FitzRoy Support

FitzRoy Supported Living – Trafford

Inspection report

98 Lorraine Road
Timperley
Altrincham
Cheshire
WA15 7ND

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05 April 2016

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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 FitzRoy Supported Living - Trafford on 04 and 05 April 2016. The inspection was announced. At the last inspection in September 2013 we found the service met all the regulations we looked at.

The service at 98 Lorraine Road provides 'supported living' accommodation for six people with learning disabilities in four flats. Supported living describes the arrangement whereby people with learning disabilities are supported to live independently in their own tenancies. At this service, two flats provide single accommodation and two are shared. There is an office and staff sleeping room adjoined to the flats.

The service had 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.

Staff had a working knowledge of the Mental Capacity Act in terms of people's capacity to consent. However, there was confusion about whether people were being deprived of their liberty and when the service should apply for authorisation if people's liberty was being deprived so we made a recommendation about training around this.

People told us that they felt safe at 98 Lorraine Road. Relatives we spoke with agreed. Staff had received safeguarding training and understood how to safeguard vulnerable people.

People, their relatives and the staff thought there were sufficient support workers to meet people's needs. We saw that the service used a robust recruitment process.

The home undertook risk assessments for all aspects of people's care and support. Facilities and equipment were well maintained and regular health and safety checks of the premises were made. People's flats were clean and tidy and they told us staff supported them with cleaning tasks.

People's medicines were well managed by the service. Support staff administering medicines had been trained and assessed for competence and documentation was filled in correctly.

Support workers received the training they needed to support the people safely. They also had regular supervision with the registered manager and an annual appraisal.

People were supported by staff to write their own shopping lists and to shop for and prepare the foods they chose. They were also supported to access a range of healthcare professionals in order to maintain their holistic health.

People and their relatives told us that the staff were caring and that they promoted their dignity and

respected their privacy. We saw staff interacting with people in a warm and friendly way and it was clear that staff knew people very well as individuals.

Staff promoted people's independence by giving them choices and encouraging them to do as much as they could manage for themselves. People were referred to advocates when they needed them and were supported by staff and their families to design end of life care plans.

People's support plans were detailed and person-centred. Support plans contained information about how people liked to communicate and be supported in all aspects of their care. Daily care records evidenced that staff supported people according to their support plans and we observed this during the inspection.

People and their relatives had an annual meeting with support staff, to which staff from the day centre (if they attended) and the local authority were invited. At this meeting people's progress and future goals were discussed.

People and their relatives told us that people had enough to do. We saw that people had sufficient opportunities to take part in person-centred activities.

There was an effective system in place for the audit and monitoring of safety and quality at the service.

The service had an open culture. People, their relatives, staff and other healthcare professionals involved with the service were asked for feedback on their experience. The staff understood the vision and values of the service and we saw that it underpinned the support they gave the people.

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 at 98 Lorraine Road. Staff had been trained in safeguarding and could describe how to safeguard vulnerable adults.

All aspects of people's care and support had been risk assessed. Facilities and equipment had been checked to make sure it was safe.

Medicines were managed, administered and documented safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Support staff knowledge of consent and capacity was adequate; however, the registered manager did not understand how Deprivation of Liberty Safeguards applied to supported living.

We saw from records and staff told us they were trained and supported appropriately to support the people who used the service.

People were supported to choose, shop for and prepare the foods that they liked.

Is the service caring?

Good

The service was caring.

People and their relatives said that the support workers were caring. We saw that staff knew people well as individuals.

We observed that staff treated the people with dignity and kindness. They also respected people's privacy.

People had access to advocacy services and each person had an end of life support plan which they had been involved in designing.

Is the service responsive?

Good

The service was responsive.

People's support needs had been fully assessed and their personal preferences were used to create their support plans.

People were supported to take part in activities based upon their personal preferences. People told us that they had enough to do.

People had been supported by staff to make complaints when they needed to and each person had a 'how I complain' support plan.

Is the service well-led?

Good

The service was well-led.

The audit and monitoring system in place was effective.

People, their relatives, staff and other healthcare professionals were asked to feedback on the service.

There was an open culture and the staff gave support in accordance with the vision and values of the service.

FitzRoy Supported Living – Trafford

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 04 and 05 April 2016. The inspection team consisted of one adult social care inspector. We telephoned the registered manager one working day before the inspection so that she could let the people living at 98 Lorraine Road know we were coming.

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

Before the inspection we reviewed the information we held about the service. This involved contacting other healthcare professionals involved with the service before and after the inspection, including the local authority safeguarding team, clinical commissioning group and Healthwatch Trafford. We also contacted two members of the local community learning disabilities team. Neither the local authority or Healthwatch Trafford had any information of concern to share and the members of the learning disabilities team gave us positive feedback.

During our inspection we spoke with four of the people using the service, the registered manager and three support workers. After the inspection, we spoke with four people's relatives by telephone.

As this was a supported living service where people were tenants in their own flats, there was no communal area where people interacted with each other and staff. To find out how staff supported the people, we visited people in their flats when staff were there (with people's permission); this included observing a

support worker assisting one person to make a meal.

As part of the inspection we reviewed three people's care files, two staff personnel records, various policies and procedures, staff training records, two people's medicines administration records, audit and monitoring records and other documents relating to the management of the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at 98 Lorraine Road and they said that they did. One person told us, "Yes, I feel safe here." We asked people's relatives if they thought the people using the service were safe, they also said they felt people were safe. One relative said, "Yes, I think [my relative] is safe", and a second said, "I've never had any concerns about how they look after [my relative] or the way they do things."

Support workers we spoke with could give examples of the types of abuse people using the service might be vulnerable too. They told us that they would report any concerns to the registered manager; two support workers said they would escalate their concerns to the registered manager's line manager, the local authority safeguarding team or to the Care Quality Commission if they felt their concerns were not dealt with properly. Support workers also said they had received training in safeguarding adults and we saw that an up to date safeguarding policy was in place at the home. This meant that staff were aware of the different forms of abuse to look out for and knew how to report any concerns correctly.

Each person supported by the service had different needs and required varying levels of care and support. People told us they thought there were enough staff to support them. The support staff we spoke with also thought there were enough staff to meet people's needs. All of the people and relatives we spoke with gave positive feedback about the support workers, although two of the people and some relatives commented that new support workers had been employed recently. One person said, "There's a lot of new staff recently", and a second person said that staff had changed, "A little bit", and went to add, "It's no trouble or anything." One relative mentioned that agency staff were sometimes used; they told us, "It's not very often [name] says there's agency staff. [Name] seems to get on with them all right." A member of the community learning disabilities service said about staffing, "Most of the staff are quite regular. They hardly use agency staff."

We spoke with the registered manager about the staff rotas and recent changes in staffing. She explained that the number of staff required was based upon the calculated hours of support each person needed and factored in times when people would attend day care services or make regular visits to their families. The registered manager acknowledged that two staff members had left to pursue other careers in 2015 and that these had been replaced by three members of support staff, two starting in November 2015 and one in December 2015. She understood that this may seem like a lot of new faces for such a small team, however, she highlighted that the new support workers had moved across from one of the provider's other nearby services and were therefore experienced and competent.

Our observations of the support people received, the feedback from the people and their relatives and the staff at the service, showed that there were sufficient staff employed to meet people's needs.

We looked at the recruitment procedures in place at the service to see if only staff suitable to work in the caring profession were employed. When we checked the recruitment records of two support workers we saw that both had a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and aims to prevent unsuitable people from working with vulnerable groups.

Personnel files contained copies of two forms of photographic ID and an application form in which gaps in employment were explained. Each file also contained two written references obtained before the staff member started work. Records showed that the people who used the service had been involved with interviewing new staff as they had their own record of interview forms that they completed. This meant that the recruitment process used was robust and people using the service were involved in recruiting new support workers.

As part of the inspection we looked at the systems in place for the receipt, storage and administration of medicines. All of the support staff who administered medicines had received appropriate training, which involved an observation of their competency. We saw that medicines were stored and administered safely. Medication administration records were up to date with no gaps in recording and people were encouraged to countersign their medicine administration records if they wished. People had detailed medicine risk assessments and care plans in place, which included potential side effects for support workers to look out for. There were also medicine protocols for 'as required' medicines. 'As required' medicines are those administered when a person feels like they feel they need them, rather than on a regular basis. This meant that people were receiving their medicines safely and as prescribed.

We looked at the records for gas and electrical safety, for water testing and for fire equipment checks. All the necessary inspections and checks were up to date which meant that the facilities and equipment used were safe. The service conducted regular fire drills. Each person using the service also had a detailed Personal Emergency Evacuation Plan or PEEP in the emergency file. PEEPs provide instructions on how to evacuate a person from the building in an emergency. The service had a contingency plan for various emergency situations, for example, flu pandemic, fire and flood.

People's care files contained risk assessments for various aspects of their care and support. These included being out in the community, showering, using the garden and travelling by car. Risk assessments differed according to people's needs and behaviours and included detailed information on control measures when risks were identified. This meant that the service actively sought to identify and manage risk to the people it supported.

During the inspection we found the home to be clean and tidy and smelled fresh. People we spoke with told us that the staff supported them to clean their flats. One person said, "I use the feather duster", and a second person told us, "I hoover up." Relatives we spoke with also thought that 98 Lorraine Road was clean; one told us, "[My relative's flat] is lovely and clean", and a second said, "Whenever I go it's always tidy. It smells nice and fresh too."

Requires Improvement

Is the service effective?

Our findings

We asked the people if they thought the staff were well trained. People said that they did; one person told us, "They (the staff) know what they're doing." Relatives also told us that the staff knew how to support the people.

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 make particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

We saw that people's care files made reference to their capacity to make various types of decisions and the support they may need to make them. Support workers we spoke with described how they obtained consent from people prior to assisting them with personal care or activities. They also understood the process of best interest decision-making when people lacked the capacity to make certain decisions. People and their relatives told us that the people were supported and encouraged to make their own decisions by staff. One person told us, "I can do what I want. I go out when I want", and a second person said, "I'm independent." A relative told us, "I think they leave [my relative] to make [their] own decisions."

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 in community settings are called the Deprivation of Liberty Safeguards in Domestic Settings (DiDS). In supported living, the care provider must request that the local authority applies to the Court of Protection for DiDS authorisation if they think the person's liberty must be deprived to keep them safe.

We asked the registered manager if any of the people using the service were subject to a DiDS authorisation. She informed us that she had been advised by the provider to submit applications for DiDS authorisations for all of the people using the service to the local authority and had done so nine months previously. She had not yet received a response. We queried why applications had been made to the local authority as the statutory body, rather than to the Court of Protection. The registered manager said that she was following advice from the provider and was not aware of the correct DiDS procedure for supported living. We also discussed the purpose of the DiDS applications as it suggested that all of the people at 98 Lorraine Road lacked capacity to consent to living and receiving support there. The registered manager felt that most or all of the people could in fact consent to living at the property and pointed out that two of the current tenants had signed tenancy agreements. The registered manager stated that she would assess each person's capacity to consent to living at the flats and to receiving their current level of support and make DiDS applications in the correct manner for those who were unable to consent.

We recommend that the service arranges training for staff on how the Mental Capacity Act (2005) applies to people in supported living.

The support staff told us they received regular training; one said, "They're quite good at FitzRoy (the provider) for training." The service had an online training system developed by the provider which listed each support worker's training history; it also informed the staff member and registered manager when training was due. This included the service's policies and procedures as staff were prompted to read them and confirm they had done so. The records showed that support workers were up to date with mandatory training, including safeguarding, medicines administration, food hygiene and fire safety. The registered manager completed competency assessments of support workers in aspects such as moving and handling and medicines administration.

The service had implemented the Care Certificate for employees joining the service who were new to adult social care. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care.

Support workers told us that they received regular supervision with the registered manager (which the service called 'support and development') and an annual appraisal. We looked at appraisal and supervision documents for two members of support staff and confirmed this was the case. Staff we spoke with said that they felt supported by the registered manager. This meant that staff got the training and support they needed to do their jobs effectively.

People using the service were supported by staff to shop for and prepare their food at 98 Lorraine Road. Support workers supported people to look in their fridges and freezers prior to making lists of what to buy. People in the single flats bought their own food and those in the shared flats had a menu planner that they had agreed on. People in the shared flats took it in turns to shop for food and help cook the meals; they then ate together. One person told us, "We've got a menu. They (the staff) make the food. It's nice", and a second person said, "Carers cook, I watch. They're good cooks." We observed a support worker assisting a person to cook a stir fry in their flat's kitchen. The support worker explained why ingredients were added at different times and checked that the meat was cooked all the way through before serving it. They also encouraged the person to do as much of the cooking as possible and there was friendly banter between the support worker and the person. This showed us that people were supported to shop for and prepare foods that they wanted and that cooking was used as an opportunity to promote people's independence.

People and their relatives told us that the people saw other healthcare professionals when they needed to. One person said, "I go to the doctor's', and a relative told us, "They're pretty good with stuff like that." This meant that the service promoted people's holistic health.

We saw from support plans and records that the people who used the service saw a range of healthcare professionals. In the care files we looked at we noted people had attended hospital outpatients and seen GPs, opticians, members of the community learning disabilities team and dentists. Visits were recorded in a special section of each person care file and upcoming appointments were noted in the shared diary kept in the office.

Good

Is the service caring?

Our findings

People and their relatives told us they thought the support staff were caring. One person said, "They're nice." One relative told us, "Oh yes, very caring", a second said, "Yes I do actually. [name] has never had a bad word to say about any of the staff", and a third said, "I think [name] loves it at Lorraine Road. [Name] likes the staff and the other people that live there."

We observed interactions between the support workers and people using the service were warm and friendly. There was also good humoured banter at times and we heard the people laughing and joking with staff. Support workers we spoke with could describe each person very well, including individual's likes, dislikes and preferences. Two staff members described 98 Lorraine Road as, "One big happy family", and a member of the community learning disabilities team said, "It's more like a family home."

Around the building we saw photographs showing people enjoying activities. One person had come to the service shortly before our inspection and did not have much furniture. They described how the registered manager had tried to help by finding a TV and wardrobe for them to use. We saw that other people's flats were personalised with their pictures, ornaments and furnishings. This meant that people were encouraged to personalise their accommodation.

People looked well cared for. They were dressed in clean clothes and their hair was tidy. It showed that the support workers promoted people's dignity by supporting them to take care of their appearance. One support worker said, "I think you've got to think how you'd feel yourself." We saw that support workers also respected people's privacy by knocking on their doors when entering their flats and people and their relatives told us that they always did this. One support worker told us, "I always knock on the door and shout through 'it's only me!' so they know who it is." When the registered manager introduced us to people in their flats she also asked their permission to share information about them with us. This showed that staff respected people's privacy.

As part of the inspection we asked support staff to describe how they promoted people's independence. All of the support staff we spoke with described how they provided people with choices, for example, what to eat or what activities to take part in. One support worker told us, "I encourage people to make their own choices"; they also said that they tried to get people to do as much as possible for themselves. Another support worker described how they helped one of the people make their bed, highlighting the things the person could do and the things they needed support to do. By speaking with people and staff and observing the support provided it was clear that people were support to be as independent as they could be.

We asked people if they had been involved in their care planning. As most of the people had been at 98 Lorraine Road for a considerable period of time, they could not remember if they had been involved in their care planning initially. One person, however, did confirm that they had been involved in designing their care plans and was happy with the process. We spoke with people's relatives who told us they were invited to an annual meeting to discuss their family member's progress and care plans. They told us that their family members who used the service also attended these meetings. The registered manager said that

representatives from the local authority and day care services (if the person attended such) were also invited and that the meeting covered the person's future goals as well as progress. This meant that people and their relatives were involved in designing and reviewing their care plans.

People living at 98 Lorraine Road each had family members involved in their care who could advocate on their behalf when necessary. The registered manager described two recent situations whereby people using the service had required advocacy services to which she had made referrals. We noted that the service had an advocacy policy which the support workers had been prompted read and confirm their understanding of on the online learning system. This meant that people were referred to advocates when they needed them and that staff had been made aware of the purpose of advocacy services.

People using the service had end of life care plans in place and their relatives said that they and their family member using the service had been involved in developing them. This meant that the service recognised the importance of end of life care and making plans in advance so that people could be supported to die how and where they chose.

Good

Is the service responsive?

Our findings

We looked at the care files of three people who used the service and found that they were comprehensive. They contained a circle of support and a hospital support plan. Communication plans were person-centred, containing information on how people chose to communicate, and for those who did not communicate verbally, there was a description of behaviours or facial expressions and gestures they might make and what they meant. There were also positive descriptions of people's personalities, for example, 'I like a giggle' and 'I am a very kind person.' We observed support workers communicating with people during the inspection and saw that with those people that did not communicate verbally, the support workers understood what the people were saying and responded appropriately. This showed that the service understood how people communicated and staff could support them fully as a result.

Care files also contained life histories, detailed assessments of need, a list of their likes and dislikes and a document called 'my wish list' which included information about their goals and aspirations. We saw that this information was used to personalise people's support plans.

We saw that people's personalities shined through in their care files. One person loved parties and social gatherings; their support plan stated that they liked to have music on in their bedroom when they were in their flat. When we visited the person, we heard that pop music was playing in their room and when we commented on this, the registered manager stated that music was very important to the person and that they liked to have it on at all times. Another person's care files noted that they liked to be supported in a timely way and that punctuality was very important to them. During the first day of inspection we heard the person ask a few times when they would be going shopping with a support worker; each time staff reminded them patiently what time it had been agreed and provided reassurance that they would go on time. This showed us that staff supported people as individuals according to their support plans.

People's care files contained support plans which described their preferred daily routines, with one for the morning and one for the evening. Preferred daily routines contained information on what support people needed and what order they liked to receive it. The care file also contained guidelines on various aspects of people's needs, detailing how staff could support the person effectively with aspects such as eating and drinking, mealtimes and behaviours that may challenge other people.

People's support plans were evaluated by staff in the daily records they kept for each person. At the time of the inspection, this was done in each person's individual record book with a separate summary sheet. The registered manager said she was in the process of reviewing the system to combine both records to make sure everything was kept in one place. We read the daily records of two people and found that they were detailed and evidenced that people were receiving the person-centred support described in their support plans. We noted that the language used by staff to describe the people was positive.

We asked people about the activities they took part in. One person told us, "I'm going on holiday in a couple of weeks. I'm going on a boat trip", and a second person said, "I go to the day centre three times a week. I'm always busy." People also told us they liked to watch TV, cook meals with staff, play computer games and

listen to music. People's relatives also said they took part in activities. One relative said, "I think [name] has enough to do. [They] got to [the day centre] which [they] enjoy."

We saw that each person had a timetable of activities for each weekday; activities included going to the day centre (which people told us they enjoyed), going shopping with staff, visiting their friends and relatives in the community and attending various clubs and groups. People also had one-to-one time to spend with support workers; one person said of this, "They ask me 'what do you want to do today?' And I say this and that." Staff told us that they thought people had enough to do and that people were free to refuse activities if they did not want to do them. One support worker said, "We try to make the most of the garden when it's nice", and a second said, "When we go shopping we also go for coffee, to make it special." A third support worker described how they were in the process of improving the garden so that the people using the service could get more involved with planting and growing things. A member of the community learning disabilities team commented, "They can be quite flexible in terms of activities."

By looking at people's care records and by speaking with them, their relatives and support staff and by making our own observations, we saw that people were provided sufficient opportunities to engage in various person-centred activities.

Each person had an 'easyread' complaints policy in their care file, which the registered manager confirmed had been discussed with them. 'Easyread' is a written format designed to present information to people with learning disabilities so that it is easier to understand; sentences are usually short and text is accompanied by pictures. They also had a personalised 'how I complain' support plan, which detailed how each person would express any displeasure they felt. We saw that the easyread complaints policy was attached to the noticeboard in each flat's kitchen. One person told us, "If I'm worried about anything I just tell [the registered manager] or one of the other carers." None of the relatives we spoke with had made a formal complaint about the service in the last year. One relative told us, "No, I've never complained. I'm generally quite pleased with the way things are going." Other relatives told us that they had provided feedback to the service about various issues and were satisfied that they had been resolved. One said, "If I have any issues I normally email [the registered manager] and she's straight onto it." This meant that the registered manager was responsive to complaints and feedback.

Two formal written complaints had been received by the service since the start of 2015. Both had been made by a person using the service. We saw that the person had been supported by staff to make these complaints in writing and that the manager had acknowledged, investigated and resolved one of these complaints according to the service's complaints policy. The other complaint had been forwarded by the registered manager to the property's landlord as was appropriate, and that this complaint had also been resolved satisfactorily.

Good

Is the service well-led?

Our findings

We asked the people and their relatives if they thought the service was well managed. People told us they thought it was, as did their relatives. One relative told us, "I'm quite happy with the way things are run", and a second relative said, "I think this is one of the best placements [name] has had."

People and their relatives described the registered manager as responsive and approachable. One person said, "I just knock on the door when I need to talk to her. If I need anything she does help." During the inspection we noted that people using the service came to the office to speak with the registered manager when they wanted to. Relatives said of the registered manager, "I can phone her up anytime I want", "[The registered manager] really does care about the people", and, "The manager is good, really good. If I ask her anything she's always up front and honest."

Staff commented that there was an open culture at the service and a happy atmosphere. One support worker said, "We all work well as a team and everyone seems happy. We're like an extended family"; another told us, "I love it. It's a good team."

Our inspection of documentation showed that the level and quality of monitoring and audit at the service was appropriate. Various aspects of the service were regularly audited for safety and quality by the registered manager and the support workers. Medication administration records and documentation for ordering and returning medicines were reviewed weekly by the registered manager. Support workers were encouraged to complete a form in order to report any issues with medicines recording that they came across. The registered manager also regularly checked that people's medicines were stored correctly and was in the process of improving the medicines audit documentation.

We saw from people's care files that their support plans and risk assessments were reviewed and updated regularly by the registered manager and support workers. The provider's quality manager also visited the service on a bi-monthly basis to undertake a detailed audit of one person's care file and medicines records. The outcomes of these audits were provided to the registered manager in the form of a quality monitoring report and action plan. We checked an action plan for one person and could see that each action had been addressed by the registered manager and recorded as complete.

Health and safety aspects were audited monthly by the service, including the storage of waste, the cleanliness of bathrooms and kitchens and equipment safety. We saw that this was documented correctly and discussed by a quarterly health and safety committee meeting. Minutes from the last meeting in March 2015 showed that as a result of audit, risk assessments for choking and behaviours that may challenge others had been reviewed and updated.

We saw that any incidents and accidents that had occurred were documented and investigated correctly by the service and any required risk control measures put in place. Accidents and incidents were collated and audited monthly by the registered manager and sent to the provider's health and safety manager to be analysed. The registered manager said that if the health and safety manager felt that action needed to be

taken in addition to that taken already, they would provide an action plan.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC); for example, if the police are called, serious injuries and deaths. Some incidents must also be reported to the relevant local authority. We checked the records at the service and found that all incidents bar one had been recorded, investigated and reported correctly. The incident not notified to CQC had been referred to the local authority and appropriate plans put in place to reduce the risk of a reoccurrence. We discussed this oversight with the registered manager. She apologised for the omission and said that she would review the guidance relating to CQC notifications and assured us that it would not happen again.

People, their families, support staff and other healthcare professionals involved with the people had opportunities to feedback about their experience of the service. The provider gathered this feedback by sending out annual questionnaires and collating the responses into a report. The relatives we spoke with all said that they had received a questionnaire and filled it in. One relative said, "I always give feedback." The registered manager said that the support workers had assisted the people to complete their questionnaires. We asked if the service held residents' meetings for the people using the service. The registered manager said that they used to, but they became poorly attended and when the people were last consulted in October 2015 they had all declined to take part. She said she would keep asking to make sure people had not changed their minds and stated that the people at 98 Lorraine Road were happy to tell her directly how they felt; she joked, "They (the people) don't need a meeting to give me thoughts and feedback!" We saw that the support worker's regular team meetings involved discussion of each of the people and there was a standing agenda item for ideas for improving the service. This meant that everyone involved with the service was provided with opportunities to feedback on its quality and to suggest improvements.

We asked how the aims and values of the service were communicated to support workers so that they would underpin the support they provided to people. The registered manager pointed out that the service's vision and values were clearly displayed on the wall in the office and said that they were discussed at team meetings and in staff supervision sessions. The provider also produced a regular 'team brief' newsletter, which shared examples of good practice and success stories. When asked what they thought the purpose of the service was, one support worker said, "To promote independence, keep them happy and have a nice life", and a second told us, "To support people to be independent. To keep them from harm and to keep them healthy." This showed us that the staff understood the vision and values of the service and we saw during the inspection that the support they provided was underpinned by them.

The provider organisation of FitzRoy Supported Living – Trafford had achieved an 'Investors in People' accreditation. This is an internationally recognised award which sets standards for the leadership, management and support of sustainable workforces. It demonstrates that an organisation is committed to the development of its staff. This meant that the provider went the extra mile to support and develop its staff.