United Response

Horton House

Inspection report

8 Ditton Street
Ilminster
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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 26 September 2016 and was announced. The service was previously inspected on 19 September 2013 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.

The service is registered with the Care Quality Commission (CQC) for the provision of personal care in people's own homes. This includes assistance or prompting with washing, toileting, dressing, eating and drinking. We call this type of service a 'supported living' service. In a supported living service, people's accommodation is provided by separate housing providers or landlords, usually on a rental or lease arrangement. This means people can choose an alternative support service provider if they wish.

The service provided support to younger adults with learning disability, autistic spectrum disorder, sensory impairment and physical disability .Personal care was provided to people as they required it. The service also provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. For example, in addition to personal care, the service assisted people with their housekeeping, shopping, attending appointments and other independent living skills. At the time of the inspection the service provided personal care and support to 14 people living in their own homes. Some people who used the service lived in a supported housing development called Morgan Court, close to where the service was based.

There was a registered manager in post. 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.
There had previously been a number of managers in post for short periods of time. People, relatives and staff welcomed the commitment and consistency of the current manager. One member of staff told us, "We have struggled due to managers, but [manager's name] has come and stuck it out. They are good at organising, good to talk to, approachable. They've been doing shifts and are willing to step in".

Regular training was provided for staff, who were knowledgeable about their roles and responsibilities, and people's individual needs. However, many staff were not up to date with the mandatory training provided via eLearning, which meant there was a risk their knowledge and skills would not be maintained. The registered manager was aware of this, and had taken steps to address the issue with staff at team meetings and in supervision. In addition they were planning to "rota people on to do eLearning, rather than ask them to do it in their own time".

The registered manager told us the service had been through a challenging time related to the retention and recruitment of staff, although they were confident the situation would now improve following a successful recruitment campaign. The registered manager and senior support workers had covered shifts themselves

and regular agency staff provided consistency and safe staffing levels. People told us there were enough staff to meet their needs and the quality of the care they received had not been affected.

The service placed a strong emphasis on a 'person centred approach', and staff received specific training to support them in this. They respected people's privacy and dignity, working in partnership with their relatives to ensure their legal rights were protected. They promoted their ability to make choices and decisions about their lives, and how they wanted their support to be provided. People told us the staff were kind and caring. One person told us, "They are very kind. I have to give them 100% for kindness".

People were kept safe and free from harm. Systems were in place to ensure they received their prescribed medicines safely, where they needed assistance or prompting to take their medicines.

Comprehensive risk assessments identified individual risks to people's health and safety and there was information in each person's support plan showing how they should be supported to manage these risks. Risk assessments also supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff had received a range of training and information including safeguarding adults and they were confident they knew how to recognise and report potential abuse.

People received support that met their individual needs and wishes. They and their relatives were fully involved in drawing up and reviewing their support plan which meant it accurately reflected their needs and how they wanted them to be met. An effective key worker system was in place. One relative said, "Their keyworker is absolutely brilliant, completely on the ball... taking care of things and making sure they run smoothly".

People were supported to participate in a range of employment and activities according to their interests, and were actively involved in their local community.

Staff had a good understanding of people's individual nutritional needs in line with their support plans. They followed recommendations from health professionals to ensure people's nutritional and other physical needs were met safely.

The provider had a range of monitoring systems in place to check the service was running smoothly and to identify where improvements were needed. The service ensured the people using the service, and their relatives, had the opportunity to give feedback about the quality of the support they received. For example, relatives told us they were kept informed and their views sought at regular family meetings. People were recruited to be 'quality checkers', and annual survey forms were completed by people and their friends and relatives. People regularly attended forums such as 'Diverse Voices', and a 'National User Panel', where they could feedback directly to directors and the board of trustees

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's needs were assessed to ensure risks were identified and the risks were safely managed. Risk assessments also supported people to take positive risks.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training.

There were appropriate staffing levels to safely meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Many staff were not up to date with their mandatory training, however the registered manager was taking steps to address this issue.

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet.

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

Is the service caring?

Good

The service was caring.

Staff were committed to promoting people's independence and supporting them to make choices.

Staff were respectful of people's privacy and dignity.

Family involvement was maintained and promoted through regular meetings and good communication.

Is the service responsive?

Good

The service was responsive.

People were involved in drawing up and reviewing their support plans. This meant support plans were personalised to each individual and helped staff understand how they wanted their care to be provided.

People were supported to participate in a range of employment and activities, and were actively involved in their local community.

There was an effective complaints process which people were encouraged to use if necessary.

Is the service well-led?

Good

The service was well led.

People, relatives and staff were encouraged to express their views and the service valued and responded appropriately to their feedback

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

The provider had systems in place to monitor the quality of the service and make improvements where necessary.

Horton House

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 26 September 2016 and was announced. The provider was given 48 hours' notice because the location provides personal care for adults who live in their own homes, and who are often out during the day. We needed to make sure the registered manager was 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, the provider completed 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 improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we went to the provider's office and spoke to the registered manager. We looked at a range of records the provider is required to maintain, both in the office and sent via email. These included four service user support plans, staff rotas, four staff recruitment files, staff training records, safeguarding and quality monitoring records. We also looked at records of accidents, incidents, compliments and complaints and the minutes of staff and family meetings. We spoke to six care staff in the office and at Morgan Court, including the registered manager and senior support workers. We visited two people and undertook phone calls to three relatives.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "It's brilliant. We live in a supported environment…the staff are always there, they are always here for you." Another person described how staff supported them following a seizure and injury saying, "They took me straight to the hospital".

There had been staff changes and recruitment difficulties at the service. One relative said they had found it unsettling as staff left and new staff started. They expressed concern that they might not know who was supporting their family member. The registered manager and senior support workers told us they had worked to minimise the impact of changes in staff, covering shifts themselves and using regular agency staff to provide consistency and maintain safe staffing levels. The keyworkers had not changed. A four week rolling rota was sent to people and relatives to let them know who would be supporting them. The registered manager was confident the situation would now improve following a good response to a recruitment campaign.

People and their relatives told us there were enough staff to meet their needs and keep them safe. Staffing levels were determined according to people's individual needs, and their commissioned 'one to one' support hours. In addition to the one to one support, 'core' staff were on duty during the day at Morgan Court with two staff sleeping in. This meant there were always staff available to support the people living there. In addition, an 'on call' system meant staff had access to support from managers 24 hours a day, seven days a week. One member of staff told us, "I feel well supported. If there are any problems I can phone and speak to them".

The agency used assistive technology to ensure people's safety. For example, there was a communication system in the supported housing development where people could press a button on a bracelet or necklace to call staff in an emergency. People explained how the system worked, and told us it helped them to feel safe, saying, "If I press my trigger, they will come".

Individual risks to people's health and safety had been identified and there was information in each person's support plan showing how they should be supported to manage these risks. Risk assessments covered a range of risks, for example related to the management of finances, the environment, fire or when working or undertaking activities. For example, one person's support plan contained a comprehensive risk assessment and management plan related to their risk of having a seizure. It advised staff how to recognise if the person was having a seizure and what they should do during the seizure and afterwards to support the person. There was clear information about when to call an ambulance or give emergency medication, with pictorial guidance to show how the emergency medication should be administered. This risk assessment meant the person was supported effectively, and relatives told us they were confident staff would be able to support people safely if they had a seizure.

Risk assessments also supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way. In the PIR the registered manager stated, "Risk Assessments are created where there are significant risks identified. In the absence of a significant risk, potential risk

areas are addressed within support plans. In this way we avoid a risk-averse culture and focus on balancing what is important to an individual against what may be a risk for them". For example, one person enjoyed swimming although there was a risk they may have a seizure in the pool. Staff supporting the person explained how they had made the lifeguards aware of the risk and they were consequently able to provide additional support which kept the person safe.

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff disciplinary procedures were in in place, and had been used effectively, with support from the provider's human resources advisor.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff were familiar with the whistleblowing policy and told us they would feel confident in using it. Records showed safeguarding concerns had been managed appropriately, and the agency had worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

Where staff assisted people with medication this was managed well. The agency ensured staff were trained and competent before allowing them to administer medication. Medicines were clearly documented in care plans and medicine administration records (MAR charts) completed by staff. Medicines, including those requiring additional security, were stored securely. Arrangements were made to ensure emergency medication was accessible to people when they were out in case of a seizure. Regular medication audits were carried out and any medication errors investigated, with action taken to minimise the risk of recurrence and keep people safe. One relative told us how they had been to some team meetings to talk about their family member's complex medical needs and medicines. This ensured all staff had a good understanding of the support the person needed. Another relative told us how staff supported a person to self-medicate, going with them to collect their prescriptions once a month, which ensured they always had the medicines they needed.

Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. The information was collated and analysed in order to identify any causes and wider preventative actions that might be needed to keep people safe.

All staff received training in infection control. PPE (personal protective equipment), including disposable gloves and aprons, was kept in the office for use by staff and in people's homes if appropriate. Regular observations and monthly health and safety checks ensured this was used appropriately.

Although the service was not directly responsible for people's premises, the provider and the landlords of the property worked together to ensure the premises were safe for people. Staff carried out environmental risk assessments and checks. They had received training in fire safety, and regular fire checks and drills were carried out. People living in the houses had a personal emergency evacuation plan (PEEP) so that staff and emergency services could access information about the safest way to move people quickly and evacuate them safely. Relatives told us staff ensured any property maintenance requests were made promptly.

Good

Is the service effective?

Our findings

People told us they were supported by staff who had the knowledge and skills required to meet their needs effectively. One person said," The staff are fabulous, I couldn't ask for anyone better". A relative told us how 'well looked after' their family member was, and how staff gave them, "really good support with their medical problems", including daily physiotherapy. A member of staff described how their knowledge of epilepsy meant they adapted the way they supported people following a seizure, taking into account any physical or emotional changes while they recovered.

Staff received 'face to face' training on key topics such as medicines administration, safeguarding, epilepsy, first aid, and understanding and managing behaviours which challenge. Other mandatory training was provided via eLearning. The training matrix showed that while staff had received training on mandatory topics at the start of their employment, they had not completed refresher training at the recommended intervals. This meant there was a risk their knowledge and skills were not up to date. The registered manager was aware of this, and had taken steps to address the issue with staff at team meetings and in supervision. Team meeting minutes stated, "It is part of each support workers contract to attend training. Failure to attend training will result in that person being non-compliant, thus not being able to work. All staff to keep up-to-date with eLearning – please ask if you are unsure of log-in details". In addition the registered manager told us they were planning to "rota people on to do eLearning, rather than ask them to do it in their own time".

Staff received 'person specific' training to enable them to meet the individual needs of the people they were supporting, which was delivered by the provider's 'practice development team' or external health professionals as required. For example, autism awareness training was developed by the practice development team, and involved a relative who shared their knowledge and understanding of autism. In the PIR the registered manager stated, "Our practice development team also contribute largely to the working practice of the teams – supporting and developing our approach to support whereby key components such as active support and positive behaviour support are promoted and emphasised". Staff told us the 'active support' training was very good. They explained 'active support', was about, "contributing as much as we need to contribute to ensure that whatever that person is doing is done as independently as possible". Another member of staff told us it was about, 'looking for positives that have happened and building new goals, constantly moving forward". They told us the training, "makes you think about what you are doing and you can share your experiences with others".

New staff completed a six month probationary period, including a thorough induction programme which gave them the training and skills to care for people safely. In addition, the service enrolled new staff on the national 'skills for care' programme, a more detailed national training programme and qualification for newly recruited staff. The registered manager was very positive about this training programme because it was 'interactive' with staff providing evidence of their competence through observation of their practice. New staff completed shadow shifts with more experienced staff and spent time reading through people's daily support plans to familiarise themselves with people's support needs and their role and responsibilities in meeting them. Agency staff also received an induction and introduction to the service and completed

training in essential topics such as epilepsy, to ensure they had the knowledge and skills they needed to meet people's needs safely.
Individual supervisions were due to be held every six to eight weeks; however this had been less frequent because the registered manager had been covering shifts due to recruitment difficulties. Despite this staff told us they were well supported. There were monthly team meetings and the registered manager and senior staff were available and accessible to them. Plans were in place for senior support workers to undertake supervisions in order to maintain and improve support for staff.

People using the service had a say in who supported them. In the PIR the registered manager stated, "The people we support are always involved in the recruitment process - always contributing to interviews and interview panels. Where possible we use a 'staff matching' tool to match staff to people we support based on personal attributes, skills and interests". One person told us how they had interviewed the current registered manager. Quality Assurance feedback stated that a person enjoyed interviewing prospective staff.

The 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 checked whether the service was working within the principles of the MCA. Staff worked in consultation with relatives who had the legal ability to make decisions on behalf of people. They had worked closely with the local authority to assess a person's capacity in relation to making a particular decision. The assessment concluded the person did have capacity, so the service offered them support and advice if they requested it, recognising their right to 'make unwise decisions', in line with the MCA. Support plans described how the person should be supported to make choices and actively involved in making 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 Mental Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. If a person is subject to continuous supervision and control, is not free to leave, and lacks capacity to consent to these arrangements, they are deprived of their liberty. 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. Staff had an understanding of this process and had referred appropriately to the local authority when a person potentially met this criteria.

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. People were supported individually with menu planning, food shopping and cooking. Risks related to nutrition were identified and support provided, for example one person's support plan stated they were, "at risk of not eating and drinking properly if staff do not remind them to do this". The person's relative told us that staff monitored the person's diet and weight and encouraged them to make 'healthy food plans'. Advice was sought from a dietician for another person who was losing weight.

People had been referred appropriately to health and social care professionals, for example a speech and language therapist, psychologist or local authority social worker. They were supported by their relatives to make and attend medical appointments, but could be supported by the service if required. Support plans contained details of peoples health needs and appointments, and a 'hospital passport', which could be taken to medical appointments, hospital admissions or any situation where health information is important and the person might not be able to provide it themselves, due to a learning disability or difficulties with verbal communication.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "They are very kind. I have to give them 100% for kindness". This was confirmed by a relative who told us how their family member's keyworkers had visited the person in hospital every day during an admission. "They spent time with them. They were so supportive". During the inspection people came into the office to talk to the registered manager and other staff, and appeared very comfortable and relaxed in doing so.

In the PIR the registered manager stated, "We place strong emphasis on a person centred approach…All staff attend person centred approach training...Person centred tools are used by everyone across the organisation. For example, all staff, first line and senior managers and people we support have a one page profile that identifies their likes and dislikes and best ways to support them. Support plans incorporate 'Important To and Important For' sections to clearly record individual preferences in relation to identified support needs/our duty of care". This person centred approach was evident during the inspection. For example, we saw staff explain clearly to a person the treatment that had been recommended by their GP, checking they had understood and were happy with it. One person told us they had been involved in the recruitment of new staff, sitting on the interview panel, and interviewing the current registered manager. Another person said, "I have support as and when I need it. If I have my sister here I say, "Can I have a bit of time [before staff come in]?" They are very flexible."

People told us staff were respectful of their privacy and dignity. Senior staff told us they, 'led by example', always knocking before entering somebody's home. Written feedback on behalf of a person using the service said, "all the staff speak nicely to them and always knock on the front door before entering". A relative commented, "They are very much led by my family member. They can say if they don't want somebody coming in. They are excellent in that respect…they respond individually to them all, they are fantastic".

In the PIR the registered manager said, "There is a strong parent and family involvement which is maintained and promoted through regular meetings and communication. This contributes to a good understanding of the people we support. This contributes also to the team's ability to form strong, trusting relationships and a good continuity of support". Relatives confirmed the service worked in partnership with them to support their family member. In addition to support plan reviews and relatives meetings, they attended team meetings to update staff about any changes to the person's support needs, for example related to their medicines. They could also attend staff training and one relative had been asked to share their knowledge and experience with staff at a recent autism awareness session. They told us staff kept them informed about the well-being of their family member. One relative said, "They know I want to be involved and keep me informed. They always give me a call if there are any changes". Another relative told us they received an email every other week, "to inform us about stuff we need to know about", although they were talking to the key worker all the time. "They are always informing me".

The service had introduced a new format for support plans, which contained a section about 'End of Life' care. Keyworkers were in the process of working with people and their relatives to ensure their end of life

wishes were discussed and recorded. This meant staff and professionals knew what the person's wishes were and could ensure they were respected.

Good

Is the service responsive?

Our findings

People received support that met their individual needs and wishes. People and their relatives were fully involved in drawing up the support plan, which meant their needs, and how they wanted them to be met, were accurately documented. In the PIR the registered manager said, "We use person centred tools, such as 'Working/Not Working' and 'Important To/For' to ensure the information accurately reflects [the views of] the individual" .A relative told us, "We worked it out together". Another relative said, "At the beginning two people came and spent a day with [person's name] to write out their plan. We were also involved. They had big pieces of flip chart paper so they could write things down. This was very important [for the person], as it included things like they didn't like being touched".

The service was using a new format for support plans, which the registered manager told us made the information in them clearer and more accessible for staff. They contained detailed information about people's physical, psychological and communication support needs, preferences and lifestyle choices. There was clear guidance for staff about how people's needs should be met. For example one person's care plan described the support the person needed to participate in activities, "Activities must be structured. [Person's name] should have a good understanding of what is happening and be able, with support if necessary, to anticipate what is happening next. They will respond better to tangible information, daily lists and visual prompts to further support their understanding of what is expected". Support plans were formally reviewed every six months, or more frequently in response to changes in the person's support needs. Any more immediate changes to people's needs were communicated across the staff team at the staff handover, and documented in the communication book.

The service had an effective key worker system. The key worker worked predominantly with the person they were linked with and in partnership with their relatives. Staff told us 'keyworker meetings' took place every eight weeks or sooner if necessary, with the person, their relatives and the registered manager. This was an opportunity to discuss the support being provided, what was working and what could be done differently. People told us they valued their relationship with their keyworker. "Sometimes you feel you need someone to talk to, some 'one to one' time". A relative said, "Their keyworker is absolutely brilliant, completely on the ball... taking care of things and making sure they run smoothly". Keyworkers were linked with people according to their interests. One relative told us their family member was keen on photography, and often went out with their key worker on Saturdays to take photographs.

People were supported to participate in a range of employment and activities in the local area. Their individual weekly programme was recorded in pictorial format on a diary sheet, which was therefore accessible to them. One person's programme included, "Support to attend gym session; support to hang up washing; chat about my day and plans for the week; test smoke detector". This meant people using the service and the staff supporting them knew what was happening that week and when.

The registered manager told us, "We promote community engagement as far as possible. People are very involved in the local community, and are known relatively well locally. "A' job coach' focussed on supporting people into paid employment. People were working in a local nursery, a nursing home, as a cleaner in the

office and at a cafe. People were supported to interact socially within the supported living houses, for example having BBQ's together in the shared courtyard. A relative told us, "They are such a good community. They encourage everyone to mix together and support them to have coffees". Funding had been obtained from a small grants programme which helps people do new and exciting things in their local community. The money was being used for creative activities, with people designing and making festive mugs and selling them in the run up to Christmas at the local market. The registered manager told us this had "gone down really well", with the people who use the service, and the money raised would be used to have a meal out and buy some more art materials.

The provider had an appropriate policy and procedure for managing complaints. People showed us a copy of the complaints policy which they kept in their houses. They told us, if they had a concern they would "Go and see the manager in the office". One person had given written feedback which stated, The manager dealt with my complaint very well and everything is all ok now". Relatives told us they felt able to raise concerns if necessary and had done so, saying "The staff have been excellent, but if something wasn't quite right I would tell [senior member of staff's name]". Concerns and complaints were collated and analysed as part of the quality assurance process to ensure appropriate action had been taken.

Good

Is the service well-led?

Our findings

Horton House was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. There had previously been a number of managers in post for short periods of time. Staff were very positive about this manager, telling us, "It's a lovely place to work. We have struggled due to managers, but [manager's name] has come and stuck it out. They are good at organising, good to talk to, approachable. They've been doing shifts and are willing to step in". People were also complimentary about the registered manager. Comments included, "I talk to the manager. They are a good manager"; "[Manager's name] does a brilliant job here", and, "I'm really impressed with them. They are very approachable, kind and friendly. Very encouraging". The registered manager was confident they would be able to bring more consistency and continuity to the service and the people they supported. They told us their ethos was, "To support people to live as independently as possible, and maintain control of their own lives".

A staffing structure, including the registered manager and two senior support workers provided clear lines of accountability. Senior staff had a role in observing and providing feedback about staff practice, and were available for support if staff needed them. There were also plans for senior staff to provide some individual staff supervision. This meant all staff were supported and monitored effectively.

Monthly team meetings provided an opportunity for staff to discuss working practice and any concerns, as well as notify the team about significant changes or events in the lives of the people they were supporting. Team meeting minutes showed concerns from relatives had been discussed and action taken, for example in relation to improved communication between relatives and keyworkers. These meetings were also an opportunity for peer support, and working collaboratively to find solutions to problems. Staff were positive about the team meetings and told us, "We are able to bring up ideas and make suggestions".

The provider and registered manager were committed to the continued professional development of staff. In the PIR the registered manager stated, "I hope to allocate many of the team to
training that will contribute to their progression, with a view to coaching the rest of the team when this is complete. These include Positive Behaviour Support and Active Support, as well as the possibility of Practice Leadership roles and training".

The provider carried out a comprehensive programme of audits to assess the quality and safety of their service. For example, accident and incident reports were reviewed monthly, as well as any safeguarding alerts or incidents to ensure they had been managed appropriately. Service managers were allocated services in other areas to complete detailed quarterly audits, and the area manager completed an audit of the service every six months. These audits looked at every aspect of each person's care and support, including: their support plan, risk assessments, health action plan, environment, finances and medicines. Staff supervision, skills and knowledge were also evaluated.

The service used a range of methods to ensure the people using the service, and their relatives, had the opportunity to give feedback about the quality of the support they received. Relatives told us they were kept

informed and their views sought at regular family meetings, saying, "We have family meetings every two or three months. We feel able to say what we think and know they will act on concerns". In addition to their regular keyworker meeting and formal reviews, people were routinely consulted as part of the auditing process. Some people trained to be 'Quality Checkers'. Their role was to go to other people's houses to ask them if they were happy with the service. The information was presented in pictorial format so that it was accessible for people. This happened approximately every eight weeks, and the findings were discussed at regular meetings, where any action needed was identified. The registered manager told us, "The more people that are involved the better. They are working together as a team and meeting together to discuss the outcomes". An annual questionnaire was sent to everybody using the service, their families and staff members. In the PIR the registered manager stated, "We seek feedback on what we do well and what we can improve…at 'Diverse Voices', a regular event held to raise and address issues that may concern people we support, and at the National User Panel, a forum for people we support". The National User Panel met regularly and fed back directly to directors and the board of trustees

The registered manager told us they were well supported by the provider. The area manager was always available to them, providing regular one to one supervision and spending time at the service, talking with people and attending family meetings. The provider also supported service managers and staff to keep up to date with service development and best practice. Area management meetings were attended by all service managers and team leaders, and information shared about changes to policies, procedures and legislation. This information was then shared with the staff team at team meetings, and published in the provider's monthly "All Staff Briefing". Staff were also kept informed about best practice by the practice learning development team. In the PIR the registered manager stated, "Our practice development team constantly strive to keep on top of changes to and innovations with regards to support, support strategies and approaches to support. Our practice development leaders also regularly support the team with this information as part of regular surgeries".

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any 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.