Prospects for People with Learning Disabilities

Riverside Christian Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was announced and took place on 6 and 7 June 2016 and was carried out by one inspector. We told the provider two days before our visit that we would be coming. This was to ensure the manager (or a suitable deputy) would be available to meet us at the provider's office and also to make arrangements for us to visit some of the people in their own home.

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Prospects for People with Learning Disabilities is a Christian faith led charity organisation specialising in providing care, support and independence for people with learning disabilities. They have seven registered locations across England and Wales. On 11th May 2016 they became part of the Livability group. Livability is a national Christian disability and community engagement charity.

The service is registered with the Care Quality Commission (CQC) for the provision of personal care in people's own homes. Prospects provides a 'supported living' service. This is where people live in their own home and receive care and/or support in order to promote their independence. The support that people receive is often continuous and tailored to their individual needs. It aims to enable the person to be as autonomous and independent as possible. There is genuine separation between the care and the accommodation, the care they receive is regulated by CQC, but the accommodation is not.

At the time of the inspection the service supported 10 people, who had individual tenancy agreements, living in two shared occupancy houses in Exeter and Torquay. Personal care was provided to five of these people. People who used the service had varying degrees of difficulties and support needs, ranging from mild to severe learning and physical disabilities and autistic spectrum conditions. Some people had complex needs and required 24 hour support, whereas others were relatively independent and just needed assistance for a few hours each day. 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 also assisted people with their housekeeping, shopping, attending appointments and other independent living skills.

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.

People's rights were not always protected, because the service did not always act in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment. Managers had not recognised that some people were potentially being deprived of their liberty, and that this required authorisation by the Court of Protection, however they acted immediately to address this.

The service was not always responsive because there was not always evidence to show the support

provided was planned around the needs and wishes of the person, rather than the needs of the organisation. For example, a relative told us their family member was unable to go out for the day because the member of staff supporting them had to be back for the staff handover in the afternoon.

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's enabling plans were clear and contained clear guidance for staff to help them meet people's support needs effectively and according to their wishes and preferences. Staff had a good understanding of people's individual nutritional needs in line with their enabling plans. They followed recommendations from health professionals to ensure people's nutritional needs were met safely.

Staff respected people's privacy and dignity, and this was promoted by the organisation. Enabling plans contained clear guidance for staff to help them to promote people's ability to make choices and maintain as much independence as they were able.

Systems were in place to ensure people received their prescribed medicines safely, where they needed assistance or prompting to take their medicines. Where necessary, people were also supported to access other health and social care professionals to maintain good health and well-being.

Staff were well supported. Managers were very visible and accessible to them and the people they supported. Staff received regular one-to-one supervision and attended monthly staff meetings. They were supported with their immediate training needs, as well as their continued professional development. They told us the current management team was "brilliant". That there was an "open culture…a respect and understanding, and a diligence there for the people we support and management of staff". Staff and relatives expressed concern that there had been a high turnover of managers at the service, and were sorry that the registered manager was temporary, pending the recruitment of a permanent manager.

The provider had a range of monitoring systems in place to check the service was running smoothly and to identify where improvements were needed. A comprehensive service improvement plan was underway. People and their relatives were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. They were asked to complete annual survey forms seeking their views on all aspects of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

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

All new staff were thoroughly checked to make sure they were suitable to work at the agency.

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

Is the service effective?

Good

The service had potentially been depriving people of their liberty for the purpose of receiving care or treatment without lawful authority. The manager rectified this during the course of the inspection.

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

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.

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

The staff and management were caring, friendly and considerate.

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

People were supported to maintain relationships with family and friends.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was not always evidence to show the support provided was planned around the needs and wishes of the person rather than the needs of the organisation.

Care plans provided clear guidance for staff on how to support people's individual needs.

People and their relatives were supported to contribute to their care plan reviews in a meaningful way.

Is the service well-led?

Good

The service was well led.

People, relatives and staff were encouraged to express their views and the service 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.

Riverside Christian Centre

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 6 and 7 June 2016 and was announced. It was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

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 agency offices in Exeter and spoke to the registered manager, the regional manager and an administrator. We reviewed the care records of seven people that used the service, the records for four staff, and records relating to the management of the service. We met four people in a supported living scheme, two of whom received a regulated care service. We spoke with three relatives, four care workers and two health and social care professionals.

Good

Is the service safe?

Our findings

We visited a shared house where people received a supported living service from Prospects. We had limited conversations with two of the people living there, but those receiving a regulated care service were unable to communicate verbally due to their learning and physical disabilities. We therefore observed people's interaction with staff and talked with their relatives and care workers to gain a better understanding of their experience of the service.

People looked comfortable and happy with care staff, and relatives told us they had confidence the agency would keep them safe. The provider had policies and procedures relating to safeguarding people from abuse and whistle blowing. Staff were required to read these policies as part of their induction and told us they felt confident to use them. Staff knew how to recognise if people were vulnerable to abuse and emphasised the importance of good communication and a trusting relationship. The policy contained a checklist for staff to follow if a person made an allegation of abuse. It supported them to gather and record the necessary information, and inform the appropriate people.

People using the service were given an 'easy read' document which helped them to recognise if they were being abused and advised who they should approach for support. This showed the agency was proactive in keeping people safe. There had been two safeguarding concerns since the last inspection which they had managed appropriately. They had worked openly with health and social care professionals to minimise risks, learn, and achieve a good service for people. Safeguarding concerns were also reviewed by the service's quality and compliance team who ensured all actions were completed and outcomes shared with relevant professionals.

Risks of abuse to people were minimised because the provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the agency. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their suitability to work with vulnerable people.

The service had staff disciplinary procedures in place. There were no disciplinary processes underway at the time of the inspection, although we saw the agency had used them effectively in the past to investigate concerns and take appropriate action to keep people safe.

We saw from the minutes of a team meeting that staff were encouraged to think about 'professional boundaries', especially if they were working a lot with one particular person. They were asked to record if a boundary was broken, for example if a person behaved inappropriately towards staff. Staff were also advised that if a person's behaviour made them feel uncomfortable or unsafe, they should raise it in supervision and complete an incident report or behavioural chart if appropriate. These measures protected both the person and care staff should any concerns be raised about the persons vulnerability and action be necessary to minimise risks.

Risks to people's health and safety had been identified and there was information in each person's enabling plan showing how they should be supported to manage these risks. Risk assessments covered a range of risks, for example related to moving and handling, or behaviour and agitation. One person's file 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. This risk assessment meant the person was supported effectively, and relatives told us they were confident the staff team would be able to support the person 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. For example, people were able to access the community, complete household tasks and carry out their own personal care with the necessary support.

At the time of the inspection, people required support from care staff to take their medicines. The agency ensured staff were trained and competent before allowing them to administer medication. A care worker told us, "I didn't want to rush as I haven't done it before. I shadowed for a long time. I feel more confident now. I always double check with another member of staff. I'd rather have the training first". Additional training was arranged if required, for example in the practical administration of rescue medication to a person in the event of a seizure. This meant staff would feel confident to administer the medication when the person needed it.

Medicines were stored securely in a communal cupboard. However following a medicines audit it was agreed the landlords would install lockable cabinets in people's rooms. Medicines, medication administration records (MAR) and medication profiles would be kept in them, with people holding their own keys if they had capacity to do so. The keys of people without capacity to hold their own keys would be kept in a key safe accessible only by care staff.

In the PIR the practice director stated," Safe levels of staffing are adhered to by ensuring assessed support hours are delivered to keep individuals safe. An electronic rostering system is in place to effectively monitor this to ensure commissioned hours are delivered and to further provide evidence to commissioning authorities". Parents and staff told us there were sufficient numbers of staff available to keep people safe, but they would benefit from more staff. New staff were being recruited. In the meantime people were also supported by agency staff, who had been working with them for some time to ensure consistency.

The provider had a range of health and safety policies and procedures to keep people and staff safe. Staff had a good understanding of the policy and procedures related to accident and incident reporting and had been reminded of the process at a recent team meeting. Records were clear and showed appropriate actions had been taken. Incident reports were analysed by the practice director and registered manager, and sent to the service's quality and compliance team for review. This allowed the agency to identify any causes and wider preventative actions that might be needed to keep people safe. Any recommendations would then be actioned by the registered manager.

Although the service was not directly responsible for people's premises and equipment, Prospects and the landlords of the property worked together to ensure the premises and equipment were safe for people. Staff carried out environmental risk assessments and checks. They had received training in fire safety, and fire checks and drills were carried out every six months. People living in the house 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. The landlords were responsible for the upkeep of the fire alarm system. Any concerns about the premises and equipment were discussed at a monthly meeting between the landlords and the agency, and any necessary action taken.

There were systems in place to protect people at risk of harm from accessing everyday cleaning chemicals. All staff had attended training about the 'Control of Substances Hazardous to Health (COSSH), and cleaning materials were stored in a locked cupboard. However, on the day of the inspection we saw the cupboard was unlocked, which potentially put people at risk. Staff acted immediately, locking the cupboard and alerting the registered manager. Following the inspection the registered manager advised of the action they were taking to minimise this risk. "I am going to change the padlock for the COSHH cupboard to ensure staff don't leave it unlocked going forward and replace this with a number key lock - this should ensure clients at risk cannot access dangerous chemicals".

Good

Is the service effective?

Our findings

We had mixed views from relatives about how effective the service was in meeting people's needs. Some commented on how "well looked after" their relative was. They told us the fact that their relative was so well was testimony to the skills of staff in understanding and meeting the person's very complex needs. However, another relative told us about a situation where agency staff had not understood their relative's needs, so had not been able to support them effectively. A health professional also expressed concern about a lack of consistency in the way staff supported people, saying they were, "all doing it in a different way according to their relationship with the person". The registered manager explained there had been four full time staff vacancies at the service for some time. They had endeavoured to ensure consistency by using the same agency staff, however these staff did not have the same detailed knowledge of people's needs as the permanent staff. Permanent staff had recently been recruited, and they were confident the situation would now improve.

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. The registered manager had not recognised people at the service were potentially being deprived of their liberty or that authorisation might be needed by the Court of Protection. They took steps to rectify this immediately, contacting the appropriate authorities to arrange an assessment.

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 had received training and had some understanding of the requirements of the MCA. Enabling plans contained a 'decision making agreement', which described how people should be involved in making important decisions, who else could support them, and who made the final decision. When people lacked the mental capacity to make certain decisions, the service had appropriately followed a best interest decision making process, however this was not consistent. For example, there had not been a best interest process around the use of some monitoring equipment, which meant their legal rights were not always protected under the MCA. During the inspection the registered manager took steps to rectify the situation by contacting relevant health professionals to discuss it.

There had been recruitment difficulties at the service and a reliance on agency staff. The service had endeavoured to use the same agency staff in order to provide some continuity for the people they supported. The situation had now improved however, and new staff had been successfully recruited. People and their relatives were involved in the recruitment process, sitting on the interview panel or vetting prospective staff when they visited people at their homes. Potential staff were matched with people according to their experience and interests.

Staff received training and supervision to support them to meet people's needs effectively. 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. During this period they worked alongside more experienced staff to get to know people and about their care and support needs. As part of the new member of staff's assessment, managers observed their practice. This enabled them to assess the member of staff's competency and their suitability to work with people who used the service. In addition, the service had recently enrolled staff on the new national skills for care programme, a more detailed national training programme and qualification for newly recruited staff. Agency staff completed a brief induction to inform them of their role and responsibilities and familiarise them with the service and people they would be supporting.

People were supported by staff who had the skills and knowledge to effectively meet their needs. Staff told us they had received a range of training since they began working for the agency. The organisation had a training manager who was in the process of reviewing all mandatory training to ensure it remained relevant and effective. Staff said," You can never have enough training, it always needs updating. We have fed back when training sessions haven't been so good, but they are mainly pretty good. Arrangements are made to cover our shifts so we can attend". The registered manager gave us a copy of their staff training matrix which showed when staff had completed each topic and when further training and updates were needed. Topics covered included moving and assisting, food hygiene, safe handling of medication, safeguarding adults and the Mental Capacity Act (2005). Additional training relevant to people's individual needs was also arranged, for example epilepsy and autism awareness, and a session about supporting people who had swallowing difficulties, provided by a speech and language therapist.

Staff had formal supervision every 12 weeks, and an annual appraisal. This was an opportunity to discuss issues such as their role, professional development and home life balance. Any general issues raised in supervision could be taken to the monthly team meeting and shared with the wider staff team, for example relating to the new key worker role, incident reporting or continuing development, such as vocational qualifications in health and social care. Staff told us they felt well supported by the management team. Comments included," I do feel well supported by the manager. There is a new rota system and lots of changes at the moment, but [manager's name] is approachable", and, "Supervision is a valued opportunity to talk about how I feel, to discuss my concerns and talk about my future in the company".

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. They had a good understanding of people's individual nutritional needs in line with their enabling plans. For example, they followed recommendations from the speech and language therapist to minimise

choking risks, by ensuring food and fluids were of the correct consistency for the person. One person preferred to eat privately in order to minimise noise and distraction at meal times, and staff supported them to do this. There was a communal food budget and menus were planned by the people living in the house. People did their own food shopping at a local supermarket with staff support.

People had monthly health reviews to ensure their health care needs were being met, and referrals were made to health professionals as required. Staff supported people to attend health appointments if necessary, and recorded the outcome in their files. Enabling plans contained a document called; "All about my health", 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

We visited people in their home and observed the interactions between them and staff. All of the people we met seemed relaxed and happy with the care staff, and appeared to have a trusting relationship with them. For example, one person was enjoying practising their first aid skills on a member of staff, and another person was animatedly telling staff about the trip they had just made into town. Relatives commented, "Staff are kind and thoughtful, very sincere, very gentle and very caring", and, "They allow them to be who they are. They're not all grouped together as one job lot. They are all different". Staff agreed their team was caring and kind, and told us, "If you got somebody in who wasn't, they wouldn't be accepted as part of the team". They had previously used the whistleblowing policy to raise concerns and would not hesitate to do so again.

When staff spoke with us they were respectful in the way they referred to people. They were able to tell us about people's complex needs, and how they promoted their independence by supporting them to make choices, for example what to wear. "I would show them a couple of choices so it's not too overwhelming. I would ask them how they feel, and if they feel comfortable". People's enabling plans supported staff to promote choice by providing detailed guidance, for example, "Use short clear sentences, offering no more than two choices…It is always important that [the person] understands it is their choice...Be very patient… Give them time to process. The more anxious they are the longer this time will take". Staff told us how they respected people's choices, for example related to healthy eating. "I would promote choice by giving the person the information. I would explain the consequences, but it's still their choice".

Staff respected people's privacy and dignity, and this was promoted by the organisation. People could choose the gender of the staff supporting them. Prospective staff were asked at interview, "How would you ensure you show dignity and respect?" Managers observed staff during their probationary period, to assess whether they treated people with dignity and respect, and protected their rights and interests. We saw staff asked for consent before providing support. They told us they ensured doors were closed and curtains or blinds drawn when personal care was in progress.

People's confidentiality was respected, and their rights clearly explained in an 'Easy Read' booklet for people supported by the service. It stated, "Prospects staff will not share anything we know about you unless we have your permission. We will only break this rule if we are concerned about your safety and need help from other agencies. We will keep any written information about you in a locked place and only you and the people supporting you are allowed to see this information. Staff will always ask your permission before coming into your home or private room. Your home is your home and we will respect that". We saw this had been reiterated to staff at a recent team meeting, "We should not be prepared to share any information about clients we support at the service unless a person clearly has a legitimate reason for visiting the house or phoning".

In the PIR, the practice director stated that staff take "a person centred approach to each in terms of care delivery. Individuals are supported daily with their needs, and their decisions and preferences are listened to and acted on, such as the times they wish to be supported or what they want to

do". This meant that while Prospects is a Christian faith led charity organisation, they could respond to people's diverse spiritual and cultural needs. The registered manager was clear they would support people of different faiths and assist them to attend their place of worship if required. One person's enabling plan stated, "[The person] has their own views on religion and these are respected".

People were supported to maintain ongoing relationships with their families and could see them in private whenever they wished. In the PIR the practice director stated, "Visitors are encouraged at all appropriate times of the day and family visits on structured times and days, as well as unplanned, and this is encouraged to ensure each individual has access to their families in a person centred way". One person's enabling plan encouraged staff to take pictures of the person's activities during the week, "as a memory aid for the person and a communication tool between [person's name] and family members and friends without the need for the support worker to explain".

The service was working with relatives to ensure people's end of life wishes were discussed and recorded. This would ensure staff and professionals knew what the person's wishes were and could ensure they were respected.

Requires Improvement

Is the service responsive?

Our findings

The service was not always responsive because there was not always evidence to show the support provided was planned around the needs and wishes of the person. For example a relative told us their family member was unable to go out for the day because the member of staff supporting them had to be back for the staff handover in the afternoon. Although the provider told us the person often tired easily and needed to come back for their medication, there was no evidence of a best interest process to determine whether this was the least restrictive option and in their best interests. The relative said, "[Person's name] has been assessed as needing 11 hours one to one care, but they are having to fit into their system". The rota showed, and staff told us, there were enough staff at the service to keep people safe and meet their personal care needs, however many of these staff were agency staff without the same detailed knowledge of people's needs as the permanent staff. This impacted on the ability of the service to provide truly individualised support. The registered manager was confident the situation would improve now permanent staff had been recruited and assured us they would ensure support was planned around what people wanted rather than organisational needs.

The service provided assistance with personal care based on people's assessed needs and preferences. This included assistance or prompting with washing, toileting, dressing, eating and drinking. Some people needed 24 hour support with all of their personal care needs, while others were relatively independent and needed less support. The service also provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. In addition to personal care, the service assisted people with their shopping, attending appointments, going to church, maintaining social friendships, planning holidays and other independent living skills.

Each person had a comprehensive care and support plan, known as an 'enabling plan', based on their assessed needs. Enabling plans were kept in people's homes, and a copy was also kept in the provider's administrative office. The care plans provided clear guidance for staff on how to support people's individual needs. They included detailed information about people's health, history, interests, likes and dislikes, support needs and dietary preferences. They described how people wanted to be supported, for example, "I need time to do things. Do not give me too much information as I cannot process it". The enabling plans were clear about people's strengths, as well as where they needed support, for example, one person enjoyed being part of domestic tasks, and didn't like to be left out because of their physical disability. Staff told us, "[Person's name] can hold a towel and I move the dish. I ask them, "Do you want to wash the dishes?" One person had very complex support needs, and their enabling plan contained photographs showing staff how equipment should be used and how the person needed to be positioned. The person had consented to the information being shared in this way.

In the PIR the practice director stated," Individuals are encouraged to have a monthly review of their care and support to outline what is being worked toward/achieved over the next month. Where individuals lack capacity family are involved as advocates to ensure their views and opinions are voiced and acted on". A new key worker role had been introduced to support people to participate in the review process. Part of their role was to meet with the person to complete an 'Easy Read' review form, which asked questions such

as, "What has made you happy/not happy? Is there anything you would like to change? What would you like to do next month? "The keyworker also contacted the person's family to get their input. This ensured people and their relatives were able to contribute to the review process in a meaningful way.

The provider had an appropriate policy and procedure for managing complaints. The information was given to people in an 'Easy Read' format, so they would know what to do if they weren't happy with the support they were receiving. There had been one recent complaint, which had been fully investigated, action taken to address the concerns and a full written response made to the complainant. Any complaints were followed up by the organisations Quality Assurance team to ensure appropriate action had been taken.

Good

Is the service well-led?

Our findings

The service was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They told us they were there on a temporary basis pending the recruitment of a permanent manager, although were unsure of the timescales for this. Relatives and staff told us there had been a high turnover of managers at the service which meant there had been little consistency in the way the service was managed. Comments included, "We have had a lot of changes in management. This management team is brilliant. Really, really good. We want them to stay on and not go away", and," It would be lovely if we could get a manager who would stay for more than a few months". Staff were complimentary about the registered manager. Comments included, "I know what I say to [Manager's name] will stay with [Manager's name]. There is a respect and understanding, and a diligence there for the people we support and management of staff" and, "There is an open culture. The management team run a well led service".

The provider had a person centred service ethos. The registered manager described the service as, "A person centred, Christian orientated service, committed to taking responsibility to ensure we are providing good care for the person. We are a supported living service which empowers the individual to improve life skills and have freedom, control and choice in their everyday lives". The practice director confirmed this ethos was shared by staff. They told us, "I'm proud of how person centred the services are. I see how well the staff are engaging with clients. Everybody is very welcoming". However we found that in some instances the service was not planned around the needs and wishes of people who used the service.

Staff were well supported by their colleagues and the management team. They told us," We've got a lovely team and the agency carers are lovely. It's nice to be supported by people you can work with. Lots of visitors come into this house, and we can provide the consistency of a safe, small, staff team". The practice director told us the registered manager "always finds time for staff, and listens to their views and opinions". This was confirmed by staff who gave examples of when their suggestions for service improvement had been acted on, for example involving people in the development of the garden, and clear signage to indicate when a bathroom was occupied.

There was a clear staffing structure in place with clear lines of reporting and accountability. The registered manager met fortnightly with the practice director for support and to discuss developments. Staff received formal individual supervision every 12 weeks, and attended monthly staff meetings, where managers checked that staff were delivering consistent and effective care. Daily managerial oversight was provided by a team leader, who was part of the management team and split their time between delivering care and administration. In addition, senior managers, managers and members of the organisation's compliance team visited the service regularly to carry out audits of the care being provided and clarify where improvements were needed.

The provider carried out a comprehensive programme of audits to assess the quality and safety of their service. This looked at every aspect of each person's care and support, including: their support plan, risk assessments, health action plan, finances and medicines. This process was overseen by the Quality

Assurance team, who also reviewed all accident and incident reports, complaints, safeguarding concerns, internal audits and training to ensure any risks or areas of concern were identified and action taken to improve the quality of the care provided and ensure people's safety. These audits had contributed to the development of a comprehensive service improvement plan with clarity around actions required, responsibility and timescales. This covered a range of areas including documentation and recording, medicines administration and protocols, health and safety issues, staff training and practice monitoring. At the time of the inspection a considerable amount of progress had been made, although some actions were outstanding.

Annual 'customer surveys' were circulated to gain people's views of the service, although the findings of the last survey were not available during the inspection. People and their relatives were encouraged to give their views on the service directly to management and to staff through daily conversations and more structured care plan review meetings. People living in the house attended 'tenants meetings' to discuss their views on the service and any recommendations for improvement. Before the meeting people had the opportunity to talk to their keyworker about any issues they wanted to raise, and were supported by them to do so if required. Recently people living in one house requested a larger driveway to allow more visitors. The request was passed on to the landlords and the work was done. Meetings for relatives, who were also the landlords, had recently been introduced and feedback about these was positive. Comments included," Parents meetings have just started. They are very helpful. You can address your problems", and "The arrangement is working well. It's a partnership, and the parents are very much involved".

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.

The provider participated in various forums for exchanging information and ideas and fostering best practice. In the PIR the practice director stated," Three monthly managers meetings are held with all Practice Managers where new legislation such as the Care Act are discussed, as well as working practices and responsibilities, such as ensuring applications for DoLS assessments have been processed and the requirements around the Care Certificate. Further tools for keeping up to date with good practice include being registered with the Provider Engagement Group (PEN)". PEN is an information sharing forum run by Devon County Council and NHS Devon.