feel safe. Comments included "I am safe here; they (staff) check all the things in my house to make sure they are working. They make sure I lock my door as well to keep me safe", "I am very safe thank you" and "Look at my bedroom, it is very comfortable and (staff name) has made it like this. I know how to keep safe (staff name) has shown me what to do".

Relatives of people who used the service were very high in their praise of the staff and services provided. Comments included "The staff ensure (name) is safe. (Name) has quite a lot of behavioural problems and the staff have ensured that risk assessments have been done to maximise (name's) safety", "I never have to worry now as I know (name) is safe. When (name) was in another place we were always getting phone calls about her safety issues but since she has been here we have no worries at all" and "I know (name) is safe and well cared for; it could not be better".

We saw that all prospective employees of the service were subject to robust pre-employment checks. These were managed by Halton Borough Council's human resources department and the registered manager of the service. The four staff files viewed showed that the service had a recruitment process which used value based recruitment techniques and competency assessments to ensure, wherever possible, that staff had the right qualities to provide person centred care for vulnerable people. Pre-employment checks included checking people's identity, employment history, qualifications and experience. References were also obtained from previous employers and Disclosure and Barring Service (DBS) checks completed. (DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.) During our inspection we observed the commencement of an interview process and saw that a person who used the service was part of the interview panel. We spoke with this person who showed us the questions they would ask the interviewee and how the response would be recorded. This process demonstrated the service's commitment to the culture of inclusion and participation.

We saw records to show that there were sufficient numbers of staff to support people safely. Staffing levels were dependent upon the amount of support required. We saw that some people who used the service were not at home during the day due to work or college commitments. As a consequence staff told us that they were rostered to be on duty when needed. We visited one tenancy and met with a staff member who was on duty on their own as only one person was at home during the day. However we saw that the duty rota ensured that more staff were utilised when the other tenants were on the premises. Staff told us there was always sufficient numbers of staff on duty to provide safe support. They also told us that they provided consistent care and support to enable the people who used the service to get to know them and feel safe and comfortable in their presence.

Records showed that the service utilised a multi-agency approach to support people to access their local community safely and promote choice and control. This included each property undergoing environmental safety checks by the appropriate agency including equipment, signage, and access to transport and local venues. The service had recently undergone a restructure, creating senior posts to work within tenant's

homes and address any safety issues with the appropriate services.

We viewed documentation which included a risk assessment for one person about them safely accessing the community. We saw that existing controls had been noted and other appropriate actions had been put in place. These included communication via electronic systems so they could be safely supported to access the community unaccompanied.

There were systems in place to record and monitor incidents and accidents; these were monitored by the registered manager. Systems ensured that if trends were identified, actions would be put in place to prevent reoccurrences. We saw a data base which recorded all safeguarding issues, incidents and accidents and had a full audit trail that recorded outcomes, lessons learned and a reviewing system to identify themes.

We saw that the service had a Safeguarding Adults Interagency policy to support staff in dealing with all safeguarding incidents. We noted that a Care Concern process was also in place to refer all concerns to the local safeguarding authority and also to monitor themes.

Staff told us they had been trained in safeguarding and whistle blowing and this was continually raised through supervision, staff brief, staff meetings, daily contact and staff were encouraged to share all concerns.

We looked at copies of the staff brief for September and October 2016 and noted there were clear reminders recorded by the registered manager about safeguarding, such as 'please continue to pass on all incidents no matter how small to the duty person, we all work to an open and honest policy (Duty of Candour is how CQC describe this and I am attaching a poster for you all to add to policy and venue files). I want staff to feel comfortable reporting any issues there would never be any blame, only support'.

We found that the manager and staff knew how to report any safeguarding concerns. We saw records which showed the manager had regular contact with the local safeguarding team who took the lead for safeguarding adults and identified that they discussed any safeguarding concerns with them directly. This was further confirmed via direct discussion with the safeguarding team.

We saw that Halton Borough Council medication policy supported the service to follow current and relevant professional guidance about the management and review of medicines. The registered manager told us the service worked towards all staff being trained in the administering of medication and their competency was regularly tested. We noted that the service were currently working with Halton Clinical Commissioning Group (CCG) to review all medication procedures with the aim of having a bespoke recorded medication procedure specific to the service.

We looked at four medicine administration records (MAR). Where staff supported people to take their prescribed medication, printed and hand written MARs were used. Records confirmed that staff recorded any prescribed medication in the person's MAR including the type of medication, the dose and the frequency at which it needed to be taken. Staff signed MARs when they had assisted people to take their medicine.

We looked at one person's MAR sheet and noted that some medication was prescribed "as and when required" (PRN). We spoke with one member of staff who supported this person and was very knowledgeable about the person's medication needs and of the way to assess when this person required their PRN medication. They told us that although this person could not verbally communicate their need, non-verbal signals were in place to identify when PRN medication was required. The staff member told us

that this information was also recorded on the back of the MAR sheet to ensure all PRN medicines were given appropriately.

We saw that the MARs were stored in people's own homes and they were checked on a daily basis by a senior support worker. Any discrepancy with the records would be immediately reported to the service duty officer who would alert the registered manager.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Is the service effective?

Our findings

Relatives of people who used the service told us that they were always able to make contact with the service via their duty system. Comments included "If I need to make contact I am always able to speak with someone no matter what time of day" and "Staff are always available if I need to speak with them about (name)". One person said "I am so pleased with the way this service have improved (relative's) life. I never would have believed that (name) could have improved so much and be able to live a better life". Another relative told us "I would like to highly commend the support given to (name) and his family by HSH, (Halton supported housing network). (Name) has had quite a few issues over the years and they have been dealt with in a very professional manner. HSH have worked closely with other agencies to ensure any issues were dealt with effectively. We have had annual reviews which have been very helpful. Also meetings have been arranged at short notice whenever necessary. Communication has improved tremendously since Alison Waller (registered manager) came into the Service".

External professionals who were involved with the service told us they were very impressed with the services provided. Comments included "The houses we visit get most effective support. The staff are impeccable; they provide excellent, effective care and support and work with robust behaviour management plans. People have really flourished thanks to Halton Supported Housing Network" and "The staff have many skills and work with people with positive effect. The service is managed very successfully and effectively deals with lots of complex care needs".

People who used the service were able to tell us that they were happy with the staff and the way staff had assisted them to gain more skills, such as more effective communication.

We saw a letter which had been sent to a senior staff member acknowledging their hard work and commitment whilst supporting a person who used the service during a really difficult period of ill health. The letter acknowledged the staff member's total commitment and 'going the extra mile to ensure the person maximised their life quality whilst experiencing very poor health'. We looked at this person's care plan and noted that innovative care planning had taken place in a multi-disciplinary setting which culminated in this person being rehabilitated and assisted to regain their lifeskills and maximise their daily life.

Staff told us, and records showed, that supporting people to be engaged in all parts of their lives had greatly decreased behaviour that can be a challenge. We saw people were supported and encouraged in daily decisions, from planning their meals to how they designed and decorated their homes. Staff told us they worked in a consistent way to ensure people were able to understand the negative impact of their behaviour and gain the skills to manage this with positive effect. Health and social care professionals spoken with told us that the staff of The Network (Halton Supported Housing Network) were very skilled and effective at managing behaviour and they had seen most positive outcomes. They said that because of their positive interventions in which they developed robust behaviour and support plans people who used the service had really flourished. They gave examples of positive interventions which included a person who had been banned from local shops and parks due to their extremely challenging behaviour who now was able to shop locally and enjoy walks in the park thanks to 'The Network staff'.

Records showed senior staff were trained in coaching and mentoring to promote staff to enable tenants to actively be involved in their care/support plans. Staff told us that they had gained skills to enable them to assist the people who used the service in making decisions and enabled staff to be more aware of not just people's care needs but enabling them to be more active in promoting their own care. In discussions staff identified they were aware to seek consent at all times via verbal and non-verbal communication. During our inspection we saw written and pictorial documentation which showed that people who used the service had been asked if they wished to meet a Care Quality Commission (CQC) inspector and if they were happy for them to visit them in their homes. We saw that some people wanted this to happen but several people refused.

During the home visits we observed that the staff members were aware of people's right to make their own decisions. They were also aware of the need to protect people's rights when they had difficulty in making decisions for themselves. During our visits we saw that staff took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with them. They explained what they needed or intended to do and asked if that was alright rather than assume consent.

The staff members we asked about training said it was good and up to date. They said that they were able to access any training they requested and said that the registered manager was providing training for all staff in the Care Certificate to make sure they all had an overview of what the new training comprised. (The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers.) We saw that staff training included first aid, moving and handling, Makaton, safeguarding, whistle blowing, food hygiene and infection control and more specialised training in areas such as peg feeding, epilepsy and dementia care. Staff received training that matched people's needs effectively. They told us they were encouraged to reflect on their practice and develop their knowledge and skills to improve people's experience of care.

The staff members we spoke with told us that they received on-going support, supervision and appraisal. We looked at a sample of the records maintained and could see that a number of areas were being discussed. These included customer areas such as finances, medicines and care needs, as well as personal areas such as general well-being, personal safety, reflective practice, training and personal development.

We saw that staff briefs were sent to all staff and noted the on-going sharing of information to support all workers to be aware of any changes in people's needs. Sharing of information on best practice was sent out to all properties if urgently needed or added to the fortnightly staff brief.

Care plans showed the service promoted healthy eating and supported people to take the lead in shopping, using menu planning and a pictorial shopping list. A number of people were assisted to eat safely and healthily using guidance from speech and language therapists (SALT). Joint working on health initiatives were used such as Fresh Start programmes and local Weight Watchers. We saw that one person who used the service had been encouraged and assisted to prepare and cook healthy meals, attend the gym and become generally more active. This had culminated in them shedding over four stone and feeling much more healthy and happy with life.

People were supported by staff members to visit community health care professionals, such as GPs and district nurses as and when needed. These visits were recorded so staff members would know when these visits had taken place and why.

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The Deprivation of Liberty Safeguards (DoLS) do not currently apply in settings such as domiciliary care where people are resident in their own homes and so any deprivation of liberty may only be undertaken with the authorisation of the Court of Protection. The registered manager confirmed that she made an assessment of capacity at the initial assessment. Staff would note any changes and report these to the manager. In instances where a person lacked capacity staff would make contact with the local authority in order that they could assess the situation and take appropriate action in the person's best interests.

We attended a Makaton support group where speech and language therapists were supporting people who used Makaton, their peers and people outside services to be able to communicate with each other using this method. This was the first session of ten and was well attended. People told us they were looking forward to next week when they would 'brush up on their skills'.

Is the service caring?

Our findings

People told us that staff were kind and caring. Comments included "They are my friends, they make me feel happy, they are kind and I love them".

We received some written comments from people who used the service. Comments included "They are very nice people and are very caring. I am a grown up lady and they care for me" and "(Staff name) does a good job and is a very nice lady who is beautiful and kind to me and I can go to her with my problems. She is my best friend".

People were treated with respect during all interactions with staff. We noted that staff gave people the time to respond and took their time and repeated or reworded what they had said to help engage with them. We observed staff interacting with people in a warm and caring manner asking them if they wanted anything to eat or drink, if they were comfortable and plumping their pillows if they were in bed. Staff communicated in a way that suited individuals. This included how and where they positioned themselves, words used and appropriate touch when needed. For example, responding to a person's kiss on the cheek or holding someone's hand. All interactions seen, and heard, were positive and staff responded to people with warmth.

We saw that staff ensured that people were able to express their views and feelings, either on a one to one basis or in a group, so that they knew and understood things from their perspective.

Some people went to stay with their families on a regular basis and the staff members kept the family members informed about the support that had been provided. There were also systems in place to make sure the visit went well; for example ensuring the appropriate medicines were taken home and obtaining feedback from people when they returned.

We saw in all of the support plans we looked at that everyone had a 'one page profile' that explained what was important to the person. This was unique to the individual.

Halton council had developed a range of information, including an easy read service user guide for the people using the service. This gave people relevant information on such areas as how to make a complaint and how to obtain assistance to complain if they were not able to do it themselves.

We saw people using the service were being supported by independent advocates as and when needed. Staff told us that this advocacy service was available to all the people supported by the service. We saw information was provided to each person about their rights to be supported by an advocate.

Staff members discussed 'client confidentiality' with us prior to them providing any information about people they supported. We also saw that personal information about people was stored securely. This showed that staff fully understood the need to ensure all information about people who used the service was kept confidentially.

We saw that staff had received training in end of life care and noted that the service had been a national finalist in the Great British Care Awards for end of life care and had won the regional award for dignity in care. Records showed that over the past four years the service were regional finalists for services to dementia and outstanding contribution to social care and national finalists for learning disability.

We saw records to show that the service had cared for a number of people who were nearing the end of life and provided care and support to enable them to pass away in their own homes with people they wished to be with. Comments from relatives included "The criteria of staff involved with (name) is astounding. They go above and beyond their remit because they care and are so concerned for (name). Also many thanks to them all for their empathy and support to me personally", "(Name) could not have been cared for better anywhere. The staff team have been wonderful, warm compassionate and professional" and "One of the most caring and supportive teams I have ever encountered (name) life and death was as fulfilled and as happy as anyone has the right to expect. Thank you all for taking exceptional care of (name)".

Is the service responsive?

Our findings

Relatives of the people who used the service confirmed that they were happy with the way in which staff responded well to people's daily living needs. Comments included "(Name) has been very happy during his time with the service. They have provided detailed care packages, arranged medical appointments, overseen medication, liaised with all other professionals and (name's) family with positive effect" and "(Name) has had quite a few issues over the years and they have been dealt with in a responsive and very professional manner".

Records showed people's needs had been assessed prior to them using the service and care plans had been developed so that they received appropriate care and support. The care plans we looked at were person centred and showed that people's life history, hobbies and interests, how they communicated with others, their preferences, wishes and choices had been taken into account. We noted that they also held details in respect of nutrition, communication, personal care, mental health, emotional support and end of life wishes.

The registered manager told us that all care plans had been recently audited to ensure that they held consistent information about specific health conditions and detailed full information about risk monitoring and prevention. The seven care plans we viewed held all the necessary information to ensure people's current and changing needs were addressed and met.

Staff told us they worked as small teams within each person's home and were able to provide consistent care and support. They said they were able to look at the care plans to identify any changing needs. They told us that daily handover meetings, diary records and staff meetings also assisted staff to undertake person centred care. One staff member said "Our manager is most supportive of us and the people we support. She visits each property regularly and we talk about each tenant and check any changing needs so we are able to provide the right amount of care and support to each person because the care is regularly reviewed and recorded".

Staff told us that because consistent staff knew the people they support very well this promoted the early diagnoses of people's illnesses. They said that good communication links with community specialist teams ensured that necessary referrals could be quickly made and followed up appropriately.

Staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide appropriate care.

If people required help in a particular area such as mobility, staff would be provided with specialist training in this area to help them to fully support the person. We saw that in the event of extra help being required an updated care plan and risk assessment to meet this need was drawn up and added to the care file.

We also saw that the staff members working within various houses were expected to sign each care plan and risk assessment to show they had read and understood the plans.

Everyone being supported by the service had their own weekly timetable which provided the staff with guidance on what needed to be done and when. This had been agreed with each person and included household activities such as shopping for food, cooking and housework as well as other activities such as attendance at day centres, working in the community or eating out.

We saw that the service had organised a fun day for people who used the service during which, as well as having activities, they based the day around promoting people's understanding of Deprivation of Liberty (DoLS) and Mental Capacity Act.(MCA) 2005. People told us that they really enjoyed the day and gained more understanding of DoLS and MCA. We noted that people who used the service had already asked for another fun day to be held where they would like to know more about dementia.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. There had been eight complaints made since the previous inspection took place and we saw that they all had been dealt with in accordance with the service's complaints policy. People were made aware of the process to follow in the service user guide and in an easy read booklet containing the compliments and complaints procedures.

People said they knew how to complain both in verbal and pictorial form. Relatives of people who used the service told us that they were fully aware of the complaints system and would use it if necessary. One person said they had needed to address an issue, not as a complaint but as a concern, about their relative's attitude. They said that staff had addressed these concerns in a sensitive manner and 'things were now OK'.

Is the service well-led?

Our findings

We saw records to show that the registered manager visited all of the properties where support was provided as part of her auditing process. She told us she spoke with the people receiving a service and the staff members supporting them. We saw that following each visit a report with any actions needed was produced. We looked at a report of one visit undertaken in August 2016 and could see that it had been divided into five headings. These covered good practices, what could be done better, actions from previous visit, tenant specific issues covering medication, finances, support files and risk assessments and general issues such as housekeeping.

We saw that the senior support workers also had responsibility for monitoring the quality of the service being provided. They checked the support plans and medication folders on a daily basis and also carried out a quality audit in each of the properties they were responsible for on a monthly basis. We looked at the most recent visit for one of the properties in Ashley Green and saw it contained audits and checks on previous issues raised. This process helped to ensure that information about the quality of the service was gathered on a continuous and ongoing basis.

In addition, regular audits were carried out by the operations manager. Outcomes were recorded and action plans developed to remedy any shortfalls. The service conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. This was also circulated to staff and to local healthcare professionals who had regular contact with the home. We saw the results of recent satisfaction surveys which held most positive comments about the staff and services provided.

We saw that contracts and compliance officers from Halton Council also undertook regular audits of the properties and noted from their reports that they had no current concerns.

The registered manager provided minutes of staff meetings and team briefs which held details of the service's vision and values, questioning practice and service quality. Items discussed included data protection, winter planning, CQC inspection, duty of candour, quality audits, spot checks, safeguarding and incident reporting.

We saw a copy of the Business Continuity Plan which was part of Halton Adults and Community Directorate plan. The plan identified the critical activities and detailed actions needed to continue or recover delivery of the service within identified timescales. It also held a clear vision statement and a detailed business plan. The business plan described the service's aims and objectives with distinct proactive plans being implemented in respect of responsibilities and action dates. This ensured the service focused on continuous improvement for people by regular assessment and monitoring of the quality of the staff and services provided. Staff spoken with were knowledgeable about the content of the business plan and told us that they benefited from regular open discussion about the smooth running of the service.

We looked at samples of minutes of tenants' meetings which showed how people were supported to raise their views and opinions about the services provided. We were also shown minutes of quality meetings

which had been developed with the use of pictures to describe the comments raised by people being supported to help improve the service.

The registered manager told us that when people were interviewed for employment people who used the service were able to meet with them and interact. Staff said this made people feel a part of the recruitment process.

Staff told us that regular staff meetings were held and they said their views were listened to. They told us that they were not afraid to speak up and make suggestions for change or improvements to the service. We viewed minutes of these meetings and saw that they were arranged at specific times to accommodate staff on each shift. Agenda items included thanks to staff, review of training, tenant issues and competent care workers' assessment.

Minutes of senior support co-ordinators and management meetings identified that the agendas included discussions about achieving and maintaining high standards. The registered manager told us that all staff acted with integrity and ensured they did not compromise on making sure they did the right thing for people who used the service.

The registered manager told us that the vision, culture statement and values model of the service underpinned the open management style. We saw that individuals' specific roles, objectives and development were tracked, monitored and supported in supervisions and annual performance reviews.

Staff told us that they were very happy working for the service as they felt supported, empowered and well managed.

The registered manager told us that she felt very much supported by her line manager and was able to benefit from both formal and informal supervision. She told us that she had learned a lot since she had taken on the registered manager's role and we noted she had made many changes to care planning and review systems. We saw that staff roles had also been changed with senior co-ordinators being appointed as part of the management structure. Staff told us that this worked well as each tenancy now had a nominated person who held responsibility for the auditing of care and support and the supervision of staff.

The feedback received from people who used the service, their relatives and other professionals associated with the service was very positive about how the service had developed. Comments included "Very well led, open and transparent and has enhanced people's daily lives".