

Creative Support Limited

Creative Support - Salford Complex Needs Learning Disability 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

This inspection took place at Creative Support Complex needs service on 31 October 2017 and was announced. It was carried out at the service offices in Salford by one adult social care inspector. The service was newly registered with the Commission in March 2016 and this was the first time it had been inspected.

Creative Support Complex needs service is a domiciliary care provider who provides flexible personalised care and support for people living with a learning disability/mental health support needs to enable them to live as independently as possible within the community.

At time of the inspection there was a manager at the service who had been registered with the Care Quality Commission since 18 October 2016. 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.

Positive feedback was received from people using the service and their families. Each person we spoke with and their family members told us they were well supported in a safe and informed way by staff. Staff training was in date and mandatory training was offered on an annual basis, with additional refresher training offered for those subjects of training which were more specialist to people's needs.

Staff displayed a good understanding of the needs and requirements of the people they supported and gave suitable examples around how to keep people safe and promote positive risk taking. Safeguarding procedures were designed to ensure staff had the knowledge to identify and respond to any concerns and training was regularly provided to ensure staff were informed of any changes in Governmental policies.

Staff also understood the importance of ensuring person centred care was delivered in line with people's wishes. Additional communication tools were used such as pictures to communicate with people who may be non-verbal this was to ensure every opportunity was offered to people to enable empowerment over their own lives.

Suitable environments were maintained for people, their visitors and staff. Environmental risk assessments were evident and further risk was identified in relation to areas such as water temperature, use of stairs, food hygiene, substances hazardous to health (COSHH), electrical and gas appliances, use of stairs and accessing the community. Lone working risk assessments were also evident to identify any possible areas of concern in relation to staff working alone.

Consistent staffing teams were evident in each of the tenancies and a suitable amount of staff were employed to meet the complex needs of the people they supported. Staff also felt they were allocated enough time to support people in line with their needs and enable people to access the community each day should they wish.

Recruitment procedures were robust and staff were recruited in line with current best practice guidance. New employee induction processes were in place which ensured staff had the correct amount of support and training prior to commencing the role unsupervised. Staff were not assessed as competent to work alone until they had undergone a series of observational practices by a manager and had undertaken a period of shadow shifts with a more experienced staff member.

Medicines were administered in line with best practice guidance from the National Institute for Health and Care Excellence. Staff received adequate training in the administration of medicines and were required to attend refresher training on an annual basis. All medicines were stored securely and safely in each tenancy.

Each person had their own individual care file containing support plans, risk assessments and other relevant documentation. These records gave clear information about people's needs, wishes, feelings and health conditions. Changes to people's needs and were communicated effectively by means of liaising with families, regular reviews with health and social care professionals and use of a staff communication book.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about what process they needed to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

Each person we spoke with told us they were aware of the manager and when visiting people's homes with the registered manager it was evident that people were familiar with her and were comfortable in her presence. Staff told us they were able to contact a member of the management team when needed and felt well supported by the management structure.

We found the ethos of the service was very much about providing a place where people could live as independently as possible, whilst feeling safe and being supported to develop daily living skills. The staff and management team were very much a part of enabling this to happen.

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 told us they felt safe; they were supported by care staff that were considered to be of good character and had been recruited through a thorough and robust procedure.

The service had detailed environmental risk assessments and procedures which were reviewed effectively.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of procedures to follow if they suspected any abusive or neglectful practice.

Is the service effective?

Good ●

The service was effective.

Staff were recruited in a safe way and were provided with a detailed induction prior to commencing employment.

Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

Staff received an adequate amount of training, additional training in specialist areas was also offered.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

People's care and support was delivered to reflect their wishes and preferences.

People and their families were involved in the initial care planning process and were invited to annual care reviews.

Staff were knowledgeable about people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

People told us they enjoyed living at the service.

Care records were detailed and clear. Care was tailored to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

There was a good range of activities offered and people were encouraged to take part in activities of their choice.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

The management structure effectively monitored the quality of the service by means of audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported in their caring role by the management structure and felt able to approach them with any issues.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection took place on 31 October 2017. We gave the provider 48 hours' notice as we needed to be sure that a manager would be available to participate in the inspection. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 8 people receiving care from the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements the plan to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed other information we held, including complaints, safeguarding information and previous inspection reports. In addition we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we visited two people's homes and spoke with two people who used the service and gained feedback from a further five people's relatives. We spoke with five staff members, including the registered manager, service manager and service director. We looked at the care records of five people who

used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at six staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

People told us they felt happy with how they were supported and felt safe in their homes. Similarly people's relatives also told us they felt their loved ones were provided with safe care. One family member stated, "As a family we feel that [our relative] is cared for and safe. This is our priority for them." A second relative stated, "We feel that [our relative] is safely cared for by suitably placed staff that meet their complex needs."

The provider ensured processes were in place which maintained a consistent staffing team in each of the tenancies. These processes enabled an appropriate level of staff to ensure the needs of people were met effectively. We looked at staff rotas covering a three week period for two out of three tenancies and found sufficient staff cover had been arranged. Staff also reported they were able to safely support people on a daily basis and felt that the staffing level was adequate. Comments from people's families also supported this. One family member stated, "Oh there are always enough staff about and they always seem to be the same faces which is good as everybody has that familiarity."

The provider offered an emergency on call/out of hour's service, facilitated by the management team. This was to ensure that if staff had any queries or incidents which required dealing with out of working hours there would be a senior person available for advice.

The provider's recruitment process was designed to enable a thorough assessment of the person before being successfully appointed to the role. New staff were also screened to ensure they had the necessary skills and experience to knowledgably and safely support people. As part of this recruitment selection the service asked for the support and view of the people using the service. This meant people could have an active voice in the recruitment of their own staff.

We looked at six staff recruitment files and noted they contained documents and checks such as a full employment history along with a satisfactory explanation of any gaps in employment, and health questionnaires to ensure full consideration had been made to any physical or mental health condition respective to the applicant. An enhanced criminal record certificate was also sought. This is a mandatory criminal record and barring check on individuals who intend to work with children and vulnerable adults. This check helps a service to ensure the applicant's suitability to work with vulnerable people. Satisfactory conduct in previous employment was also sought by requesting references from previous employers.

People who lived in the tenancies had access to a house file which was kept at each tenancy. These were in easy read format and contained lots of pictures to ensure each person using the service could understand the content. House files contained a series of information regarding expectations of the service, along with areas such as, groups and activities within the service, accessing the local community and private groups in the local area, accessing and exiting the service, what types of service is offered and a selection of policies and procedures including making a complaint.

Protocols were in place for the safe administration of medicines. Each person's file had an individual protocol which recognised their assessed need. These protocols included how best to take the medicine

based on the person's need. A detailed care plan was also in place for each person we looked at. This detailed a list of medicines the person was to take, any known side effects and any other side effects staff needed to be aware of. We noted these processes were also in place for the use of topical creams.

Each person also had 'as required' medication (PRN). We saw PRN protocols which again detailed the rationale and circumstances to offer each medicine, the dose details, route, contraindications and potential side effects. A 'homely remedies' guidance was seen for over the counter remedies and provided clear guidance for staff. The protocols gave administration guidance to inform staff when the medication should and should not be given. This ensured people were given their medicines when they needed them and in a way that was responsive, safe and consistent.

We saw people's medicines were kept in a secure cabinet which was securely attached to each person's wall within their bedroom. We were told that all medicines administration was done in the person's bedroom. We looked at medicines administration records and noted there had been no omissions of signatures and no medicines errors had been made.

Staff had completed, 'safe administration of medicines' training and were subject to spot competency assessments in this area. The medicines training records were current and staff told us they felt confident in this area. We observed one staff member administering medicines at one of the tenancies we visited and noted this was done in line with current good practice guidelines.

The provider also had processes in place to deal with medicines errors and we saw evidence at the time of the inspection that this type of error was taken seriously and would result in disciplinary action for the staff member concerned.

Safeguarding policies and procedures were in place to ensure the safety of people using the service and protect them from abuse and the risk of abuse. There was also clear guidance for staff in relation to making a safeguarding referral should they suspect any abusive practice. House files also contained information for people explaining what abuse was and how to make a complaint in a format which was 'easy read' and pictorial. All staff had received training in safeguarding and this was very much part of the induction process. Staff gave appropriate examples of what constituted abusive practice. "Abuse can be many things, physical, verbal, medicines errors, financial. If I suspected anything I would escalate my concerns through my manager. I also know I can contact yourselves and safeguarding too if I need to."

The provider ensured a comprehensive risk screening was completed for each person using the service. Each person's file we looked at contained a series of risk assessments individual to that person. Risk assessments are created to predict behaviour or events which could cause harm or injury to a vulnerable person and are designed to mitigate such risk. People's risk assessments covered areas such as physical and mental health, diet, epilepsy, relationships, self-care, finance, use of shower/bath and accessing the community alone. Staff displayed a sound understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported.

Environmental risk assessments were also in place and each tenancy had a health and safety file. This file included information about essential daily, weekly and monthly checks required to be carried out such as electrical safety, gas safety, first aid box checks, ensuring the tumble dryer was free of lint, medicines cabinets locked, no trailing wires, all doors and windows were in good working order and all 'Control of Substances Hazardous to Health' (COSHH) were stored in line with current guidance.

Fire procedures were in place and each person had a personal emergency evacuation plan (PEEP) which considered areas such as level of mobility, responsiveness to an alarm and prescribed medication. Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment.

The provider had a Business Continuity Plan. This was updated as necessary. It outlined the provider's aims to provide a framework for an organisational response to any disruptive events such as adverse weather conditions. It planned to maintain critical services to people in the event of any such disruption. It provided details and internal and external contacts for people who were able to assist such as the health protection unit, utility companies, police, directors and managers.

Is the service effective?

Our findings

People's relatives told us they felt their loved ones were cared for by staff who had received the appropriate amount of training to support them effectively. One relative stated, "From what I personally have observed, training appears to be good and staff are regularly undertaking training to meet the needs of people. I understand that staff have particularly now undertaken more autism and communication training which in the long term, will benefit [my relative]. People and their relatives also felt there was an appropriate choice given in relation to daily meals and that people's dietary requirements were met.

A detailed training programme was in place for all staff who worked within the service. Mandatory subjects such as moving and handling, first aid, safeguarding and equality and diversity were offered and in addition to this specialist training such as supporting people with sensory needs, autism awareness, positive risk management, understanding learning disabilities, positive behaviour support and sign sharing were also covered to ensure staff had the correct skills to enable them support people living with more specialist complex needs.

A process of staff induction was also mandatory. The service induction process was designed to equip new members of staff with information in relation to mandatory policies, familiarisation with how the service worked, what to expect and how to conduct themselves. Information about each tenancy was also offered and mandatory training such as medicines handling, safeguarding, privacy and dignity were also required to be completed. Following this the staff member undertook a series of shadowing shifts and observed practice before eventually being signed off as competent to carry out the role.

The registered manager told us the induction lasted for approximately six months and was designed to run concurrent with the staff member's probationary period. Staff confirmed this induction was useful and that it equipped them with the correct knowledge and skills to confidently and competently support people with complex needs. One staff member said, "I remember my induction was good. It was very detailed and I feel I was offered the right amount of information to help me settle into the job."

The provider ensured all staff received supervision and appraisal was in line with service policy. We saw evidence of frequent supervision sessions during the inspection and noted plans were in place to schedule future supervision meetings. The registered manager also told us staff assessment forms were used before an annual appraisal. These self-assessments required staff to assess their ability in key areas and asked questions such as the ability to work effectively as a team, verbal communication and listening skills, managing confrontation, motivation, effort and application, use of initiative, follow up and completion of tasks and financial awareness. The registered manager added, "We expect all staff to complete these and hand back before appraisal. These are then used as a discussion point on areas of improvement and strength."

The registered manager also told us, "Employee performance reviews are also carried out. These can run concurrent with staff self-assessments but we can also use these reviews if concerns in a persons practice have been identified."

Staff told us they received a handover before each shift. We looked at sample hand over sheets and noted they covered areas such as have the person's monies been verified by two staff, are all communal areas left clutter free, have there been any incidents or accidents, have the daily health and safety checks been completed. In addition to these areas a verbal information sharing exercise about each person supported was also done. Staff spoken with told us this was a good method. The hand over records we saw had been used effectively.

People's care plans contained important information about their medical histories and any health care needs this included, physical health and mental health considerations. Additional health check lists were also evident in people's files. These considered areas such as dental hygiene, smoking, alcohol consumption, sleeping difficulties, well-man and well-women checks. This meant staff were aware of any annual appointments and/or risks to people's wellbeing and what action they should take if they identified any concerns.

Food hygiene was part of the service's training programme, which helped to ensure support staff had the knowledge and skills to prepare food safely. People were encouraged to eat healthy food and were very much a part of the meal planning process.

Each tenancy created a weekly menu plan. This would be done by staff in partnership with the people using the service. Meals were flexible meaning if a person did not want what had been originally agreed that day they were able to have an alternative meal of their choice. Each person living in the tenancy would assist staff with the weekly shop.

Robust processes had been implemented which enabled the assessment and monitoring of people's nutritional and hydration needs. Nutritional risk assessments were used when required to identify any difficulties people may be experiencing with their dietary needs.

Links had been made with local resources such as learning disability teams and speech and language therapy (SALT) and staff told us they had good working relationships with such teams. In addition we noted the service had implemented effective support mechanisms to ensure should a person require hospitalisation that they were supported with care and understanding to ensure their hospital stay was as stress free as possible.

Hospital documents contained clear information on people's health and social care needs which would be sent with the person should a hospital admission occur. Information captured in these documents included communication requirements, medical information, known allergies and important contacts, sleeping regime, personal care and pain management and the person's likes and dislikes. In some cases we saw examples where the service would provide a staff team to care for the person whilst in hospital to alleviate any anxiety for that person.

The service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service manager was able to describe action they would take to ensure the best interests of any person who used the service were protected if any such

concerns were identified in the future.

In addition the service had been working alongside the local authority to create a, 'Deprivations in Domestic Settings,' (DIDS) document. During the inspection we were provided with evidence of regular follow up conversations with the local authority with regard to restrictions in place for some of the people using the service due to the complex nature of their needs. The local authority have recently implemented the DIDS process as a direct follow up to this to, utilising the paperwork designed by the service.

This process considers areas such as, is the person objecting to the deprivation of their liberty, does the person possibly have the capacity to make informed choices about their care and treatment, considerations are made around can capacity be enhanced and if so how can restrictions be reduced, is the person subject to any high levels of restraint due to behaviours which may cause harm or injury to themselves or others and is this person represented by family or advocates. These considerations enable the local authority prioritise applications.

We saw that each house file contained information in relation to accessing Advocacy services. However the registered manager told us the no person using the service at the time of inspection.

Is the service caring?

Our findings

People and their relatives told us they were treated with care and compassion. We also observed staff interaction which was friendly and helpful whilst visiting some of the tenancies. One person told us, "I'm happy here. Some staff are better than others but I am happy with them all really. They are very kind."

Family members also spoke positively about the care their relatives received. One family member stated, "I have always found the staff to be very helpful and dedicated with [my relatives] care. [My relative] has a very complex condition which requires constant attention and dedication to their needs." A second family member told us, "Well what I think is the best is the love and attention they give [my relative]. All the staff really go out of their way to make [my relative] feel special and accommodate their needs." Whilst a third family member stated, "As you know I am sure you can appreciate how difficult it is to trust your loved ones to be cared for and supported, especially when vulnerable as well as you yourself would do. I can honestly say we as a family feel this is done and more."

We saw the ethos of the service was to ensure a person's privacy, dignity and independence was respected and promoted. Staff told us they would always respect that people needed their own space at times and would always allow for this.

Staff spoke courteously about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. Examples of how they provided support and promoted people's independence and choice were given. Additional comments evidenced that when supporting people with their personal care needs staff considered their dignity and provided them with items of clothing/ towels to use to ensure they were not exposed. Examples were also given around ensuring that doors and curtains were closed. One staff member also commented, "Everybody is an individual and should be treated as an equal."

The provider had a 'code of conduct' in relation to practice which staff were expected to follow. The code covered detailed information about staff conduct, the role of support staff, the services expectations and quality of service. This code ensured staff were adhering to best practice guidance. In addition the service had a mission statement which identified the services dedication to promoting the independence, inclusion and wellbeing of people and how the service strived to achieve this by working with the people being supported, their families and partner agencies to deliver innovative, high quality services that met individual needs and aspirations in a person-centred way.

The registered manager also told us, "As detailed in our mission statement, the driving motivation for our organisation is to achieve positive outcomes for the people we support. This aim is inherent to all of the activities we undertake and we are required to evidence that outcomes are being achieved for people using our service in order to demonstrate value for money to all stakeholders."

During the inspection we looked to see how the service promoted equality, recognised diversity and protected people's human rights. We found the service aimed to embed equality and human rights through

well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

If required the service would provide care to people approaching the end of their life in partnership with external nursing teams. The registered manager told us each person had a funeral plan and a 'When I die' care plan in place. We saw evidence of this; however in some people's files they were not complete. The registered manager added, "We try and complete these with the person and their family members where appropriate, however some people are reluctant to participate due to the majority of people we support being young, therefore people do not wish to think about this at this stage in their loved ones life. We are very sensitive to this choice and respect that."

Compliments received by people's family members and professionals highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people and their families. One message read, "Staff are very kind and considerate." Whilst another read, "I would like to thank staff for the party which was organised for [my relative] and their general persistence and support which achieves appropriate outcomes for [my relative]."

Is the service responsive?

Our findings

People were supported with their daily living requirements. We saw each person had a care file which contained a variety of documents appropriate to each person's needs and requirements. Family members told us, "[My relative] has detailed plans covering every area of need possible in detail and I know the records are up to date." Whilst a second family member stated, "I know [my relative] has a care file I have seen it. It is very detailed and contains everything staff need to support them."

The provider had processes in place to ensure each person's needs were assessed before the service began to support them. The registered manager explained the referral and assessment process and stated, "Referrals are received mainly from the local authority. When we receive a referral we also receive a support plan which the social worker provides. We then arrange a further assessment which is completed usually by me or another manager; we meet with the person and their family and complete our own assessment using information from the social work assessment and information directly from the person and their family." The registered manager added, "We always offer a transitional period and this very much depends on the person but can be one night stay per week for as long as the person needs, it could also be tea visits, day visits. We gauge interactions with people who are unable to verbalise their feelings and if people could tell us we would gain their opinion." We saw evidence of these assessments and transitional periods during the day of inspection by looking at people's files.

We noted information sought in the initial assessment was used to create a more robust and detailed support file. Support files contained support plans which had been created based on people's individual needs and requirements. Support plans captured content around what the person was able to do for themselves, likes, dislikes, hopes for the future, what was working/ not working, communication, relationships, social interactions and keeping healthy and safe. Support plan's clearly detailed what support was required to enable the person to fulfil their expectations during their daily lives.

Care files we saw were reviewed regularly to ensure staff were kept up to date with each person's relevant care requirement. Staff were aware that due to the complexity of people's health and social requirements their needs could change frequently, they also identified the importance of ensuring information was in date at all times. People and their families were involved in the review process where appropriate along with any professionals such as learning disability nurses and mental health workers.

Essential contact details were recorded as routine, such as health professionals, GP and next of kin. Staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice, personal preferences and leisure pastimes and in a person centred way.

Daily reports provided evidence that people had received care and support in line with their support plan. We viewed a sample of records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

Each person was allocated one to one time and funding by the local authority. This enabled staff to support people with activities of their choice. In addition we saw people enjoyed taking part in joint activities with their house mates. Day trips were regularly organised and holidays. On the day of inspection we were limited to who we could meet due to everybody being out of their homes pursuing daily activities. The registered manager told us. "We currently have music groups and arts and crafts groups, these are in addition to everything else people choose to do. We are also currently recruiting for an activities coordinator and we also utilise volunteers. The benefit to this is that we can offer some really enriching activities for people and provide them in an environment where people feel comfortable; using volunteers also brings another dimension than it just being facilitated by staff. They have some great ideas and really engage people." We saw good examples of activities over the day of inspection by reviewing people's activity documentation.

Development meetings were also held for people and these were used to discuss activities and new ideas. The registered manager said, "These meetings give a spirit of support to people and being part of the community. We also offer a hub which provides people with more complex needs with meaningful activities, recent ones have been beauty nights, massage with essential oils and sensory afternoons. These are enjoyed by all."

The provider had policies and procedures in place for dealing with complaints and concerns. These documents gave clear guidance on how to make a complaint and what to expect including relevant time scales for completion. A complaints file was held at the services offices which tracked formal and day to day issues. We noted the service had received seven complaints in the past year. These had been actioned and dealt with in line with company policy.

Is the service well-led?

Our findings

There was a manager in post at the time of inspection that had been registered with the Care Quality Commission since October 2016. 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. The manager had overall responsibility for the service and it was their role to provide oversight and manage day to day operations.

Each person we spoke with considered the service to be well-led and people's family members told us they felt well informed of their loved ones care when needed. Comment included, "We are very grateful to the staff, they are in contact with us and let us know what is happening." A second person stated, "Any concerns we have had have been dealt with promptly as I am able to email the managers and they act swiftly. They keep me informed along the way until my query/ concern is dealt with by email or occasionally, telephone conversation." Staff added they felt supported by the management team and could approach them with any queries or issues any time of the day.

Staff meetings were carried out in line with company policy. Additional meetings were also held if required. We were told staff meetings were designed to be more people centred and it was important staff voice was captured. Meetings covered topics such as what was working and not working, ideas and information sharing and any burning issues from staff. Staff told us the meetings were a good arena to raise and discuss any issues and felt they were a good way of keeping informed of changes and updates within the service.

The service had a robust infrastructure of auditing in place to monitor the quality of service delivery. Monthly house manager checks covered areas such as medicines, staffing issues, restrictive practice, people's belongings, finances, environment, accidents and incidents, risk assessments, complaints and compliments. In addition we saw evidence of individual house audits in the tenancies we visited. House audits covered areas such as care planning, personal files, staff rotas, people's finance, staff sickness, daily diaries, food and mealtimes. All audits were monitored by the services quality team and any issues were discussed with the registered manager. House manager audits were audited by the registered manager and any concerns identified were discussed.

Registered manager meetings were held every six months and all the registered managers working for the provider were expected to attend. These meetings were designed to cover topical themes such as medicines practice, safeguarding and the Commissions five key lines of enquiry. Guest speakers were also invited to attend. In addition the registered manager told us she attended a meeting which was held by the local authority to look at driving up improvements and partnership working between the council and care services in the Greater Manchester area.

The service sought the views of people using the service and their relatives through the provision of satisfaction surveys. Surveys asked questions pertaining to each individual and family members overall experience of using the service, food quality, independence and safety. Outcomes from the surveys

supported that people were happy with the level of service and support offered and received. In addition family members and staff who had also completed the Commissions online satisfaction survey about the service were all happy with how the service was provided. The service scored 100% satisfaction in each area of questions asked. These key areas covered all aspects of the regulatory questions we frequently ask, for example, do people feel safe, treated with dignity and respect, views and wishes listened to, are managers accessible and listen to people and do staff feel well equipped to carry out their role.