

Leicestershire County Council

Melton Supported Living Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 3 February 2016 and the visit was announced.

Melton Supported Living Service provides domiciliary care for up to 21 people with learning disabilities in their own homes. At the time of our inspection 21 people were using the service. The service is provided in different accommodation types including flats and bungalows. These were located near to the office where the registered manager was based.

It is a requirement that 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. At the time of our inspection there was a registered manager in place.

People felt safe and staff knew about how to protect them from harm and abuse. The provider had a range of risk assessments in place to keep people safe although some needed reviewing. The registered manager had made arrangements to check equipment regularly.

People who showed behaviour that could challenge had plans in place to support them. Some staff needed an update to their training in this area. Accidents and incidents had been carefully looked at to try and stop them from happening again.

There was a plan for staff about what to do in an emergency. This included how to support people to evacuate their homes.

Staffing levels were appropriate to keep people safe and the provider had a thorough recruitment process in place. This included checking the suitability of staff before they had started working for the provider.

People received their prescribed medicines. Where people handled their own medicines, there were systems in place to support them to do this safely.

People received support from staff who had undertaken regular training. Some of this training needed updating. For example, where people had specific conditions that required specialist training, this was not always up to date. The registered manager made plans after our visit to make sure this would happen. Staff met with their managers and received regular support.

People were supported to make their own decisions where they could. However, where people may have lacked the capacity to do this, the provider had not carried out mental capacity assessments or best interest meetings. We were given information after our visit to show how this was going to be improved immediately. Staff showed a good understanding of the Mental Capacity Act 2005 and had received training in this area.

People had access to food and drink that they preferred and were encouraged to eat healthily. Where there were concerns about a person's weight, specialist advice had been sought. People had access to a range of healthcare professionals such as their GP.

People told us that staff members were caring. We saw staff responding well to people. People's independence was being encouraged and people told us that this was important to them. Staff knew about people's communication needs and we saw staff meeting these when we visited.

Staff knew about people's preferences and interests including their cultural needs. For example, one person liked listening to hymns.

People were involved in planning their own care where possible. We saw that people were given choices on a daily basis about things that mattered to them. For example, one person was supported to choose what they wanted to wear.

People were being treated with dignity and respect. For example, information held and shared about people was being undertaken in a careful and sensitive way.

People were involved in the assessment of their own needs where they could. Where they could not, others had been involved such as family members. People's needs had been regularly reviewed.

People had support plans that contained information about their preferences and things that were important to them. For example, people's routines were documented and we saw staff following these when we visited.

People were taking part in activities that they enjoyed. For example, people had been supported to go on holiday.

People knew how to complain and there was a complaints procedure available to them. Any concerns that had been received by the registered manager had been investigated.

Staff told us that they felt supported by the registered manager. Staff could offer suggestions for improvement through the regular staff meetings that had occurred.

Staff knew how to raise concerns about their colleagues and there was a clear policy in place for doing so.

The registered manager had sent questionnaires to people who used the service and their relatives to gain feedback on the service offered. There were also audits of the service. However, these required attention to make sure that they were regular.

The registered manager was aware of their responsibilities. For example, they had taken action following a safeguarding incident.

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 that they felt safe and staffing levels were appropriate to keep them safe.

Risks to people had been assessed although some of the records needed reviewing. Accidents and incidents had been looked at to try and stop these from happening again.

The recruitment of staff was robust.

People received their medicines that they needed in a safe way.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received appropriate training, some of which required updating.

Staff were supported by their manager and had received an induction when they had started work with the provider.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. However, the provider had not carried out the requirements of this legislation fully.

People had access to food and drink of their preference. Specialist advice had been sought where there were concerns about people's nutrition.

Is the service caring?

Good ●

The service was caring.

Staff were kind when offering their support.

People's interests and hobbies were known by staff and incorporated into the support offered.

People were involved in choices where they were able to be.

People's privacy and dignity was being respected.

Is the service responsive?

Good ●

The service was responsive.

People received support based on what was important to them.

People undertook activities that they enjoyed

People knew how to complain and there was a complaints procedure available to them.

Is the service well-led?

Good ●

The service was well led.

People, their relatives and staff were able to give feedback to the provider.

The registered manager knew how to carry out their role and staff felt supported by them.

Quality checks of the service were in place although these needed to be kept up to date.

Melton Supported Living 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 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 took place on 3 February 2016 and was announced. 48 hours' notice of the inspection was given because the manager is often out of the office supporting staff. We needed to be sure that they would be in. One inspector undertook the inspection and an expert by experience. An expert by experience is a person who has had personal experience of caring for someone in this type of care service.

Before the inspection we reviewed the information that we held about the service to inform and plan our inspection. This included reviewing statutory notifications that the provider had sent to us. These contain information that providers must send to us detailing any significant incidents.

We spoke with six people who used the service and six relatives. We also spoke with the registered manager, the deputy manager and eight support staff.

We looked at the care records of two people who used the service and other documentation to see how the service was being managed. This included health and safety records, meetings that had been arranged by the provider, policies and procedures and medicines management. We also viewed four staff files to check recruitment processes and the support staff had received.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "I feel safe. They sometimes ask me how I am. They ask me if I'm ok and getting on". Relatives mainly said that their family members were being supported to keep safe. One relative told us, "They do take safety issues seriously and they got back to me (about a recent concern) and they do take it on board". Another relative said, "I just want to make sure [person's name] does not get isolated (when in the community). What is the risk assessment, I don't know and should". However the same relative also told us, "I have no safety concerns about the service".

People received support by staff members who knew about their responsibilities to protect people from harm and abuse. One staff member told us, "I would report anything of concern. I would make sure the person is safe and removed from the situation if necessary. Everything would be documented and I would report it to a manager. I could also phone the social worker or the police if needed". We saw that a safeguarding referral had been made to the local authority where a person had their money stolen whilst in the community. This was in line with the provider's policy on safeguarding adults. We found that staff members had received training in this area. However, some staff had not received an update for five years. We spoke to the registered manager about this who told us that there was a rolling programme to offer refresher training for all staff.

Staff told us about the risks associated with people's support needs and how these had been managed. For example, we saw that a person was at risk of choking and staff described the risk assessment and support plan in place. We saw other risk assessments and plans for people that had considered how to appropriately manage people's safety. These had been reviewed monthly. This meant that staff had up to date guidance about how to keep people safe. Staff understood their responsibilities to keep information up to date. One staff member told us, "We review the paperwork and look at different ways of doing things...updating risk assessments and the support plan when things change".

There were risk assessments in place for a range of activities all people undertook. For example, cooking within people's homes had been considered. However, these risk assessments had been undertaken in 2012 and they had not been reviewed. When we spoke with the registered manager about this they told us they would be reviewed to make sure the information was current.

People were involved in being part of decisions about risks to their safety. For example, we saw review notes of a person's support needs. These detailed that the person was present and contributed to discussions about the risk of losing weight by using facial expressions which staff members knew the meaning of. People's rights had also been protected when the provider had addressed risk. We saw risk assessments that had documented the need for staff to talk with people about what they were doing and to gain agreement for the care and support offered.

Some people who used the service displayed behaviour that could challenge and staff knew how to respond to this. One staff member told us, "We don't use restraint; it's all about distraction which is documented for us to follow". We saw support plans that gave staff up to date information on how to support people when

they had become anxious or distressed. There were also records that showed that staff members were analysing behaviours that challenge to try to reduce the occurrences to keep people safe from harm. We saw that most staff had been trained in supporting people who could display challenges. The registered manager told us that there was a rolling programme to get everyone's training refreshed.

Accidents and incidents that had occurred had been analysed by the registered manager to try to prevent them from happening again. For example, where a person had injured themselves there was clear information for staff to try to prevent this from reoccurring. The registered manager told us that the recording of accidents and incidents had recently changed to make sure that any follow-on actions could be documented so there was a clear audit trail of what had occurred. This meant that any accidents and incidents were carefully looked at to support people to keep safe.

Equipment in use was being checked regularly. Staff told us about the importance of checking this before supporting people. One staff member said, "I make sure the equipment is working before I use it, for example, hoists or irons". We looked at maintenance records and saw that equipment, such as moving and handling items, were being checked.

There was an up to date plan available to staff about what to do in an emergency. This contained the contact details of organisations that could support the provider at such a time. Emergency accommodation was detailed as well as the contact details for all staff members who could be called upon in an emergency to offer support to people. We also saw that people had individual plans on how to evacuate their homes during an emergency. These contained information for staff to follow. In this way the provider had considered people's safety during incidents.

Staff felt there were enough staff to keep people safe. One staff member told us, "There are sufficient staff, we ensure that there are. We are looking to recruit to fill some vacancies". Another staff member said, "It sometimes seems ok, people can go out and do what they want. Sickness levels can have an impact on people because then we have to make compromises, it can be quite difficult but we always get cover". On the day of our visit, staff were available to meet the needs of people and sickness cover had been arranged. The registered manager told us about a review of staffing numbers that had been taking place. This was to make sure that there were a suitable number of support staff as well as appropriate management cover. We saw action plans detailing that this had been occurring.

The provider had safe processes and procedures in place for the recruitment of staff. Prospective staff were not offered employment until the necessary checks had been carried out. Records confirmed that these had been taking place. In this way people were being supported by staff that had been verified as able to work with adults who required support.

People received their prescribed medicines. We saw that where staff supported people to take their medicines, this was signed by staff. Where people needed medicines as and when necessary, for example tablets that can help anxiety, there were clear guidelines for staff to follow that had been agreed by the person's consultant. People had one page medicine profiles that contained information about their medicines and what they were for. The provider had made this information accessible to people by using pictures. This was important as some people managed their own medicines and meant that they could refer to this information if needed. One relative was complimentary about how medicines had been handled. They told us, "[Person's name] medication is done carefully for epilepsy and uses dossett boxes...and tends to self-medicate and it all gets done ok".

Staff knew what to do if there was a medicine error which was in line with the provider's policy.

We saw that people's medicines were being stored in people's own homes securely. Staff had received

training on handling medicines and their competency had been checked. However, some of these checks had occurred in the last year whilst others were over three years ago. We spoke with the registered manager about this who told us plans were in place to update these.

Is the service effective?

Our findings

Condition specific training had occurred but was not always up to date. For example, not all staff had received a yearly update in administering suppositories which was important for one person. Training for staff in this area had expired two months ago. We also found that some staff had received first aid training but for some this had now expired. This meant that staff may not have had up to date guidance when supporting people. We spoke to the registered manager about this who told us that they would make plans for staff to update training in these areas.

People told us that the staff team were able to carry out their work well. We found that staff had received regular training. One staff member told us, "There is plenty of training, I've finished mine but we have to repeat every 12 months". Records showed that training had recently been undertaken in risk assessment, the movement and handling of people and nutrition.

Staff members received effective support. One staff member told us, "I feel very supported by my manager. I can bounce ideas off them...I have regular meetings". Another staff member said, "Support is always available". On the day of our visit we saw the registered manager supporting staff with their concerns and difficulties and offered solutions that were helpful. Records showed that staff members received an induction when they had started their employment. The registered manager showed us records about planning for new staff to undertake the Care Certificate. The Care Certificate is a qualification to support staff to provide effective support and is seen as good practice for new staff to undertake.

Staff told us that they had received regular supervision from their manager. Supervision is a process whereby staff receive support and guidance on their progress from their manager. Topics that were discussed included the expectations from the registered manager about staff members' performance, suggestions from staff and discussing the provider's policies and procedures.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the provider was working within the principles of the MCA and found that this was not being consistently applied.

We saw staff meeting notes that included the reminder for staff about the need to make decisions in ways that are the least restrictive for people. The registered manager told us that two people who used the service may have lacked the capacity to make some decisions. However, we could not see that mental capacity assessments or best interest decisions had been carried out. These are important when people lack capacity to make sure that any decision made on people's behalf is in line with the MCA. We saw in a person's notes that a best interests meeting had been considered necessary due to the provider using wheelchair straps and bed sides when delivering care for a person. Staff members told us that this had not happened. After the inspection, the registered manager gave us information showing that this meeting had now been arranged

with the person and social care professionals. We were also shown details of a meeting that had been arranged with the staff team to consider and complete any mental capacity assessments that were necessary for people using the service.

Staff told us that they had received training in the MCA and records confirmed this. Staff members described their understanding of capacity. One staff member told us, "It's not making decisions for them. Show people the choices". Another staff member said, "Capacity can change, for example by having an infection or an illness". Staff members were knowledgeable about how to make decisions on a person's behalf. One staff member told us, "If there are concerns about capacity, for example, around health or finance decisions, then a more thorough investigation has to be carried out". Another staff member said, "A group of people get together to make the decision".

We saw that people's support plans gave staff information on how to support them to make decisions. For example, two people used photographs and objects to help them to make a decision. We saw that it was important for one person to choose their own clothes but they could not tell staff through spoken words. Staff confirmed how to do and told us, "I give a choice for their clothes and they can touch my hand to give a choice".

Staff members described restraint and told us about how people might have been deprived of their liberties. One staff member told us, "A deprivation may be needed to keep someone safe in the least restrictive way that doesn't impact upon their human rights". Another staff member said, "We have been looking at one person in our service. [Person's name] is safe but we are restricting as we use bed sides".

We spoke to the registered manager about any applications they had made to the Court of Protection where someone who lacked capacity had been deprived of their liberty. The registered manager told us that this had not occurred as it had not been established if people were being deprived of their liberties. We were told that once mental capacity assessments and any best interests meetings had occurred, applications would be considered.

People were being supported to go shopping and to make their own meals. One staff member told us, "There is a good balance of healthy meals and we try and give a balanced diet". We saw when visiting people's own homes that they were assisting to make the evening meal. We saw menus on display that people told us they had put together based on their preferences. People's support plans detailed their food and drink likes and dislikes. For example, we saw that one person's support plan detailed their dislike for hot food that had gone cold.

Where people were at risk of being underweight, plans were in place to support them to eat well. For example, we saw an action plan for a person to gain weight and included having foods that contained extra calories. We saw that the person was being supported to be weighed weekly and a referral had been made to a dietician. This was to gain advice and support as the person had lost weight in the past. A relative spoke positively about the support their family member had received and told us, "...we have been worried about [person's name] eating so they are trying to get the diet right and get [person's name] weight down". This meant that people were being supported to achieve and maintain a healthy weight.

People were being supported to maintain good health and had access to a range of health care services. One relative told us, "They get [person's name] to the doctors if needed as soon as possible and let me know". People's daily care notes made references to supporting people to have regular appointments to see their GPs, dentists and opticians. We saw an emergency support plan for if a person had become unwell. This was especially important as the person had complex health and behavioural needs. In this way the

provider had planned to support the person effectively in what would have been a difficult time for them. Where people were identified as needing specialist support, referrals had been made. For example, we saw a referral to a speech and language therapist as a person was at risk of choking. The support plan indicated the need for staff members to follow the professional advice and recommendations given.

People's emotional health had also been considered. For example, where a person could not have told staff members how they had been feeling, the staff team had considered what certain behaviours might have meant and what staff should do to offer the appropriate support. In this way the provider had looked holistically at a person's health and had offered support that had been considered in an individual way.

Is the service caring?

Our findings

People largely told us that staff members were caring. One person said, "They are pleasant with me". Another person told us, "They are very special people...very good to me". However, where people shared communal areas in their homes we were told that there were sometimes disagreements resulting from the cleaning of these areas. For example, one person told us, "...I do get told off a bit...Do quite a lot of chores". This person also said that staff had shouted at them. We spoke to the registered manager about this who said that they would speak with the person and listen to their concerns. Other people felt that the staff members were polite and respectful.

People told us that they were happy that they had received support from a consistent group of staff. This was important to people as they felt that staff knew them well. Staff described their approach to supporting people in a caring way. One staff member told us, "It's about the values that we have, to work in a person-centred way, working towards people's independence, to give people choices and to respect their dignity and privacy". Another staff member said, "We are very respectful, staff are very motivated and positive. We treat the home as the person's home".

Staff knew about people's preferences and interests. One staff member told us, "[Person's name] likes going shopping, they have their own car and love to go out and about". The person's support plan confirmed these activities were important to them. People's support plans detailed their preferences. For example one person's support plan said, 'If I wake during the night I may want a drink of water'. People's cultural needs were also known by staff. For example, one person enjoyed listening to hymns and staff were able to confirm this. We also saw a support plan detailing a person's routines during the daytime based on their preferences and levels of independence. We found staff members following these in a caring way on the day of our visit. People were smiling and responsive to staff members which showed that caring relationships had been developed.

We saw that people's rooms were personalised with things that mattered to them. One person told us they were proud of how tidy they had kept it with support from staff. This showed us that staff had been thoughtful in supporting people to take pride in their personal space. We also saw action plans in place for people to achieve things that were important to them. For example, there was an action plan in place over the Christmas period to support a person to undertake the buying of gifts for their family members. This person had complex needs and the plan had been broken down into small actions so that the person had been involved as much as possible. Staff members had placed the emphasis on people maintaining their independence when carrying out their duties and not solely on care tasks that had to be undertaken. In this way people were being supported by staff who cared.

Some people who used the service could not communicate using words. We saw that people who needed them had communication passports in place. These gave clear instructions and helped staff to engage with people using their methods of communication. We saw staff members following these when we visited. For example, one person liked their own space and could have become anxious if the environment had been crowded. Staff members informed us of this when we visited so as not to distress the person. In this way staff

were respectful of people's wellbeing.

People had been involved in planning their own care. One relative told us, "[Person's name] has a keyworker and is involved in the support plan". A keyworker is a staff member who is the main contact for a person. The registered manager confirmed that wherever possible people attended their own reviews. We saw review records that confirmed this. For example, a person who could not feedback with words about their support had been part of their review meeting. The professionals in the meeting had used body language and facial expressions to determine the person's opinion. The person had responded positively when changes to their personal care had been discussed. We also saw that people were being asked before support was given. For example, on the day of our visit a person had been asked about their preference for support in the coming evening. In these ways people had been involved in making decisions about their lives.

We saw that where people could, they had consented to their support plans. Where people could not do this there was information about why and who else had been involved such as family members. Most people could speak up for themselves and make clear choices. However, some people would have needed support to do this. The registered manager had given information through their quality assurance processes to people on advocacy services available in an easy to read way. This meant that people had information available if they needed support from outside the service when making decisions.

The provider had taken steps to make sure information that was available was in a way that was meaningful to people wherever possible. For example, the complaints procedure had included pictures to aid people's understanding. This meant that the provider showed that they cared by acknowledging that not everyone communicated in the same way.

People's privacy was being respected. One person told us, "They respect my privacy". We saw that staff members always knocked on people's front doors and asked for permission to enter before they did so. Staff members asked people if we could enter their houses and gained consent for this. People were spoken with gently and in a supportive way. This meant that staff members were aware of the privacy and dignity needs of people.

People's sensitive information had been handled securely. We saw that there were lockable cupboards for records to be stored as well as password protected computers. Staff members were careful and discreet when sharing information about people and did this in a way that was respectful. These arrangements were in line with the providers' policy and procedure for data protection and meant that information about people was being handled carefully.

Is the service responsive?

Our findings

People were involved in contributing to their support plans. One person told us, "Yes they check things out with me. They give me a choice. We go where I want. I've plenty to do. It's fine. I've had choices". Relatives were largely satisfied with how they had been given the opportunity to contribute to their family members' support plans. One relative told us, "Did have a review last year when I met the senior and we went through the plan. They took on board all of our concerns". Another relative said, "They have kept us informed and involved and they have since then kept us up to speed with things that matter". Some relatives had some ideas for how this process could have been improved and they had spoken with the registered manager about this. For example, one relative told us, "They do try to have meetings even though I cannot always attend...but they keep us in the picture and it would just help if they could have better times for those of us who work". We saw that people's care records had documented discussions about what had needed to change for people to meet their changing needs. This meant that the provider had been responsive to reviewing people's needs.

Five relatives told us that their family members' needs had been reviewed regularly. One relative said, "I missed the last review meeting and they were a bit concerned and let my sister know". One relative shared their concerns that their family members' needs had not been reviewed frequently. They told us, "Now and again [person's name] can slip up and they need to check [person's name] is going to work which is sometimes missed but they don't check [person's name] is doing this". However, the relative acknowledged that this had been their family member's choice.

People had support plans that were centred on them as individuals and showed they were in control of their own care. We saw that people had detailed routines in their support plans about their preferences and choices. For example we saw a statement that said, 'I don't like getting up in the morning so I need lots of motivating and prompting'. For one person it was important that they had their preferred radio station playing. We found this to be in place when we visited them in their own home. People's support plans had detailed information in them about who was important to them, their backgrounds and their interests. In this way staff had information on how to respond to people in a person-centred way.

People received support when they required it. The provider had used assistive technology in the form of pendants that people had on their person. This helped people to request support from a staff member quickly when needed. One person described how they liked to be independent and did not need staff to help them all of the time. The technology in place meant that staff could offer support only when the person needed it.

People had undertaken hobbies and interests that were important to them and care records confirmed this. One person told us, "They help me go to shopping and the pictures". However, one person was not always satisfied with the opportunities open to them. They said, "Staff help me get out and about but I don't get out as much as I'd like. For instance, some staff last week could only support Zumba and I don't like that". The registered manager told us that staffing was being looked at to maximise the amount of support people received. Relatives were happy with the opportunities open to their family members. One relative told us,

"People have done things they never have before. People have gone to the seaside". Another relative said, "There are groups to join for gardening and scout huts and other activities like photography. [Person's name] is not bored".

Staff members told us how activities were planned with people based on their interests. We saw that activities that people were due to take part in were displayed in people's homes. We spoke to people about these who smiled when talking about them. This meant that people were undertaking opportunities that made them happy.

People were supported to maintain relationships that were important to them. One person told us, "I can visit my relatives and friends and they come here sometimes". Another person said, "My guests are made welcome".

People had information available to them about how to complain. This was displayed in the main office and used pictures so that people were able to understand it who could not read. One person told us, "No, I have no complaints. I would do so if needed". Relatives said they had raised concerns and felt that these had been handled well by the registered manager. For example, one relative told us that staff had not always handed information over in the past very well but once this had been raised, the situation had improved. The relatives we spoke with had not made formal complaints to the provider. Staff told us how they would support people to raise concerns, make complaints or act on their behalf. One staff member said, "For some people it is difficult as they cannot say. I would look at their behaviours and investigate any changes. The provider had a procedure in place for dealing with and responding to complaints. Staff were able to describe this and knew how to respond to people's concerns and complaints.

Is the service well-led?

Our findings

The registered manager was well thought of and involved others in the development of the service. One staff member told us, "There is a strong management group, we can suggest ideas and the manager is receptive to ideas". Another staff member said, "The manager is approachable, very open. For example, we ordered new furniture, that I suggested, to make the place look more homely". Relatives confirmed this and told us, "I can get in touch, I can get them easily enough and the manager is very approachable".

Staff described how they would have no difficulties reporting the behaviour of their colleagues should they have had concerns about their practice. One staff member told us, ""If I saw something I saw staff doing regarding their conduct I would go to the manager. If they didn't do anything I would go higher. I can also go to safeguarding (the local authority)". The provider had a policy displayed for staff to follow in such circumstances which staff members were able to describe. This meant that the provider was open to dealing with poor practice if it had occurred.

We saw that the provider had a Statement of Purpose. This was not on display in people's own homes but the registered manager told us that this had been made available to people when they first moved into the service. The Statement of Purpose set out the objectives that the provider aimed to achieve. These included involving people in their own care, safeguarding people from abuse and offering personalised care. During our visit we saw that these objectives were being incorporated into the approach adopted by staff and the registered manager. An example of this was that spot checks had been devised by the registered manager to monitor how staff offered support to people.

Staff confirmed that they had regular meetings with the registered manager to improve the service offered and to learn from their mistakes. One staff member told us, ""We do a lot of debriefs...gives people opportunities to give ideas". We saw that there were regular staff meetings occurring. These covered topics such as how to encourage motivation when working with people, going through the provider's policies and procedures and any training needs. In this way the registered manager offered opportunities for staff members to reflect on their practice in order to improve.

Staff members told us that they felt supported by the registered manager. One staff member said, "The manager gave advice on how to approach other professionals as it was not just a behavioural issue a person was showing and I needed support. I felt valued as an individual". We also saw records that showed us that the registered manager had followed disciplinary processes where this was needed to raise a staff member's performance. The staff member had been given an action plan so that they knew what they needed to improve on. In these ways the registered manager had shown leadership to improve staffing practice and outcomes for people they were supporting.

The provider had sought feedback from people and their relatives about the service offered. We saw that questionnaires had been recently sent out. These had been made accessible to people with learning disabilities by the use of smiley faces for them to indicate if they were happy or not with the topics highlighted. Questions focused on people's living arrangements, if people had been involved in choosing

their care and support and asking if people knew what a person-centred plan was. The comments received were largely positive. The registered manager told us that the results had not yet been analysed but showed us the results of the previous year's survey. This detailed that people did not know about their Human Rights so the registered manager had made arrangements for people to be issued with a charter of their rights. In this way the registered manager enabled feedback to be received and acted on it appropriately.

There was an established registered manager in place on the day of our visit. They were open and transparent about what the service was doing well and what needed to improve. For example, we were told that people's level of independence had been improving but that the service needed to improve on assessing people's capacity to make their own choices and decisions. These examples were also described by staff members showing that there was a shared understanding of what was working and what needed to be improved upon.

The registered manager was aware of their responsibilities to notify relevant organisations when significant incidents had occurred. For example, they had followed up on a safeguarding incident that had happened and carried out actions to try and prevent it from happening again.

The registered manager had made arrangements for checking the quality of the service. There were audits undertaken for a range of areas. For example, audits had occurred for medicines, cleanliness and assistive technology. However, the audits had not picked up on what we found during our visit. For example, generic risk assessments had not been reviewed. We also found that some audits had stopped occurring six months ago. The registered manager told us that auditing was important and said that the staff team had been part of discussions to make sure these happened again regularly.

The registered manager told us about how they had met with senior support staff on a weekly basis to go over daily handover sheets. This was to enable the registered manager to analyse and take action where things needed to have improved. Staff members confirmed that these meetings happened and felt they were positive to look at ways the service could develop.