Somerset County Council (LD Services)

Somerset LD Services 5

Inspection report

Six Acres Resource Centre
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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 24 and 25 August 2016 and was announced. We gave the service 48 hours' notice because we wanted to meet the registered managers and needed to be certain they would be available during the inspection. This also gave the registered managers sufficient time to ask some people if they would be willing for us to visit and speak with them in their homes. The service was previously inspected on 12 February 2014 when we found the service was fully compliant with all regulations covered in the inspection. During this inspection we found no breaches of regulations and we found people received a good service.

Somerset LD Services 5 specialises in providing supported living and domiciliary care services to adults who have a learning disability or autistic spectrum disorder. The agency provides services in Taunton, Bridgwater and surrounding areas. The provider told us they supported 150 people in a range of settings. Some people lived in their own homes and received a domiciliary care service, and others lived in shared houses and bungalows and received support from staff on either a shared or one-to-one basis. During this inspection we visited four shared houses and bungalows in the Taunton, Williton and Bridgewater areas. We also looked at the domiciliary care service, although the registered managers told us this part of the service was in the process of being re-organised and moved to another of the provider's registered services.

The service provided other forms of social care support which are not included within CQC's registration requirements for a supported living service, such as housekeeping, shopping, attending appointments and other independent living skills. We met some service users while they were attending a day centre run by the provider. People's accommodation was provided by separate housing providers or landlords, usually on a rental or lease arrangement. The housing services are not regulated or inspected by CQC. People could choose an alternative support service provider if they wished while continuing to remain in their current accommodation.

There were two registered managers in post. A third registered manager was in the process of de-registering. They shared the responsibility of managing the supported living service to people living in 13 shared houses and bungalows. 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 told us they felt safe. Comments included, "Yes, I feel safe here" and, "All the staff here are kind. I know this place – all the staff are good." Staff had received training on safeguarding adults and knew how to identify and report any suspicion of abuse. .

People received reliable and consistent support from a stable and well trained staff team. Each shared house had a team of staff based there. People could choose the staff they wanted to support them. They had been consulted and involved, as far as they were able, to draw up and agree a plan of their support

needs. Each person either held, or had access to their support plans and records of their health and personal care needs. Staff were expected to read the support plans and provide support in accordance with the person's wishes. People told us there were enough staff employed to meet their needs. Risks to each person's health and welfare had been assessed, regularly reviewed, and staff knew how to support people to minimise the risks

People were supported and encouraged them to learn new skills and gain independence. For example one person was looking forward to moving to new self-contained accommodation in the near future. A relative of another person told us, "She has learned a lot since she moved in there."

Each person received support to help them manage their medicines safely. Most people held their own medicines in secure storage in their rooms, although a few people had asked for their medicines to be stored securely elsewhere in their house. Staff had received appropriate training on safe administration of medicines and their competence was checked regularly. Records of medicines received, administered or returned to the pharmacy were well maintained.

People were supported by staff who had received a range of training that provided them with the knowledge and skills to meet each person's health and personal care needs effectively. Staff received regular supervision and support. They were positive and enthusiastic and told us they enjoyed their jobs. Comments included "I am really, really impressed with the set-up. Everything flows really smoothly" and "I cannot say anything against it. It's wonderful. We work as a team. We get good support. The tenants are at the centre of everything we do."

Each person was supported by staff to receive regular health check-ups and treatment from doctors and health professionals. Staff knew how to identify potential health problems and supported people to seek medical attention promptly.

Where people lacked the mental capacity to make certain decisions the service ensured their human rights were protected. All of the interactions we observed between people who used the service and the staff were friendly and caring. Staff sought people's consent before providing support. People were offered choices on all aspects of their daily routines.

People led active lives. Staff had supported each person to help them identify and plan the activities they wanted to participate in each week. People were supported to participate in activities in their local communities, including work, education and leisure activities. They went on group or individual outings and also enjoyed a range of activities in their own homes. We heard about parties, outings and holidays. People were also supported to keep in touch with friends and families. For example, one relative told us, "We visit every five weeks. It's her home. We ring every Saturday." Another relative told us "We are always welcomed." They also said "They bring her to us on a regular basis, once a week."

The service was well led. A relative praised the management team, saying "(Manager's name) is amazing. Staff are fantastic. I can't fault them. We trust them implicitly." The provider had an effective quality monitoring system to ensure standards of service were maintained and improved. People were involved and consulted about all aspects of the service.

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 sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

People were protected from the risk of abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to maintain as much independence as possible and to remain safe.

Is the service effective?

Good

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

People were encouraged to carry out day to day tasks with staff support to develop daily living skills and to maintain their independence.

People were supported to maintain good health and to access health and social care professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect and were supported to be as independent as they wanted to be.

The staff and management were caring, friendly and considerate.

Staff had a good understanding of each person's preferred communication methods and how they expressed their

individual needs and preferences.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

People were consulted and involved in decisions about their support needs to the extent they were able to express their preferences.

People's individual needs and preferences were understood and acted on.

People's views and suggestions

Is the service well-led?

Good

The service was well led.

The service had a caring and supportive culture focused on meeting people's individual support needs and increasing their social inclusion.

People were supported by a motivated and dedicated staff team and accessible and approachable management.

The provider's quality assurance systems were effective in maintaining and promoting the standards of service provision.

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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 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.'

This inspection took place on 24 and 25 August 2016 and was announced. The provider was given 48 hours' notice because the location provides personal care and a supported living service for adults who live in their own homes, and who are often out during the day. We needed to make sure the registered managers were available to meet us. We asked them to make arrangements for us to visit people in their own homes. The inspection was carried out by one inspector.

Before the inspection we sent out questionnaires to people who use the service, staff, relatives and health and social care professionals. We asked the provider to complete a form called 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 the improvements they plan to make.

During the inspection we met with three registered managers. We looked at the domiciliary care service which provides personal care and support to people living in their own homes in the community. We also visited four houses shared by people who had a tenancy agreement for the rooms they occupied. We spoke with, or observed staff interacting with, 33 people during our inspection. We also spoke with 15 staff.

During the inspection we looked at a range of records the provider is required to maintain. These included service user support plans, medicine administration records, staff rotas, staff recruitment files, staff training records, meal planning records, and quality monitoring records. We also looked at records of accidents, incidents, compliments and complaints and safeguarding investigations.

Good

Is the service safe?

Our findings

People told us they received a safe service. Comments included, "Yes, I feel safe here." One person had heard reports in the media about abuse in other services elsewhere in the country. They knew how important it was to feel safe and to be able to trust the integrity and kindness of the staff and people around them. They told us "All the staff here are kind. I know this place – all the staff are good." They also told us they had recently been introduced to members of the local police team. They said that if they had any concerns about possible abuse they would be confident to speak with a member of staff, or they would contact the local police.

Policies, procedures and staff training were in place to ensure staff knew how to protect people from the risk of abuse. Staff told us they had received training and updates on how to recognise and report abuse. They knew where to find information on reporting abuse and the contact details of the relevant agencies. Comments included, "We have information (about safeguarding) on the notice board that includes contact details." Staff told us they would not hesitate to report something if they had any worries.

People were protected from the risk of financial abuse by robust policies and procedures and regular checks on all financial transactions. Audit checks were carried out by a member of staff employed by the provider. This person visited each shared occupancy house several times a year to check the financial records and report on their findings. Where actions were needed to improve security of people's finances the provider ensured these were completed satisfactorily. The audit reports we saw contained only a few minor recommendations for improvements to the records. Their findings showed that overall a very high standard of recording and safety measures were followed.

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. The responsibility for carrying out checks, taking up references, interviewing and appointing new staff was shared between the provider and local management teams. There were procedures in place to ensure all required information was in place before an applicant was offered a post.

People who received a domiciliary care service told us they received a safe and reliable service. They told us they received a timetable in advance which told them the day and the time of each visit, and included a photograph of the member of staff who would be visiting. This meant they felt safe because they knew who would be visiting them.

People who received a supported accommodation service were supported by sufficient staff to meet their needs. Each shared house was staffed on a 24 hour shared basis, with some people also receiving support on a one-to-one basis according to their individual needs. People told us there was always sufficient staff available whenever they needed support. There was a stable staff team, many of whom had worked for the provider for a number of years. Staff told us there was good teamwork, with staff always willing to help out and work additional hours when necessary to cover vacant shifts, for example sickness cover. Comments

from staff included "Yes, there are enough staff."

Risks to each person's health and welfare had been assessed. The support plan files contained documents which explained the measures staff should follow to ensure people received safe personal care and support. Assessments covered such risks as epileptic seizures, falls, chest infections, and choking. Staff told us they had received training on specific risks, including how to support people who were at risk of becoming agitated or aggressive, learning how to de-escalate situations and keep people and themselves safe. Where people were at risk of developing pressure sores the staff had liaised closely with local health specialists to ensure the risks were carefully assessed, and measures such as pressure mattresses and cushions were put in place to reduce the risks. Where people were at risk of choking, staff were aware of specialist advice about foods they could eat safely.

Where people required equipment to help them move safely the service had sought advice from health specialists such as occupational therapists. Equipment included overhead tracking hoists, handrails, specialist baths and showers with easy access, and wheelchairs. Staff knew how to use the equipment and they also knew how to ensure the equipment remained safe, for example by checking hoist slings to ensure they were not frayed or damaged.

People were supported to receive their medicines safely. Assessments had been carried out to identify the level of support each person needed. People were supported to hold and administer their own medicines, with assistance from staff where necessary. Most people held their own medicines securely in their own rooms, although a few people had asked the staff to look after their medicines securely in a central location.

Staff supported people to obtain their medicines from a local pharmacy. Safe systems were in place to ensure repeat prescriptions were ordered and received in a timely way. Where necessary, staff checked medicines when they were received from the pharmacy to ensure the correct amounts were received. Records of medicines received, administered, and any unwanted medicines returned to the pharmacy were maintained accurately. Staff received medicine administration training and shadowed more experienced staff until they were assessed as competent by their manager. Staff were reassessed every year to ensure their practice continued to be safe.

Regular audits were carried out by the management team to check the accuracy of medicine records and supplies. Where medicine errors were found, for example a missed dosage or signature, actions were taken to investigate the incident and identify any measure necessary to prevent recurrence. All medicine errors were reported to the community team for adults with a learning disability to decide whether a safeguarding investigation was appropriate.

Good

Is the service effective?

Our findings

People were supported by a staff team with the experience and training to meet their needs effectively. They told us the support helped them to be as independent as they could be. There was a stable core group of staff, many of whom had worked for the provider for a number of years. One person told us there had been a lot of staff changes in the last six months and they had been concerned that the new staff team had taken a while to become established. However, when we spoke with managers and staff we found that some staff had changed jobs, either through promotion or change of location, while continuing to be employed by the provider. This meant staff were able to gain a wider range of experience in different settings.

Staff told us they received a good range of training. A member of staff told us "The training is good. If the training opportunity isn't there they will go and source it." Another member of staff said, "We get good training. We update the training every year. If we need more training we ask (line manager's name) and he will arrange it." One team leader told us they had experienced difficulties finding appropriate training courses for their staff team on dementia in people with learning disabilities. We spoke with one of the registered managers who assured us this training was available, and would follow this up with individual team leaders.

All new staff received in-depth induction training at the start of their employment which provided them with the basic skills and knowledge they needed to provide effective support to people. The initial induction lasted seven days, and after this staff were expected to complete a series of workbooks over the following eight weeks. This covered essential health and safety topics and also topics relevant to the needs of the people who used the service. They also shadowed experienced staff until they were competent to work on their own. When their induction was successfully completed staff were awarded a nationally recognised qualification called the Care Certificate. The Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to adhere to.

After the induction training all staff received further training and regular updates on essential health and safety topics such as first aid, moving and handling and medicines management. They also received training on safeguarding vulnerable adults, the Mental Capacity Act (2005), and health related topics such as epilepsy.

Staff told us they were well supported. They received regular one to one supervision sessions with their line manager every four to six weeks. They told us they could also request a discussion with their line manager, or a more senior manager, whenever they needed. Shift hand-overs and monthly staff team meetings were also used to discuss any care or support issues. Comments from staff included, "This is the best staff team."

Staff knew how to communicate with each person effectively. Support plan files contained detailed assessments and information about each person's communication needs. The service used an inclusive communication environment (ICE) process to enable staff to identify the right tools and methods to communicate with people. This included sign language, picture boards, symbols, and other physical forms of communication. During our inspection we saw the staff knew each person well and understood their

individual communication methods. Where people were unable to communicate verbally staff gave people time to indicate they had understood what was being said, and waited for a response such as a smile or a nod to indicate they had understood and agreed. They also used picture cards to help people express their needs and views.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We found the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. When people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. During our inspection we saw staff seeking people's consent before providing any support. They also offered choices and encouraged people to make decisions.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. Where people who used the service had current Court of Protection orders, the service was able to restrict certain aspects of their liberty, rights and choices in order to keep them safe. The service also reviewed any restrictive practices with a view to reducing the number and impact of any restrictions on people's freedom and choices.

People told us they were very happy with the support they received from staff to help them plan and prepare their own meals. Staff encouraged people to maintain a balanced diet. Depending on their individual abilities and wishes, the support ranged from helping people to draw up shopping lists and go to the shops, to helping people prepare their meals. Staff knew each person's dietary needs, likes and dislikes. People who lived in shared housing had their own food storage cupboards and refrigerator space to store their food. A relative told us about a person who loved their food. The staff understood the person had difficulty eating and the relative was confident staff always cut the person's food up carefully to enable them to eat safely.

Staff helped people to maintain good health by prompting and supporting them to attend hospital and other health care appointments. Records showed people were supported to see a range of health and social care professionals including: GPs, psychologists, social workers, epilepsy and diabetic nurses, speech and language therapists, dentists, opticians and chiropodists. For example, one person told us they regularly visited their doctor, dentist, chiropodist, optician and audiologist for checks ups and treatment.

Good

Is the service caring?

Our findings

All of the people we spoke with told us the staff were kind and caring. Comments included, "Everyone is kind. They help me with my anxieties," "All staff here are kind. I know this place – all the staff are good" and "Great company. They are like a family to me. The staff look after me well". A person who had recently moved to the service said, "I am so settled now. I am so happy. I am not going anywhere!"

We observed staff supporting people who had limited verbal communication. The staff were cheerful and attentive. They gave people plenty of time to listen, understand and respond. The staff knew each person well, and we saw people smiling and nodding to confirm agreement. Some people spoke slowly, or had difficulty expressing themselves verbally, and staff gave these people time to speak, and made sure they clearly understood what the person was saying. There was evidence of warmth, kindness and empathy between the staff and the people they supported.

A member of staff told us "We are good at listening. We are all quite intuitive at listening to the signs. For example, one person rocks (when they want something). Staff offer drinks, stimulation, a weighted blanket or massage. One person will tap his stomach when he is hungry."

The registered managers told us they worked closely with other health and social care professionals to draw up and agree support plans for people who regularly experienced anxieties. The provider employed a Positive Intervention Manager. Their role included providing training to staff on supporting people to reduce their anxieties and prevent these leading to aggression or anger. Support plans explained how staff should support people in the most pro-active and least restrictive way. During our inspection we saw staff were skilled in providing effective intervention. For example, a person we were speaking with became upset after recalling an incident that had happened several years before. A member of staff quickly realised the person was upset and offered comfort and reassurance. They suggested an activity the person might enjoy, and the person agreed. We saw this successfully helped the person to overcome their anxiety and they were soon smiling and laughing with the member of staff.

Staff promoted and encouraged people to gain independence. Staff recognised each person's individuality and worked with the person to reach an agreement on the support they needed. One person told us they wanted to retain control over the information shared with staff in their care plan. They had reached agreement with the staff about the records they needed to complete, and where some records should be stored. The person told us they were happy with their support plan records and about information shared with staff.

A person told us about the support the staff had given them to gain new skills and greater independence. Staff had helped the person find new accommodation and they were hoping to move in the near future. The staff had agreed with them a plan of support for the move and for the first few months afterwards. Their present tenancy would be held for them, which meant they knew they could return to the shared house if they found the new accommodation was unsuccessful. This gave the person the confidence they needed to make the decision to move.

A relative told us how a person had been supported by staff to gain confidence and independence saying, "She has learned a lot since she moved in there."

During our inspection we saw staff respecting people's privacy and dignity. Staff knocked on people's doors before entering their rooms. Support with personal care was given in a discreet manner behind closed doors. The provider told us they were members of various organisations including Dignity in Care (an organisation that works to put dignity and respect at the heart of services in this country).

Staff were aware of people's beliefs and religion and supported them to continue these. For example several people told us about church services they regularly attended, either with or without staff escort according to their individual needs and wishes.

Staff told us all the staff were positive and caring. They said they enjoyed their jobs and talked about the happy family atmosphere within each shared house. Comments included, "I love it - it's a good place to work. The guys are fantastic. We have laughter – a bit of 'banter'", "I love working here. All of the staff are caring. They always put the tenant's needs first," and, "This place is a 'home'. Everyone gets on well. We try to make it as 'person-centred' as possible. It's up to them to make the decisions."

People received treatment and care at the end of their lives in line with their wishes and preferences. Members of the management team had received training on a nationally accredited standard known as the Gold Standards Framework (GSF) for end of life care. They shared their knowledge and skills with the staff team. They told us they worked closely with the primary health team to ensure each person was offered appropriate treatment and support to ensure their dignity at the end of their lives. During our inspection we saw staff sitting with people who were experiencing complex illness and disability, offering comfort and support.

Good

Is the service responsive?

Our findings

People received support that met their individual needs and wishes. Staff had consulted with each person and/or their families and representatives to draw up and agree a plan of their support needs. Information was held in four separate files each containing a wide range of information on all aspects of the person's needs. One file contained information on their personal care and daily routines. Another file contained information about the person's health needs, and another file held information about their medications. They also had a file containing important information such as reports from hospital consultants. Information in the support plans sign posted staff to read more detailed information in other files on specific topics, for example risk assessments.

We talked with people about the information in their files. They confirmed they had been consulted about their support plans and the information in the files was correct. One person showed us where to find relevant information, for example by showing us where to find information about their doctor.

The care plans had been regularly reviewed and were reflective of each person's current personal and health care needs. The plans explained the important contacts who had been involved in each aspect of their health support needs, for example GP's, psychologists, and the SALT team. Each person had a document called a 'hospital passport' which was intended to be taken with the person if they were admitted to hospital in an emergency. This document gives hospital staff important information about the person including contact details of important people in their lives, and their health and personal care needs.

People had been consulted about where they wanted their support plans to be kept. Most people had decided to hold the files in their rooms. In one shared house the files were held centrally but people told us they had access to their files whenever they wanted to see them.

Each person received support on an individual or shared basis to enable them to participate in a range of activities of their choice. Support plan files contained timetables showing the activities people regularly participated in each week. We heard about some of the things they enjoyed doing, for example outings with friends and family, sports and leisure activities, and attending work or educational courses. One person told us about group outings they had been on and told us "I always win at ten pin bowling!" A member of staff told us "We try to get them out as often as we can". During our inspection we saw people going out on their own or in small groups with staff on various activities such as walks in the local area, shopping trips and trips to local cafés and restaurants.

Some people talked about the holidays they went on each year. Some people went abroad while others had holidays or days trips closer to home. Some people went on holidays with families and friends. Each person had been consulted about where they wanted to go and staff supported them to achieve their wishes.

Some shared houses we visited had pets including chickens and cats. Some people enjoyed activities involving animals such as horse riding and visits to the Donkey Sanctuary. We also saw photographs of individual and group activities such as parties, entertainments, outings and arts and crafts sessions. In one

shared house people talked about fun events such as a 'bake off' competition.

Staff described how they supported people to keep in touch with families and friends. Families were always welcomed whenever they visited, and staff also took people to visit families and friends. People were also supported to keep in touch by telephone, e mail or other computer technology. Relatives confirmed they were able to visit and keep in touch. For example, one relative told us "We visit every five weeks. It's her home. We ring every Saturday." Another relative told us "We are always welcomed." They also said "They bring her to us on a regular basis, once a week."

People told us they knew how to make a complaint and they were confident they could speak with a manager or a member of staff if they had any concerns or complaints. For example, one person said, "If I am not happy I will tell (senior staff name). I am confident he would listen and do something." Some people said they had never had to make a complaint but they were confident they could speak with a manager or senior member of staff if they needed to. Staff also told us people knew how to make a complaint. For example, a member of staff said, "The guys here have a voice and they are not afraid to use it." A relative told us "If we have any worries we would contact someone in (name of shared house). I am confident they would listen and take action." Each person had been given a copy of the service's complaints and concerns policy. There was a 24 hour telephone line for people who used the service and staff to contact if they had any concerns or complaints.

Good

Is the service well-led?

Our findings

Somerset LD Services 5 was managed by two registered managers. A third manager was in the process of de-registering. The two registered managers had shared the responsibility for the management of the personal care and support service given to people living in 13 shared houses and bungalows. Each shared house had a team of staff based there, including team managers, deputy managers and support staff. This provided a management structure in which staff understood their roles and responsibilities. Team managers and registered managers met monthly for support, problem solving and action planning. Information was cascaded down to the staff through monthly 'cluster' meetings where they passed on learning from investigations and complaints, and also passed on good practice information.

The provider had systems in place to check the quality of the service and involve and consult with the people who used the service. People who used the service, visitors and stakeholders were asked to complete feedback cards which were used to track themes, lessons learnt and service improvements. People also told us they participated in regular tenants meetings where they were given information about the service and invited to make comments and suggestions.

The registered managers carried out regular visits to each shared house where they completed a range of audits on all aspects of the daily routines and management of the service. They spoke with people who lived there, and staff, to make sure they were happy with the service. Team managers also completed monthly reviews and audits on the service which were passed to the registered managers for further checks. The outcomes from complaints, concerns and compliments were reviewed regularly to ensure any improvements were identified and actioned. The provider sent out a stakeholders' newsletter every six months to families and carers to keep them updated and informed. A relative told "We are kept up to date. They regularly ring and ask our opinions."

All of the people we spoke with told us they thought the service was well-led. They all responded very firmly and positively, for example, saying "Yes it is." They told us they were very happy with the support they received.

The staff team were all cheerful and motivated, and enjoyed their jobs. They told us the service was well-led. For example, one member of staff told us the registered manager was very approachable, saying, "She pops in. We have got her phone number." Other comments from staff included, "They are very good managers. They are approachable. You can go to them about anything," "I am really, really impressed with the set-up. Everything flows really smoothly" and, "I cannot say anything against it. It's wonderful. We work as a team. We get good support. The tenants are at the centre of everything we do."

A relative praised the staff and management team, saying "(Manager's name) is amazing. Staff are fantastic. I can't fault them. We trust them implicitly." Another relative told us "As his parents we feel we have found a gem in (name of the house), and that the care our son receives is second to none. The management is excellent."

The registered managers and staff team kept their knowledge and skills up to date in various ways. The provider told us a number of team managers were in the process of gaining diplomas to enable them to increase their management skills and knowledge. They also offered staff the opportunity to gain a certificate in supervisory management. The provider told us in their Provider Information Return (PIR) that staff training was discussed and reviewed during regular supervision sessions, annual appraisals and one-to-one meetings. They told us "There is an opportunity to look at both performance development and performance management. Regular updates and key information is shared with all staff through our publications and guidance frameworks such as the Team Manager Brief, Core Brief and HearSay articles."

Learning and development was further supported through membership of schemes such as the Care Certificate Consortium, (an accredited scheme to support staff through gaining a recognised qualification in care), and BILD (British Institute for Learning Disabilities) accreditation for physical intervention training and techniques. The service also received relevant information about current legislation, regulations and standards from the Council's policy and practice manager. The service worked with other local health and social care professionals. This helped to ensure people's health and welfare needs were met. It also helped the learning and development of the staff team.

All incidents were investigated and action plans put in place to minimise the risk of recurrence. The service reported all significant incidents to the local authority's community team for adults with a learning disability. Where appropriate, these incidents were referred on to the safeguarding team for further investigation. To the best of our knowledge, the registered managers notified CQC of all significant events and notifiable incidents in line with their legal responsibilities. The registered managers promoted an ethos of honesty, learned from mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had systems for dealing with emergencies and other unplanned events. There was an on-call senior manager rota and an emergency night support protocol to respond to unforeseen emergency situations. There was good liaison with the landlords of the houses to ensure the physical environment was safe and well maintained. If any concerns were identified, the service informed the relevant landlord or housing association for action. The service also had a comprehensive range of health and safety policies and procedures to help keep people and staff safe.