

Creative Support Limited

Creative Support - Warwickshire Services

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 on 2 September 2016. The inspection was announced. We gave the provider 24 hours' notice of our inspection. This was to make sure we could meet with the manager of the service and care workers on the day of our inspection.

Creative Support - Warwickshire 'Murray House' is a supported living service registered to provide personal care to people living in their own homes. The service is for adults with learning disabilities, autism or autistic spectrum disorders. Care and support was provided to people in their own flats by care workers at pre-arranged times. People had access to call bells for care workers to respond whenever additional help was required. At the time of our visit the agency supported nine people with personal care and employed 15 care workers. Support hours provided by the agency depended on people's assessed needs. Some people required 24 hour support.

The service had a registered manager. A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Risks to people's safety inside and outside their homes were identified and care workers understood how these should be managed. However, information about the actions required to minimise risks associated with people's care were not always fully recorded. The registered manager said they would ensure risk assessments contained all the information needed.

There were enough suitably qualified care workers to meet people's needs effectively. People received their care and support from care workers who they knew, and at the times needed. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people in their homes.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed MCA assessment were completed when needed. Care workers gained people's consent before they provided personal care and knew how to support people to make decisions.

People were supported with dignity and respect. People were supported and encouraged to live as independently as possible, according to their needs and abilities. People told us care workers were caring and kind and understood their needs.

Care workers completed training considered essential to meet people's needs safely and effectively. Care workers completed an induction when they joined the service and had their practice regularly checked by a

member of the management team.

Care workers supported people to see healthcare professionals when needed and to follow the health professionals' advice. Systems were in place to manage people's medicines safely and care workers had received training to do this.

People and relatives were involved in planning and reviewing their care. Care workers understood people's needs and abilities because they read the care plans and shadowed experienced staff when they started working for the service. Care plans detailed people's needs and informed care workers how people preferred their care and support to be provided. People received personalised care.

People and relatives did not have any complaints about the service. However, they knew how to raise any concerns and were confident these would be listened and responded to effectively.

People, relative's and care workers felt the management team were approachable. Care workers felt valued because the management team were available to provide support and listened to their ideas and suggestions. Care workers and the management team shared common values about the aims and objectives of the service.

There were systems in place to monitor the quality and safety of the service provided and the provider regularly sought feedback from people and their relatives. The provider used this feedback to make some improvements to the service where needed.

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 with care workers and there were enough care workers to provide the support people required. Care workers knew how to safeguard people from harm and understood their responsibility to report any concerns. People received support from care workers who understood the risks related to their care. However, actions need to minimise identified risk were not always recorded. Medicines were safely managed and people received their medicine from trained and competent staff.

Is the service effective?

Good ●

The service was effective.

Care workers had completed training to ensure they had the knowledge and skills to deliver safe and effective care to people. The registered manager understood their responsibilities under the Mental Capacity Act 2005. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs and to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People felt supported by care workers they considered to be caring and kind. Care workers ensured people were treated with dignity and respect. People were able to make every-day choices and these were respected by care workers. People were encouraged to maintain and increase their independence, and had privacy when needed. People received care and support from care workers they had developed positive and meaningful relationships with and who understood their needs and aspirations.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were very satisfied with the service provided. People and relatives were involved in planning and reviewing care needs. Care records were personalised and informed care workers how people wanted their care and support to be provided. People received their visits from care workers at the times they needed and as agreed to support them effectively. People and relatives were given opportunities to share their views about the service and the registered manager responded to any concerns raised.

Is the service well-led?

The service was well-led.

People and relatives told us the service was very well managed and felt able to speak with the management team if they needed to. The management team supported care workers to carry out their roles. Care workers considered management approachable and responsive. The provider had effective systems to review the quality and safety of service provided and to make improvements where needed.

Good ●

Creative Support - Warwickshire Services

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.

As part of our inspection we reviewed information received about the service, for example, from the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

The provider completed a provider information return (PIR). This is a form that we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and were able to review the information during our office visit. During our inspection we were able to confirm the information reflected the service provided.

We spoke with four people who used the service and conducted telephone interviews with two relatives of people to obtain their views of the service people received.

The inspection took place on 2 September 2016 and was announced. The provider was given 24 hours' notice of our visit. The notice period ensured we were able to meet with the registered manager and staff during our visit. The inspection was conducted by one inspector.

During our visit we spoke with the area manager, the registered manager, a senior support worker and two care workers.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the

care and support people required. We looked at other supplementary records which related to people's care and how the service operated. This included checks management completed to assure themselves that people received a good quality service.

Is the service safe?

Our findings

People told us they felt safe living at Murray House. When asked what made them feel safe, one person told us, "Knowing the staff are here when I need them." Another person said, "I like it because I can walk around knowing no one can get in. It's very secure." Relatives also told us they felt their family members were safe. One said, "I have absolute confidence that [Person] is safe." People and relative's knew who to speak to if they didn't feel safe. Everyone we spoke with told us they would share any concerns with the staff or registered manager.

People were safe and protected from the risks of abuse because care workers understood their responsibilities and the actions they should take if they had any concerns about people's safety. One care worker told us, "It's our responsibility to ensure people are, and feel safe inside the house and when they go out." Care workers regularly attended safeguarding training which included information on how people may experience abuse. All care workers had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened. One care worker told us, "My priority would be to make sure the person was safe. Our training tells us not to deal with the alleged abuser, but to report what we have seen, heard, or been told straight away to the manager."

Care workers understood management had responsibility to refer their concerns to the local authority safeguarding team. One said, "I am absolutely confident [Registered manager] would deal with any concerns immediately." They added, "If for any reason I thought nothing had been done I would escalate it using our whistleblowing policy." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Records showed the provider managed safeguarding according to their policies and procedures which helped to keep people safe.

People were protected by the provider's recruitment practices which minimised risks to people's safety. The provider ensured, as far as possible, only care workers of suitable character were employed. Prior to potential staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care workers confirmed they were not able to start working at the service until all pre-employment checks had been received by the registered manager.

There were enough care workers available to support people at the times they preferred, and people received the support they needed. One person told us, "They [Care workers] come at the same time every day. When I want a lie in, they go away and come back later." A relative told us, "There has never been a problem with support call times. The staff are on site 24 hours a day so are always available." Care workers told us they worked flexibly as a team, including the registered manager, to provide cover for planned and unplanned staff absences.

The registered manager told us agency staff were occasionally used to provide staff cover. They explained this was a short term arrangement whilst a team of 'relief' staff were being recruited. Relief staff are care

workers with the required skills, who can be called upon when needed. They told us, "Building a team of relief staff is important because they will know the tenants, our routines, policies and procedures." The senior support worker told us, "When we have explored all other options, we book agency to cover a shift but we ensure they work with very experienced staff who know our tenants."

There were procedures to identify potential risks related to people's care, such as risks in the home or risks to the person. We saw risk assessments had been completed. However, some risk assessments did not contain detailed instructions on the actions needed to minimise risks. For example, one person was at risk of not being able to find their way back to Murray House if they got separated from staff. The risk assessment did not provide care workers with clear instructions about the actions needed to reduce this possibility. We spoke to the registered manager who gave us assurances all risk assessments would be reviewed and information added where needed.

Despite some risk assessments not containing detailed instructions, care workers demonstrated they had a very good knowledge of the risks associated with people's care and how these were to be managed. One care worker said, "They [People] have the right to take risks. The important thing is how we support them to manage the risk." Another care worker described 'positive risk taking' and the risk reducing measures put in place to support one person to achieve their goal of going out independently. This included ensuring the person had a fully charged mobile telephone when going out alone. Positive risk taking is about the rights of an individual to make their own decisions and the role of a care team, family and friends in supporting individuals to do so safely. We observed the person going out independently. The person told us they 'really enjoyed' going out to meet friends.

Accidents and incidents were logged and appropriate action was taken at the time to support people safely and to check for trends or patterns in incidents which took place. The registered manager told us, accident and incidents from all the provider's services were also reviewed by head office. The area manager explained the provider had recently introduced, 'Governance meetings' where any themes identified by the head office analysis were shared. They told us this enabled any learning gained or actions needed to be discussed and agreed.

The administration of medicines was managed safely and people received the medicines prescribed to them. Relatives told us care workers supported them to take their medicines. One person told us, "Every morning my carer asks "have you taken your tablet?"" A relative told us, "I know they help [Person] with medication. There has never been an issue. I have no worries."

Care workers had received training to enable them to administer medicines safely. They told us their practice was also checked by management to ensure they remained competent to do so. One care worker said, "Before we can do anything with medication we have to complete all the training and be signed off." The senior support worker told us care workers practice was monitored through yearly observations. They explained if a care worker made a medicine error they were removed from supporting people with their medicines and could not resume this responsibility until they had successfully completed refresher training and have their competency re-assessed. This ensured care workers continued to have the skills and knowledge needed to administer people's medicines safely.

We looked at two people's medication administration records (MAR) which showed medicines had been administered and signed for at the specified time. Known risks associated with particular medicines were recorded, along with clear directions for care workers on how best to administer them. We saw MAR records were checked each month by a member of the management team during visits to people's homes.

Is the service effective?

Our findings

People received care and support from care workers who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of care workers and the support provided. Comments made included, "I couldn't ask for anything more. They [Staff] really know me.", "Fantastic, that's how I describe the staff.", "Even the younger staff know what to do.", And, "The way they approach everything and know about things, you can tell they are well trained."

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood the relevant requirements of the Mental Capacity Act (2005). They confirmed no one using the service at the time of our visit required a DoLS authorisation, however they were aware of when this may be applicable for people.

Care workers understood the principles of The Mental Capacity Act and told us they had received training to help them understand the Act. One care worker told us, "The Mental Capacity Act is about people being able to understand the decision they make, and if they don't understand having someone to make decisions in their 'best interests'." Care workers were clear that people had the right to make their own decisions, and supported people to make decisions where they had the capacity to do so.

Care records contained information about people's capacity to make decisions and showed MCA assessments had taken place as required. Where people lacked capacity to make decisions, the provider recorded information about the support people required. Where people were unable to make certain decisions, decisions were made in people's 'best interests' with support of those appointed to make decisions on the person's behalf.

People told us care workers always sought consent before providing any care or support. One person said, "They [Staff] always ask if I want help. Sometimes I want a lie in so I say not yet. They come back later." Relatives confirmed staff gained their family members consent. One relative said, "Yes, staff do ask. I know because I hear them every time I visit." Throughout our visit we observed staff seeking people's consent. For example, we heard one staff member say to a person, "Are you ready for me to help you with your lunch?" The person replied they did not feel hungry so wanted to wait. The staff member replied, "Ok, just let me know when you're ready." The staff member told us, "its fine I will do something else and then go back to see if [Person] is ready."

Care workers told us they had been inducted into the organisation when they first started work. This included being taken through the services policies and procedures, and completing training the provider considered essential to meet the needs of people using the service. It also included new staff working alongside more experienced staff. A care worker told us their induction had included being introduced to the people they were going to support, and learning about people's individual needs and preferences. They said, "This was a very important part of my induction."

The registered manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. Care workers told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

On-going training was planned to support staffs' continued learning. The manager maintained a training record which showed staff training was up to date. Care workers spoke positively about the training they received which they said had given them the skills and knowledge to do their job. One care worker said, "I really enjoy training. I find it very beneficial." Records showed training was also linked to people's specific needs which enabled staff to support people effectively. For example, care workers had undertaken 'Autism' training. One care worker told us they had learnt how to use pictures to try to establish why a person with autism stopped communicating. They said, "I used this approach and found it to be really effective. I didn't realise how powerful pictures can be."

People's nutritional needs were met by care workers if this was part of their planned care. Each person had a 'Healthy Living' plan which included foods the person liked and disliked. Where people could not communicate verbally, care records informed staff how people would indicate their daily choices. For example, one person communicated they did want to eat or did not like the food offered by pushing it away. If the person was hungry and liked the food they would tap. Care workers told us they supported people to prepare their meals. One care worker told us, "It's all part of increasing their [People's] independence. We prepare and cook the meals together so they learn new skills." A relative told us their family member had recently invited them for lunch. They said, "The staff have taught [Person] cooking skills and they [Person] cooked us a lovely meal. I was delighted."

Care workers supported people to manage their day to day healthcare. One person told us, "They [Care workers] come with me to the doctors." A relative said, "They [Staff] are so helpful when it comes to appointments. Knowing they will always go, and make sure I know what has happened stops me from having to worry." Records confirmed the service involved health professionals with people's care when required including community nurses, psychology services and dieticians.

Is the service caring?

Our findings

All people we asked spoke positively about the care workers who supported them. Comments made included, "My carers are brilliant. They are my friends.", "Staff are always helpful and smiling. They are a nice bunch.", And "Staff are very caring. Basically anything you want they do it for you." Relatives also made positive comments about care workers which included, "They [Staff] are caring and loving.", And, "Murray House is like one big family. With everyone looking out for each other. The staff are the best."

We asked care workers what being 'caring' meant for them. They told us, "Making sure people are happy, safe and healthy." And, "Giving people the time they need, really listening and demonstrating through your approach you are genuinely interested.", And "Taking time to build trust so they [People] will let us into their world. Making sure they [People] have a real place to call home."

Care workers had developed positive, respectful and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. A relative told us, "Whenever I visit staff are polite and respectful. They always knock on the flat door and ask if it is convenient for them to come in." One care worker said, "We [Staff] are very clear we have been invited into someone's home to do our work. We show respect at all times. Just the same as if someone came into our home." During our visit we observed people approached care workers in a comfortable and relaxed manner. We observed the sharing of laughter, chatter and friendship.

People and relatives valued their relationships with care workers. One person described how living at Murray House made them feel they were part of a 'big family'. Relatives consistently described how the relationships their family members had with care workers had resulted in positive outcomes for people. Examples included, being willing to try new things, increasing independence and following guidance given by health and social care professionals. These were all described as successes because of the knowledge of, and trust people had in the management and staff team. One relative told us, "I have been amazed at what [Person] can do because of the way staff have helped them." Another relative described how their family member was 'enjoying' living independently. They said, "Without the staff team this would never have been possible."

One relative also described how their own positive relationship with the registered manager and staff at Murray House helped them and their family member. They told us, "Happily, the team have shown themselves to be very capable of supporting [Person] and I now have confidence to loosen my direct link in fighting for [Person's] needs. Working with others to support [Person] has become something pleasant and positive." The senior support worker told us, "We work hard to develop good relationships with tenant's families and to ensure we communicate with them." They are important to us." The senior support worker explained how, with people's permission, they kept in regular contact with family members to ensure they felt included and updated.

People's privacy and dignity was respected by care workers. One person told us, "Staff knock on my door. They wait for me to tell them they can come in." A relative said when they visited their family member they

always observed care workers being 'Respectful'. The relative added, "They [Staff] talk to [Person] as an equal. They really do listen and respond appropriately." Care workers told us they ensured people's privacy by closing doors and curtains when assisting with personal care and ensuring personal conversations were not held in communal areas.

People were supported and encouraged to make choices about their day to day lives. Care workers respected the decisions people made. One person told us, "I choose what I want to do and make my own decisions." Another person told us they liked to spend time cooking. Daily records confirmed the person was regularly supported with this activity. Care workers told us, they involved people as much as possible in making daily choices and decisions which staff respected. For example, we heard the senior support worker asking people if they wanted to talk to us about the support they received. Care workers asked people how they would like to spend their day and what they would like to prepare for their evening meal. Care workers then supported people to fulfil the choices they had made.

People told us they were supported to increase their independence and the support they received was flexible to their needs. One person told us care workers had helped them build their confidence which meant the person was now able to go to the local shops independently. They told us, "I never thought I would do it but I did. I'm very happy about that." A relative told us, "I cannot describe how proud I am of what [Person] has achieved. Being able to do things on their own is something I never thought I would see. This is all down to Murray House." A care worker described how staff had supported a person to address a long standing anxiety disorder which had increased the person's independence and quality of life. They told us, "[Person] is happy and much more positive. They now want to be part of what goes on. It is very rewarding, and makes us all proud of [Person]." We observed the person joining in day to day activities and talking with other people and staff.

Is the service responsive?

Our findings

All the people and relatives we spoke with told us they were very satisfied with the service they received because the service was reliable, provided by care workers they knew, and who understood their needs and preferences. One person told us, "Staff know about my disabilities. They understand and know what to do. They say 'don't worry' everything is going to be ok." A relative told us, "I think they [Staff] know [Person] better than I do now. I can't believe the positive changes in [Person] since they moved into Murray House. This makes me very happy." Another relative described the service as "Brilliant." They added, "They definitely understand [Person's] needs and how to offer support the way [Person] wants. It's just a fantastic place with fantastic staff."

The registered manager told us before agreeing to provide a service the management team visited the person and their family or representative, to carry out a detailed assessment. They explained this gave the service the opportunity to assess if staff had the necessary knowledge and skills to meet the person's needs and expectations, or if these could be met by providing further staff training. A relative told us, "When they came to meet us to do the assessment to see if [Person] could live there I thought 'thank goodness'." The relative explained this was because the registered manager took time to explain about the service and encouraged the person and relatives to talk about their needs and aspirations. They added, "I got the sense straight away this was all about [Person] and what was best for them."

People received care and support from care workers who they had developed relationships with. One person told us, "I know all the staff. They are my friends." A relative told us, "[Person] gets support from the same carers. I think this has really helped because [Person] does not respond well to strangers." Another relative described how consistency of care workers had enabled their family member to feel able to share their thoughts and concerns. They said, "It's so good to see [Person] feels able to 'open up', before Murray House this never happened. [Person] turns to them as if they were family." Care workers told us care calls were planned two weeks in advance. One care worker said, "We always know well in advance when we are working. When you come on shift you get allocated to work with certain tenants [People]. Because we know all the tenants there is never a problem if you need to change who you are supporting."

People were allocated 'keyworkers' and these staff members were responsible for overseeing people's care and support. This provided people with a consistent named worker. One person told us their key worker was someone they trusted like a 'close friend'. A relative told us they had a 'very good' relationship with their family members 'keyworker'. They said, "[Keyworker] is polite, kind and really understands [Person]." The registered manager told us people's 'keyworkers' were selected by considering which staff member the person got along with, trusted and had a good rapport with. The senior support worker explained keyworkers had additional responsibilities including arranging and attending meetings, contact with family carers and ensuring people's wishes and needs were met.

Care workers knew the people they supported well. One care worker told us, "Everything we need to know about a tenant [Person] is in their care file." Another care worker told us, "I spend a lot of time observing and learning about the person. Then I use my skills and knowledge to gain the persons' trust and build a

relationship. It works, and is very rewarding." Care workers told us they were allocated sufficient time to carry out care and support calls and had flexibility to stay longer if required. One said, "We work as a team so we can give tenants all the time they need." Another care worker explained the registered manager was always available to provide support if they were needed. They said, "If [Registered manager] is on an office day and we need extra help they come straight away."

Care and support records contained detailed information from the person's perspective about how they wanted to live their lives, what they liked and did not like doing, and how they wished to be supported. Records gave care workers clear instructions about what to do on each visit. For example, people's specific personal care needs and how staff should support people who required assistance with equipment to move around. Records of calls completed by staff confirmed these instructions had been followed. Care records were regularly reviewed and updated.

Care workers had the information they needed to support people and respond to any changes in people's needs. Care workers completed records at each visit with information about the care and support provided and any changes to the person's needs. We observed this information was shared through a handover at the start of each shift and a communication book. One care worker told us, "Communication is very important. So we all know how each tenant is doing, anything that has changed or something new they would like to do." We have to sign to say we have read the communication book. This shows we are fully up to date."

People and relatives told us they were involved in planning and reviewing their care and support. One person told us, "My keyworker is in charge of my support plan. [Keyworker] talks to me about what I have enjoyed and what I want to do." A relative told us they regularly attended meetings to discuss their family members care. They said, "I am invited to all the meetings and we talk about what [Person] has achieved, or changes. I know all about the care plan. We all work together." Another relative told us they had been asked to look at their family members care plan because it had been changed. They said, "Staff wanted to be sure we all agreed and that I knew about the changes. [Person] had given permission for the staff to check with me."

We looked at how complaints were managed by the provider. People and relatives told us they had no complaints, but knew how to complain and would be confident to raise any concerns with the management team, or care workers if they needed to. One person said, "I know if I have any concerns I go to the staff. They will talk to me and help me." Another person showed us an 'easy read' complaints procedure which they had been given. 'Easy read' formatting is a way of providing information, for example using pictures which can make it easier to understand for people who have communication difficulties. A relative said, "I am one hundred percent sure that [Registered manager] would deal with anything I raised." The registered manager told us, "We encourage tenants to raise any concerns and remind them how to make a complaint at every tenants meeting." Care workers told us they would refer any concerns people raised to the senior person on duty and they were confident concerns would be dealt with effectively.

The area manager told us they had recently reviewed all complaints received to identify any patterns or trends. None had been identified. They told us, "We treat every complaint as if it could be substantiated, we fully investigate and document." The service had received twelve complaints in the last 12 months. Detailed records confirmed these had been managed under the provider's complaints procedure and appropriate action taken.

Records showed the service regularly received compliments from health and social care professionals, relatives and members of the local community. These included, "Murray House staff are lovely and are doing a good job", "Murray House is a customer focused service in a well-designed building", And "Member of the

public said we are doing a good job."

People were supported to access advocacy services. One person told us, "If I needed someone [Advocate] I would talk to [Registered manager]." The registered manager confirmed people had previously been supported to access advocacy services though no one using the service at the time of our visit was being supported by an advocate. They told us, "I would speak with the local authority to ensure an advocate was appointed if needed." An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their finances which could help people maintain their independence.

Is the service well-led?

Our findings

People and relatives spoke positively about the way the service was run and the quality of the service provided. Comments made included, "This is the best place I have ever lived. I never want to move.", "[Registered manager] is marvellous. They care about each person and treat them equally as adults.", "You couldn't ask for better. There needs to be more houses like this one." And "The manager's mind is always focused on them [People]. I am always kept informed. The service and everyone there gets ten out of ten from me."

The service had a registered manager. There was a clear management structure within Murray House; this included the registered manager, and a senior support worker. The registered manager was actively involved in the day-to-day running of the service including regularly undertaking care and support visits. Relatives told us the registered managers' direct involvement in supporting people was an indicator of the services 'person centred focus'.

The registered manager said they were supported by the provider who visited the service each month and was always contactable by telephone should they need advice or support. They told us they also attended regular meetings with other registered managers from within the provider group, which meant they had the opportunity to share good practice ideas and opportunities for improvement. The registered manager said, "These meetings are very positive because we can discuss challenges and share ideas or look at how we can share our skills and knowledge to support staff and service developments."

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted required statutory notifications and completed the provider information return (PIR). We found the information in the PIR was an accurate assessment of how the service operated. The registered manager also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

There was a positive culture within the service driven by the registered manager. The registered manager had clear vision and enthusiasm about how they wished the service to be provided. The senior support worker told us, "Murray House is about the tenants who live here and what we need to do to help them achieve the things they want to achieve. We go the extra mile to make sure that happens." Care workers demonstrated they had adopted the same ethos and enthusiasm. This showed in the way they responded to and spoke about the people they were supporting. Care workers told us creating positive opportunities for, and improving the lives of the people they supported was central to everything they did.

All care workers described Murray House as a good place to work. One said, "I love my job. We [People and staff] have a lot of fun, everyone is happy." Another care worker told us, "This is an enjoyable place to come to work. The whole team are supportive. It's like a massive family. Tenants' don't look at us as staff, we are family. That's just the way it is here."

People, relatives and care workers described the management team as approachable, open and supportive.

One person said, "[Registered manager] is very nice and helps me with my problems. If I don't understand something they explain it to me and tell me not to worry." A relative told us, "I can talk to [Registered manager] at any time and about anything. They have such a nice nature. It makes you feel very comfortable." A care worker said, "I feel very supported by management. We can question and they listen. I also value the fact that whatever they [Management] do they explain their reasoning for it."

Throughout our office visit people popped into the office to say 'hello' and chat with the registered manager. The registered manager consistently demonstrated they had a comprehensive understanding of people's needs and people felt comfortable engaging with them. The area manager told us one of the biggest challenges which the [Registered manager] addressed was balancing their administrative responsibilities with the needs of people who lived at Murray House. They said, "[Registered manager] has an open door policy and will always stop what they are doing to give time to the tenants." We observed the registered manager practiced this approach during our visit. For example, supporting one person to attend an appointment, and taking time to share the pride felt by another person who had achieved an additional step towards a longer term goal.

Care workers told us they were supported in their roles through regular team and individual meetings with a member of the management team. They said these meetings gave them the opportunity to discuss any issues of concern and areas for self and service development. One care worker told us, "I really enjoy my supervision [Individual meeting] I can speak in confidence, reflect on my practice and, if needed, receive constructive criticism." Another care worker explained how discussion at a team meeting resulted in the registered manager agreeing to an "activity float" to ensure money was available for spontaneous group activities.

Care workers told us a senior person was always available if they needed support or guidance. The provider operated an 'on call' system to support people, relatives and staff outside of 'normal' office hours. During our visit we saw the registered manager and team leader spent time with staff and provided advice and support when required. One care worker described the on-call system as "Very effective." The area manager explained a 'Pen profile' of each person who used the service was available for 'on-call' staff to refer to. They told us this ensured requests for advice and guidance were tailored to the individual's needs.

The provider asked people and relatives their views about the service and their feedback was used to make improvements. For example, during a 'tenants' meeting comments had been made about 'noisy neighbours'. The registered manager responded by planning and running a 'Dignity' workshop. This was attended by people and staff who explored 'How to be a good neighbour'. One person told us, "We are nice to our neighbours and must respect each other."

The registered manager and provider monitored and audited the quality and safety of the service provided. This included monthly checks of care records to ensure they continued to accurately reflect people's needs, medicine audits to check people received their prescribed medicines and observations of staff performance to ensure they followed policy and procedure. Quality checks identified what the service did well and where improvement was needed. For example, the need for new furniture in the communal lounge was identified and the purchase had been approved by the provider. We saw the registered manager maintained an action plan where a need for improvement had been identified. The action plan was regularly reviewed and updated to show when actions had been completed and those which still needed to be addressed. These checks ensured the service continuously improved.

During our visit we asked the registered manager what they were proud of about the service. They told us, "I am proud of how, each and every tenant have flourished and achieved big goals since the service opened."

We receive very positive feedback about our service and have established a good reputation with commissioners, other professionals and our local community. We are a really strong team who work through challenges together. All the tenants are happy and are being supported by a very positive, committed, caring staff team."