

Wigan Council

Wigan Supported Living Service

Inspection report

Wigan Life Centre South
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16 October 2019

18 October 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Wigan Supported Living Service provides a service to over 130 older and younger people with a learning disability, autistic spectrum disorder, physical disability or sensory impairment. The service covers 24 properties, ranging from single occupancy premises through to larger multi-occupancy apartment blocks located within the Wigan area. At the time of the inspection 122 people were using the service

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received exceptionally personalised care which met their needs and wishes. Care files contained detailed information about people and how they wished to be supported. The service supported people to set and achieve goals and fulfil their potential. Staff were proactive in identifying ways in which they could enrich people's lives, through activities and events.

Staff were described as brilliant and fantastic, treating people with dignity and respecting their wishes. Staff had taken time to develop extremely meaningful therapeutic relationships with people, which had impacted positively on outcomes and people's achievements. Staff thought nothing of donating their own time to ensure people received high quality care and had their needs met.

People and relatives were positive about the care and support provided by the service. People felt safe and well-cared for and relatives spoke of feeling at ease, knowing their loved ones were safe and receiving effective care which met their needs.

Staff had received training in safeguarding and knew how to identify and report any abusive practice. Staff were confident any issues would be addressed but knew what action to take should team leaders or managers not act on concerns.

Staff received a comprehensive induction, along with ongoing training to ensure knowledge and skills remained up to date. Supervision and appraisal, known as my time and my time extra within the service had also been carried out to provide additional support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

The complaints process had been provided in an accessible way, to ensure people knew how to complain. None of the people or relatives we spoke with had raised a complaint, but were confident should they need to, this would be dealt with quickly and satisfactorily. Where complaints had been made, we noted these had been resolved timely.

The service used a range of systems to monitor the quality and effectiveness of the care and support provided. Action plans had been generated to address any issues.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This was the first inspection since the service was re-registered with us in October 2018, due to moving offices.

Why we inspected

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Newly registered services are inspected within 12 months of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wigan Supported Living Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had three managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two working days' notice of the inspection. This was to ensure the provider and registered managers would be available to support the inspection and to allow time for people to be asked if we could contact them for feedback and complete home visits to speak to them in person.

Inspection activity started on 11 October and ended on 30 October, which was the deadline for staff to submit questionnaires we had circulated to capture their views. We visited the office location on 15 October

and carried out property visits on the 16 and 18 October.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are details about changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and 11 relatives about their experience of the care provided. We spoke with 11 members of staff including the three registered managers, the nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also gathered the views of an additional 21 staff members by way of a questionnaire.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at 10 staff files in relation to recruitment along with a variety of records relating to the management of the service, including policies and procedures, audits and quality monitoring information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People we spoke with, known as 'customers' within the service, told us they felt safe and comfortable with the care and support provided. Relatives confirmed their loved ones were safe and well cared for. Comments included, "I am happy and feel safe here" and "I can sleep at night, knowing [relative] is safe and receiving high quality care."
- Staff knew how to identify and report any safeguarding concerns. Safeguarding training was included as part of induction training, with refreshers provided, to ensure knowledge remained up to date.
- Local authority procedures for the reporting of safeguarding concerns, which within Wigan is known as the tier system, had been followed consistently. A log had been used to document any concerns, along with action taken and outcomes.
- The service was proactive in reviewing any incidents or accidents. As per policy and procedures, all completed accident or incident forms had been forwarded to the health and safety department for additional oversight and monitoring. Where required, action plans had been generated to prevent a reoccurrence or ensure better outcomes for people.

Assessing risk, safety monitoring and management

- Care files contained a range of personalised risk assessments, which reflected the care and support needs of each individual. For each risk, control measures to minimise the risk had been included.
- The service ensured health and safety had also been considered, with 'supported tenancy checks' being completed either daily or weekly depending on the task, to ensure the environment was safe. These covered fire safety, such as checking alarms, emergency lighting and fire equipment to water safety, such as checking water temperatures and cleaning shower heads, to prevent legionella.
- Where people had moving and handling needs, risk assessments had been completed and a manual handling plan created, which included details of the equipment used. A similar process had been carried out for the use of bed rails.
- The service had a robust system for the recording and reviewing of accidents and incidents. Accident records were stored both centrally and on people's files, with a log used at each property to document details and help look for trends.

Staffing and recruitment

- Safe recruitment procedures were in place to ensure staff employed were suitable for the role, and people were kept safe. Disclosure and Barring Service (DBS) checks had been completed. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

- People, their relatives and staff all told us enough staff were deployed to meet needs and keep people safe. Comments included, "Yes, there's enough staff" and "We always have enough staff to meet clients' needs. If a member of staff phoned in sick, we have an on-call procedure and the team leader would get cover."

- Staffing levels were based on commissioned hours, with each person's needs assessed and staffing arranged to meet these. The service utilised the council's supporting excellence team (SET), to cover any gaps or shortfalls due to sickness or absence.

Using medicines safely

- Medicines were managed safely. Staff who administered medicine had received training and had their competency assessed. Staff were knowledgeable about best practice, which included the rights of medicines administration.

- Each person had detailed information in place about the medicines they took, what they were for and whether they could administer these themselves, along with any allergies and special instructions, such as specific ways in which medicines should be administered. Where people had been prescribed 'as required' (PRN) medicines, guidance was in place which explained when this should be used, in case the person wasn't able to communicate this.

- Medication Administration Records (MAR) had been completed correctly and consistently, with a separate record also being kept to record the date and exact time each medicine had been given. This ensured time sensitive medicines were given safely and the necessary gaps between doses adhered to.

Preventing and controlling infection

- Effective measures had been taken to help prevent and control infection, including staff training and the ongoing provision of personal protective equipment (PPE).

- Staff had a good understanding of the importance of infection prevention and control. One staff member told us, "My understanding of infection control is to use gloves, aprons and so on to prevent cross contamination. Wash hands and use appropriate waste disposal bins correctly. It's about keeping all areas clean and ensuring bathrooms and toilets are cleaned after use. All our customers have separate hygiene items and towels."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments had been completed for each person, to ensure the service could meet their needs and wishes. Information gathered during the assessment process had been used to help create people's support plans.
- People's likes, dislikes and how they wanted to be supported had been captured and included in their care files. Where able, people had been involved in reviewing their requirements regularly, with care files updated to reflect any changes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People told us they had been involved in making decisions about their care and support. Where they lacked capacity to make a particular decision, either relatives who had lasting power of attorney (LPA) for health and welfare had made the decision or in the absence of anyone with an LPA, the best interest process had been used.
- Care files contained MCA assessment and best interest making forms, which were used to capture any decision making about people's care and support, where they lacked capacity to provide consent.
- Where necessary applications had been made to the Court of Protection, with copies of all relevant documentation on file.
- Staff had a good understanding of the MCA, and how this impacted on their role. Comments included, "MCA, this provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. This is covered in training" and "DoLS is about the deprivation of a person's liberty and doing this legally in order to protect a person who does not have

capacity in their best interests. MCA is the Mental Capacity Act of 2005, that makes DoLS possible."

Staff support: induction, training, skills and experience

- The service utilised different recruitment methods to help source the most appropriate people to work there. These included assessment days, which consisted of groups of prospective new staff completing table, team building, and case study exercises rather than just individual interviews. This asset-based approach allowed the management to assess people's aptitude for the role, rather than just their interview skills.
- New staff completed an induction which included training the provider consider mandatory, such as health and safety, moving and handling and safeguarding. Where new staff did not have previous experience or a qualification in health and social care, the care certificate was completed. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Overall, staff told us they received enough training to support them in carrying out their roles safely and effectively. Comments included, "I think training is very good both online and classroom" and "I find training good, as over the years I have achieved my level two and three in Health and Social care. I do regular training and am looking forward to the e-learning I have just enrolled in."
- From looking at both the training and supervision (known as 'my time') matrixes across the service, we noted some properties and staff were more up to date than others. These issues had been identified through auditing and quality monitoring processes, with plans in place to address.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support with planning and preparing meals in line with their assessed needs and wishes. Healthy eating was promoted across the service, but people's right to choice was also respected.
- People requiring a modified diet, such as soft or pureed food or thickened fluids, received these in line with professional guidance. Staff were knowledgeable about people's needs, including how to provide these when eating in the community, so that people's dietary needs did not prevent them from engaging in social activities.
- People we spoke with who received support in this area spoke positively about the assistance provided. Comments included, "I do my own cooking, they just help me with the stove", "I am able to make some of my own food, such as salads and breakfast, staff help me cook other things" and "I do my shopping, but staff do a lot of the cooking, happy with this."
- The service used a number of initiatives to promote socialisation around meal times. These included group meals on Sundays, which people contributed towards, both in terms of purchasing and preparing the food, and an around the world meal theme, with each property preparing foods from a particular country and hosting a themed event, which anyone could attend. We observed a Jamaican themed day during the inspection which everyone thoroughly enjoyed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action plan which had been reviewed regularly. This covered any medical issues or needs and how these were being managed.
- Care files contained a log for each professional involved with the person, onto which feedback, guidance and advice had been documented following every visit or appointment. This ensured all staff knew the most up to date guidance to follow and could support people in maintain their health and wellbeing.
- A hospital support plan had been completed for each person, which would be transferred with them should they need to be admitted. This detailed their support needs, preferences, likes and dislikes, to ensure continuity of care was maintained.

- The service worked closely with other healthcare professionals, such as GP's, speech and language therapists and community nurses, to ensure people received the required support to help them stay well.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated as outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were extremely positive about of the care and support provided and the staff who supported them. Comments included, "Staff are fantastic, incredible", "No problem is too small for them [staff]" and "The staff are always there for you, I think they are brilliant. The care I have received is fantastic, they have helped me in every way, shape and form."
- From feedback and observations, it was apparent staff had developed positive therapeutic relationships with the people they supported. One person told us, "I have developed a strong bond with certain staff, which has really helped me grow. I am able to express how I am feeling."
- One person had previously been admitted to hospital due to being very poorly and was classed by the hospital as being end of life. Staff visited daily, often in their own time in order to encourage and support the person to eat and drink, as well as meet personal care needs. After a few weeks of staff's consistent care and attention, the person was medically fit enough to be discharged.
- Staff had also fought for one person to be able to return to their supported living property at the end of their life, rather than remain in hospital, as the person considered other people they lived with and the staff as family and wanted to be near to them. Staff adapted the property to meet the person's needs and liaised with medical professionals to ensure the person's wish could be met.
- As a result of getting to know people well, staff were able to identify when something wasn't right and could, as one person stated "Pick up on the little differences" in behaviour or presentation and ensure people received the right support to remain well.
- Staff worked to ensure people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. Discussion about people's ethnic, religious or cultural needs had been completed during the admission assessment process and information was included in their care plan within the equality and diversity profile document.
- The importance of respecting people's differing views, opinions and beliefs was part of the recruitment process, to ensure new staff understood the services expectations and that any specific needs new staff may have could be met. The provider was an equal opportunities employer and we saw evidence people with protected characteristics had been employed by the service.

Supporting people to express their views and be involved in making decisions about their care

- The service ensured people had a say in who cared for and supported them by including them into the recruitment process. People spent time interacting with prospective new staff and provided feedback of their observations, including whether they would like to work with each candidate.
- Relatives were highly complimentary of the holistic support provided by the service. One had written

expressing their gratitude for the amazing support, kindness and helpfulness of a particular staff member, who they said had gone above and beyond their role in supporting them to cope and plan for the future.

- People and the relatives we spoke with told us they were involved in decision making about the care and support provided and were able to express their views and opinions. This was either formally during service or care plan reviews, or through informal conversations.
- The service held 'customer forums', which provided people with the opportunity to discuss their support, the wider service, what things they would like to do and what they were not interested in.

Respecting and promoting people's privacy, dignity and independence

- Staff were knowledgeable about the importance of maintaining people's privacy and dignity and the ways in which this could be achieved. Their comments included, "I maintain people's privacy by always being respectful. I keep their dignity by showing respect during personal care, gaining their trust and by shutting doors and blinds" and "I maintain and promote the individuals' privacy by shutting their doors when assisting them with personal care, covering them with a towel after they had a shower or bath and pulling curtains when they are getting dressed."
- People confirmed staff were respectful of their privacy and dignity, telling us staff knocked on their doors, sought permission to provide support and provided personal care in a dignified way.
- People and relatives also told us staff promoted independence and individuality, letting people complete tasks they were able to do, practice hobbies and interests and learn and maintain activities of daily living. For example, through support and encouragement, one person we observed was now able to make their own meals, wash up, tidy their room and make their bed. They had also developed a love of baking, which they were supported to do regularly.
- People had been supported to maintain their personal hygiene and appearance, including oral care. Oral hygiene records were kept to demonstrate this aspect of people's care had been met as per their care plan.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated as outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received exceptional personalised care which met their needs and wishes. Staff had taken time to get to know people, understood them as individuals and ensured their goals and ambitions were provided as part of their support plan.
- We noted a number of specific examples of outstanding personalised care. Since their move to the service, one person had developed much more independence, had started to access the community and their communication skills had developed. This was due to staff developing consistent routines and forming effective therapeutic relationships with this person. This person also has their own garden which they love to spend time alone in as well the freedom to access the building and grounds freely.
- A professional who had been involved with the person both prior to and following the move provided a testimonial in which they stated, "I cannot tell you the difference in presentation. [Person] is now clothed, clean shaven and had their hair cut. They are involved in activities and have been out in the community every day for the last couple of weeks. [Name] never spoke but since they have been at the service they have begun to communicate verbally. They make choices ranging from what to wear, what to eat to what activities they want. The difference in the individual is amazing."
- Through getting to know two people using the service, staff discovered they had not been on holiday for over 10 years. As a result they arranged and supported a holiday for them to Blackpool, where they completed activities they had never done before, such as visit the circus, ride on a tram, visit the zoo and watch a parade.
- Another person is an avid fan of a famous musician from the 1960's. Staff from the service planned and supported this person to attend a themed weekend in Spain. The person had a wonderful time but said their wish would be for this artist to visit them in person on their birthday. As a surprise, staff arranged for an impersonator to visit the person on their birthday. They brought the person chocolates and flowers, serenaded them and attended their birthday party. The person told us they had cried tears of joy as their dream had come true.
- Care files clearly detailed how people wanted to be supported. People had a 'my day' document which detailed how they liked to spend their day, from getting up to going to bed and what support they required. People's wellbeing was also considered, with information captured about what made them happy, what they are good at, what affects their mood and how staff could support them to maintain their well-being. People had been involved in generating these documents.
- The service had effectively integrated the use of assistive technology, to support people to maintain their independence and help them remain safe and well. We noted the introduction of a bed and door sensor had allowed a person to remain in supported living, rather than have to move to a care or nursing home. Since

being introduced incidents involving this person had reduced to zero.

- Other examples included the use of bed sensors to indicate if people had not returned within 10 minutes of getting up, so staff could go and carry out wellbeing checks, to wrist worn fall detectors and epilepsy monitors. In one of the properties the service had installed a fully immersive sensory room, which was used regularly for therapy sessions, relaxation and to watch films.
- The service had set up a closed social media group, so that people using the service could safely use such media, as well as communicate with each other, share things they had done and enjoyed and advertise events.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care files detailed people's preferred method of communication along with any systems or aids in place to support this process. The service's handbook, service agreement and other information was available in a range of formats, such as alternative languages, braille, audio tape and video. Documentation was also created in an easy read style, utilising a mix of simple words and pictures.
- Alternative methods of communication, such as Makaton or visual timelines, were actively promoted, with staff receiving training in these methods to enable them to effectively communicate with the people they supported.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was passionate about encouraging and supporting people to access both the local and wider community, and live as full and ordinary a life as possible.
- Based on a request made at a tenants meeting, one of the properties had set up an annual festival, called Tanfest. The event involved live music, quizzes and games with one person living at the property DJing the event. People from the local community, as well as those from other properties supported by the provider were invited. Money raised was used to fund the following year's event.
- One person had been supported to fulfil their dream of attending the Edinburgh Tattoo, whilst another had been supported to plan and attend a fishing trip abroad, which they spoke passionately about during the inspection.
- People using the service were encouraged and supported to access voluntary jobs to help develop independence and increase future options. As a result of the sense of responsibility and ownership having a voluntary role provided, one person's support needs reduced significantly. Another person developed a social network, started a relationship and eventually created their own business venture, as a result of the support provided in accessing and attending a voluntary position.
- Each property was responsible for arranging and facilitating their own activities. Weekly schedules viewed included cinema outings, art and craft, sensory sessions, swimming and meals out. Properties also had communal lounges, where people could meet up to socialise. In each property we visited, this area was popular and well used.

End of life care and support

- The service had received positive feedback from families and professionals in relation to the support they had provided people at the end of their lives. A professional reported the service had 'worked above and beyond' in providing 'the highest quality support' to two people requiring end of life care.
- For one person staff had maintained regular contact with relatives, who lived overseas, to keep them

updated on the person's condition. With support of district nurses, staff were reported to have 'gone the extra mile' to ensure the person could remain in their own home, which was their wish, rather than a medical or other care facility. The staff arranged for a minister to regularly visit and pray with the person. A staff member remained with the person at all times, so was never left on their own. They also brought forwards their birthday party, so the person could celebrate with friends.

- Another person had passed away whilst a staff member sat with them, holding their hand and playing their favourite music. Staff had also supported the family with funeral planning and contributed to the eulogy.

Improving care quality in response to complaints or concerns

- The services complaints procedure was provided to each person upon admission. This was produced in an easy read and other alternative formats, to ensure people knew the process to follow, should they wish to raise an issue or complaint.

- People and relatives we spoke with confirmed they knew how to complain, with the majority stating they would speak to a staff member in the first instance, however, had not needed to.

- The service had a designated complaints and compliments file. Since October 2018, the service had received 17 compliments and 9 complaints. Each complaint had been dealt with in line with the providers policy and procedures and been resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and relatives we spoke felt the service was well led and would recommend it to others. Comments included, "I am happy with everything" and "I wouldn't want anything to change." Staff also spoke positively about how the service was run, telling us they felt listened to and supported. Comments included, "Our manager supports us very well in both our needs and the needs of the customers. They are always approachable and a good leader" and "I feel very lucky to work in a such a brilliant and well organised organisation. I feel very supported by my team leaders and my manager... they always listen to me if I have any questions or ideas."
- The service had a clear management structure, which was comprised of three registered managers, who oversaw the service as a whole supported by a team of team leaders, who were each responsible for one or more of the properties and managed the day to day care and support provided at their locations.
- The registered managers understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding.
- The service completed a range of audits, which tended to be completed quarterly, although a number of daily checks were also completed within each property. Team leaders were responsible for completing audits at each of the properties they were responsible for, with the registered managers completing spot checks and their own audits, to provide additional oversight.
- We found some discrepancies in the consistency of audit completion across properties, with registered manager's audits identifying issues which had not been picked up by the team leaders. Where this had occurred a detailed action plan with timescales had been drawn up by the registered manager, to address the issues identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- We found the service to be an inclusive environment. People and relatives told us they were involved in their care and support and the service was flexible in meeting their needs. One relative told us "They [the staff] listen attentively to us and our loved ones and try their best to fulfil all our requests."
- The service sought people's, their relatives or carers views, via annual questionnaires. The latest questionnaires had been circulated between July and September 2019. To date 15 had been returned, all of which contained positive feedback. Comments recorded included, 'I couldn't wish for a better supported staff team. Think it's a wonderful service' and '[Name] is now forming friendships, accessing the community

and learning independent skills. They are happy, healthy and having a fulfilling lifestyle."

- The service also held monthly tenants' meetings at each of the properties, where outings and events were discussed along with any issues people wished to raise about the service, the environment or their co-tenants.
- The service also worked closely with the local community in order to promote and develop positive relationships. Staff had worked hard to interact with neighbours to dispel any concerns and develop positive relationships. This had culminated in a charity coffee morning being held at the home, which a number of neighbours attended. People were now seen as part of the local community.

Working in partnership with others

- We noted a number of examples of the service working in partnership with others. One example involved staff from the service visiting a person at their previous placement working alongside them and staff, as well as supporting the person to visit the service as part of a graded transfer plan, to ensure routines could be continued seamlessly to minimise the impact of the move.
- One of the registered managers was the chairperson for the local Skills for Care registered manager's network, responsible for generating agendas, arranging speakers and facilitating the meetings, which aimed to promote good practice and partnership working across local care services.
- We received a number of testimonials from professionals within Wigan Council, with whom the service either works or has links. Each of these spoke positively about the work the service has done, the impact on people and the services ability to adapt and respond to changing needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people and their representatives in relation to care and treatment. People and relatives had no concerns in this regard. Communication was reported to be very good and they were kept updated and informed about any issues, changes or actions taken to address concerns raised.