Care 4 All (North East Lincolnshire) Ltd

Grant Thorold Library

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Grant Thorold Library is a supported living service that provides personal care and assistance to people who live in a supported living project. The aim of the service is to provide people with the support they need to live as independently as possible. Grant Thorold Library is situated in a residential area of Grimsby and has accessible entrances and car parking facilities. Currently personal care is provided on a 24 hour basis to three people who live at the same address and to one other person as part of a large package of care with other people involved.

The service had a registered manager in post as required by a condition of registration. 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. The registered provider is reviewing the registered manager post so the person may change in the near future.

We undertook this inspection on the 3 June 2016. We gave the service 24 hours' notice as we wanted to be sure there was someone available at the main office to speak with us.

We found the service was well-managed and had good systems in place to recruit staff safely and to ensure there was sufficient available to meet people's needs. Employment checks had been carried out so people could be sure those staff supporting them were suitable to work in care settings.

Staff knew how to safeguard people from the risk of abuse and harm. We saw staff had policies and procedures to guide them and undertook safeguarding training so they could recognise abuse and know how to report it. Staff completed risk assessments to enable them to identify any areas of concern and plan interventions to minimise risk whilst at the same time supporting people to make choices about aspects of their lives.

We found the registered provider and staff team acted within the law in relation to supporting people who lacked capacity to make major decisions for themselves. They consulted with people and took advice from health and social care professionals about best interest decisions. We saw staff provided information to people who used the service which helped them to make choices about aspects of their lives.

We found staff supported people to maintain their health by monitoring their needs and assisting them to access community health professionals when required.

Staff supported people to prepare meals and to have a well-balanced diet and fluid intake. They helped people to shop and plan the weekly menu so choices were varied. Staff monitored people's nutritional intake and weight and took action when there were any concerns.

The support staff provided helped to maintain people's independent living skills which included personal support, housekeeping and their tenancy requirements. We observed positive interactions between staff and the people they supported; staff were kind and patient and gave people time to respond to questions and requests. Relatives had very positive comments about the staff team and felt they supported their family members to have a good quality of life.

We saw staff supported people to access community facilities so they could feel included in society. They also assisted people to participate in activities within the service to help them pursue individual interests and to interact with other tenants. Staff supported people to maintain relationships with their relatives.

We saw staff completed training so they had the skills required to support people. Staff were supervised and had appraisal to help with their development. New staff completed an induction and were supported by more experienced staff until they felt ready to assist people alone.

The service had a quality monitoring system in place. This consisted of audits, observations of practice, assessments of record keeping and visits to people to check if there were any areas to improve. The service included people and their relatives in this process so they were able to express their views. There was a complaints policy and procedure and people felt able to raise concerns in the belief they would be addressed.

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.

Staff had received safeguarding training and knew how to recognise the signs of abuse and who to report concerns to.

Staff were recruited safely and there were sufficient staff on duty to meet people's assessed needs.

People who used the service received their medicines as prescribed. There were appropriate systems in place for staff to support people to manage their medicines safely.

Is the service effective?

Good

The service was effective.

Staff monitored people's health care needs and supported them to access community health professionals for advice and treatment when required.

The registered provider worked with the best practice principles of the Mental Capacity Act 2005. Staff ensured people provided consent to care and they were aware of the need to assess capacity and involve others if major decisions were required in their best interest.

People were supported to have a varied diet of their choosing.

Staff received training, support and supervision to enable them to feel confident when supporting people.

Is the service caring?

Good

The service was caring.

People told us the staff approach was kind and caring; they treated people with respect and helped them maintain their dignity and promote independence.

People were provided with information about the service to help them with decision-making.

Staff maintained confidentiality. Personal information was stored securely.

Is the service responsive?

Good

The service was responsive.

People received care and support that was person-centred and which met their needs in an individual way.

Staff supported people to access community facilities when this was part of the care package commissioned from the service. The staff also assisted people to complete activities in their own home to help prevent boredom and promote a sense of inclusion.

The service had a complaints procedure which was available in accessible formats for people. We were told by relatives that they would feel able to complain.

Is the service well-led?

Good

The service was well-led.

The service was open and transparent and people felt able to express their views.

There was a quality monitoring system in place which helped to identify where areas could be improved.

The registered manager and staff had made links with other agencies to contribute to community development and to share good practice and to learn from events.

Grant Thorold Library

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 registered 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 3 June 2016 and we gave the registered manager 24 hours' notice to make sure there was someone available at the main office to speak with us. The inspection team consisted of one adult social care inspector.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the PIR and our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service.

Prior to the inspection we spoke with local authority contracts and commissioning teams about their views of the service. There were no concerns expressed by these agencies.

During the inspection we observed how staff interacted with people who used the service throughout the day and at mealtimes. We spoke with one person who used the service and three sets of relatives. We spoke with the Chief Executive Officer who at present was the registered manager, a personal assistant support solutions manager, a team manager and two support workers.

We reviewed two care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as three people's medication administration records [MARs] and charts for food and fluid intake, weight fluctuations and monitoring bowel care when required. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included four staff recruitment files, training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and service of equipment records.

Good

Is the service safe?

Our findings

We spoke with one of the four people who used the service and they told us they were happy with the care received. The person welcomed the inspector into their home, made them a cup of coffee and showed them his bedroom facility. We observed the person was comfortable in the presence of staff and talked freely with them. They said, "It's alright here."

Relatives spoken with were very pleased with the service provided to their family member. Comments included, "We have been involved in recruiting staff", "It's an absolutely lovely service; I am very pleased with the staff and the house", "They do a good job and look after her", "There is nothing they could do better", "I know [person's name] is happy; they are always smiling and giggling", "Yes, there is enough staff" and "This is probably the best service he has had; we looked at several others. We're really happy and [person's name] is really happy."

Staff had received training in safeguarding people from the risk of abuse. In discussions, staff were able to describe the different types of abuse, the signs and symptoms that would alert them to concerns and who to raise them with. The service used the multi-agency safeguarding policies and procedures for guidance and documentation. The registered manager told us they would contact the local safeguarding team for advice when required. They also completed a monthly safeguarding return document as required by the local authority, even if this was to record there had been no incidents to report. Staff spoken with were also aware of the service's whistle blowing procedure. Staff said, "The service users are very happy and live well together", "Concerns would be bruising, being withdrawn or isolated, changes in behaviour, and money or property going missing" and "We would tell the manager or next in line and can report to safeguarding, the police, social workers and you [Care Quality Commission]."

Staff supported people to manage money and make purchases. Receipts were obtained for purchases and information logged in personal account records. People's families or the local authority oversaw their main finances. These measures helped to safeguard people from financial exploitation.

We found staff supported people to take acceptable risks. Assessments were completed to enable choice and for staff to manage risk safely. For example, risk assessments were in place for the use of a community hydrotherapy facility.

We saw staff were recruited safely. The recruitment process consisted of an application form so gaps in the person's employment could be explored, obtaining references from previous employers and a check with the disclosure and barring service (DBS). This latter was to ensure the potential member of staff had not been barred from working in the care industry. Candidates had an interview so their skills, knowledge and values could be assessed and a short work trial. Relatives told us they had been on interview panels so they could be involved in the selection process for staff that would be supporting their family member.

We found there was sufficient staff employed to support the people who used the service. Each person who used the service had an allocation of hours to meet their needs based on an initial assessment and

consultation with commissioners. There were also specified one to one hours for each person. Staff spoken with told us they had no concerns about staffing numbers.

Staff supported people to take their medicines as prescribed. Each person had a lockable facility in their bedroom to store their own medicines; this helped to prevent mistakes being made. The medication administration records (MARs) were held with the medicines and we saw these were signed when medicines were given to people, when they were received into the service and when stock was carried forward to the next MAR. There were protocols in place to guide staff when people were prescribed medicines to be taken 'when required'. We observed staff support a person to take their medicines. This was completed safely and appropriately.

We found the environment where people lived was safe for them and for staff. People had tenancy agreements and staff liaised with the landlord when they identified any maintenance issues. Staff told us any issues were dealt with promptly by the landlord. The landlord carried out service checks on utilities such as gas and electrical appliances. There were first aid kits for use in emergencies and staff had completed first aid training. We saw a fire risk assessment had been completed, fire fighting equipment was checked, each person who used the service had a personal emergency evacuation plan and staff completed fire drills for practice. Other risk assessments had been completed on the environment where people lived to help guide staff in minimising risks such as the use of the garden Jacuzzi, food preparation and lone working.

The offices at the location we inspected, Grant Thorold Library, had space for staff to work in. There were three offices, a kitchen and toilet facilities; the offices had security systems for staff. The office environment was clean and tidy. Staff told us they had supplies of personal protective equipment to use when supporting people such as gloves, aprons and hand sanitiser. We saw there were hand wash signs above sinks to provide guidance on good hand hygiene techniques to help prevent the spread of infection. Staff had received training in infection prevention and control.

Good

Is the service effective?

Our findings

Relatives of people who used the service told us staff supported their family member to access health professionals when required and encouraged them to be independent and make their own decisions as much as possible. They also said the staff knew people's needs well and they knew how to look after them. Comments included, "He can make his own choices and decisions", "The staff help with medication and health needs; I'm kept informed and they tell me if [person's name] is unwell", "Their general health is very good; if there is a problem we are involved" and "The staff are a good bunch and they know what they are doing."

We saw from records staff supported people to maintain their health when required. Staff recorded when people accessed health and social care professionals such as GPs, psychologists, speech and language therapists, social workers, dentists, chiropodists and opticians. They also recorded when people visited the local accident and emergency department and outpatient appointments to see consultants.

In discussions, staff described how they would deal with medical emergencies and how they recognised when people were unwell. They told us they would always pass on information to the parents of the people they supported or to health care professionals. It was clear from discussions that the staff team knew people's needs well. Staff said, "We know service users and recognise quickly if they are unwell." They went on to describe one person's health needs and the signs and symptoms that would indicate they were unwell. Staff were clear about what would alert them to signs of people being dehydrated and of them developing urinary tract infections.

We saw staff supported people to maintain their nutritional needs. For example, they supported people to shop for their meals and helped them to prepare them. There was a weekly menu planner and pictorial signs to help people choose what they wanted to eat. Staff documented what food and fluids people ate and drank and monitored their weight so that fluctuations could be addressed with appropriate health professionals. We saw staff had guidance about people's routines which covered mealtimes and examples of what they preferred to eat for breakfast and the type of drinks they liked. One person who used the service said, "The food's not too bad."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in the community, applications must be made to the Court of Protection for this. The registered manager was aware of this and there had been discussions with the local authority on whether applications to the Court of Protection needed to be made for people; this was still under review.

We found the registered provider was working within the principles of the MCA. The people who used the

service were able to make some day to day decisions about their care. Staff were aware that some people lacked capacity to make their own decisions and that these had to be made in best interest meetings with relevant people such as relatives and health and social care professionals involved in their care. Social care professionals involved in people's care had completed capacity assessments and care staff had been involved in best interest decision making meetings. We saw one person had a best interest meeting regarding health treatment they were to receive. The registered manager told us documentation for the mental capacity assessments and best interest meetings were held with social workers but they told us they would contact them for copies for people's care files.

Staff described how they ensured people provided consent prior to completing care tasks. Comments included, "We give choices", "Sometimes [person's name] doesn't like talking so we respect this", "We are aware of people's routines and preferences", "We ask people want they want" and "We meet with people involved and discuss things." We saw staff supported people to make their own choices and decisions as much as possible.

In discussions, staff confirmed they completed training prior to supporting people and then had refresher training when required. They said the training had included first aid, health and safety, safeguarding adults from abuse, infection control, fire safety, MCA and DoLS, medicines management, moving and handling and food safety. Other training included risk assessments, care planning, confidentiality, consent, equality and diversity, swallowing issues and intensive interaction. Documentation indicated when training required updating so it could be planned. Staff also had the opportunity to complete nationally recognised qualifications in health and social care. Staff told us there was a range of methods used for training. These included, face to face sessions, work books and on-line computer based training. Most staff had achieved a nationally recognised qualification in health and social care at levels two and/or three and the unit manager was progressing through a level five management and leadership course

Staff confirmed they felt supported and had supervision meetings where issues such as training, what works well with the people who used the service, any issues they had or any ideas they wanted to share. Staff said, "We are well-supported", "I had supervision three months ago and my PDR (personal development review) two months ago" and "The unit manager is very hands on and is always available." They also confirmed they had annual appraisal where their personal development was discussed.

New staff had an orientation which consisted of shadowing more experienced staff and teaming up with them until they felt confident. New staff to care completed the Care Certificate, which provided them with a comprehensive introduction to caring for people. There was a probationary period for new staff where their progress was monitored and discussed.

Good

Is the service caring?

Our findings

We visited three people who shared a bungalow and who received a service from Grant Thorold Library. All three people who used the service were very comfortable when with the staff team. They smiled at staff and responded positively to them. One person we spoke with said they liked the staff.

Relatives spoken with said, "The staff are excellent", "The staff are very good and they work well together" and "The staff are brilliant; they were helpful when I was ill. I can't speak too highly of them and they are very friendly."

We observed positive relationships had been built up with people who used the service. We observed staff spoke to people in a kind, patient and caring way. They provided information to people, offered them choices, ensured they made their own decisions and engaged in friendly banter with them. The staff team was quite stable and although there were changes when people moved on to other posts, the registered manager told us they tried to keep this to a minimum.

We saw care plans contained information about how people communicated their needs, what words it was appropriate for staff to avoid and how to phrase requests. One of the care plans we looked at described that when the person asked for a cup of coffee, they did not always mean 'coffee' and staff had to check this out with them to ensure they provided the drink of their choice. The care plans also detailed the signs to alert staff to when people were unhappy and how they could respond to this. The care plans were detailed and gave staff full guidance in how to support people with their personal care in ways that met their needs and preferences for how this should be carried out. The care plans identified scripts for staff to use to offer encouragement and to be sure people were included in decisions about their care.

We saw staff supported people to be as independent as possible and encouraged them to do as much as they were able themselves. For example, we saw one person was encouraged to make a hot drink for themselves and they were asked if they wanted to make one for the inspector, which they did. The person was encouraged to answer the door when we visited their home and showed us out when we left. We saw staff encouraged the person to take their own tablets and placed the medicine pot in front of them; the person picked them up and took them.

We saw people were encouraged to participate in activities of daily living such as household tasks and shopping for food and clothes. In discussions, staff described how they respected people's privacy and dignity and promoted choice and independence. Comments included, "We respect people's privacy and encourage them to be as independent as possible" and "Being alone relaxes [person's name] so it's important they have this time." We saw each person had their own bedroom which afforded them privacy. There was also a building in the garden used as a games room; people could spend time in there alone watching television or listening to music if they wanted to be by themselves. We saw staff respected people's private space. One person's bedroom was often untidy but they preferred it that way and staff recognised this was their personal choice and, unless it became a health and safety concern, they abided by their wishes.

We saw people were provided with information at the start of the service, such as a tenancy agreement and on a day to day basis such as pictorial menus to help people make choices about the meals they wanted to eat. Each person was provided with a weekly planner for activities of daily living and leisure pursuits. There was a meal planner on display in the kitchen but this was flexible and could be changed if people wanted something not on the menu. The information provided to people was in easy read format. We saw the parents of people who used the service were very involved and included in decisions made about them. Meetings were held to discuss issues and day to day contact with parents when required.

The registered manager and staff were aware of the need to maintain confidentiality and to keep personal information secure. Information regarding people who used the service was held securely in lockable cabinets in an office within their home. This was so the records such as care plans and risk assessments were easily accessible to staff. We noted some staff supervision records and other office documentation were also held within people's home; this was discussed with the registered manager and these files were to be moved to the service address Grant Thorold Library to ensure only minimal records relating to people were held in their own home. The registered manager told us computers at the location were password protected. The registered provider was registered with the Information Commissioners Office (ICO) which was a requirement when computerised records were held.

Good

Is the service responsive?

Our findings

One person who used the service told us they participated in activities. They said, "Sometimes I go swimming. I went to the shops today and bought some flowers. I go to discos."

The relatives of people who used the service felt it provided them with good quality care that met their needs. They also told us their family member participated in activities and accessed community facilities. Comments included, "We think he has come on a lot in the year he has been there. They take him out to do the things he wants to do. I think his quality of life is a lot better than it would be at home", "I think they really understand her; they take her out, look after her and try to help her to be independent, and take her on holidays", "He has a social life and goes out to a day centre. I see him weekly and visit him at the bungalow; carers stay with him if he comes to see me", "She gets out and about; we meet in town for a coffee", "He goes out on the bus and a bike and goes to the pictures" and "They are encouraged to be as independent as possible, use public transport, go for meals out and go shopping."

We saw people's needs were identified prior to the start of the service. These had been assessed by health and social care professionals involved in the person's care. The registered manager told us they visited people to assess whether the service was able to meet their needs and to identify if there were any risk issues which needed to be considered. The information gathered from assessments was developed into plans of care to guide staff in how to meet people's needs. We saw there were some aspects of the care plans which could be more comprehensive in detailing the action staff were to take to support people, for example in managing behaviours which could be challenging to other people. When we discussed this with staff, it was clear they were very knowledgeable about people's needs and how they preferred to be cared for but some of this important information had not been written down in the care plans. The team manager told us they would review the care plans and speak to the staff team to ensure all the knowledge and information they hold about people was transferred into their individual care plans.

We saw people who used the service received person-centred care. The care files contained information about what was important to the person and how best staff were to support them. For example, one person's 'one-page profile' reminded staff not to overload the person with requests and not to rearrange their belongings in their bedroom. The same person's care file described food preferences and how, in the morning, they sometimes chose to have a 'caravan breakfast' which was poached eggs on toast. When we spoke with the person, they confirmed staff helped them to make a 'caravan breakfast'.

The care files contained people's routines and how they liked to spend their day. Some of the routines were quite detailed, especially the morning one with information about personal care support. The information helped staff promote people's independence. For example, it described how staff were to position clothing to make it easier for the person to put it on themselves and suggesting ways the person could help by choosing cereal and getting their bowl out of the cupboard. The care plan told staff the person was able to clear their pots away and wash them in the sink. This helped staff to ensure the person was able to maintain existing skills.

We saw staff had supported people to decorate and personalise their bedrooms in their home. Relatives had been involved as they knew people's tastes and preferences. Staff had supported one person to decorate their bedroom in line with colours and sensory items appropriate for their needs. One person liked to spend time in their bedroom listening to music and watching television. In order for the person to develop their independence the bedroom was equipped with large colour coded switches to allow them to control their own CD player, television and lighting without reliance on staff.

We saw people were supported to participate in activities of their choice and to access community facilities to help social inclusion. Each person had an individual weekly planner and staff allocated to ensure they were able to do the things they wanted to do. This included shopping for food and personal items, attending appointments, going to the library, accessing hydrotherapy and local clubs and pubs, going to the town for lunch or out for walks. One person liked to go bike riding. There were also activities in-house such as watering plants, cleaning their bedrooms, watching television and DVDs, listening to music, chatting to staff and playing games. There was a games room for people to use and an inflatable jacuzzi in the garden.

We saw people were supported to keep in touch with their relatives, meeting them and making phone calls. One person was supported to access psychology input and staff implemented intensive interaction into daily routines as guided by professionals.

The service had a complaints policy and procedure. This described how people could make a complaint and how to escalate it if required. People who used the service were provided with a copy of the complaints procedure in their home. The complaints procedure was supplied to people in easy read format. Staff spoken with were clear about how to manage complaints. The service's statement of purpose said, "General concerns expressed by service users directly to staff in the service are dealt with immediately by the team manager." It then went on to state where formal complaints could be addressed to and how to escalate them to other agencies. Relatives told us they would feel able to complain and that issues would be addressed. They said, "If I had a complaint, I would say; I'm involved with his care", "I would raise any issues with [person's name] the team manager; there is nothing they can do better" and "If there are any issues, they let me know."

Good

Is the service well-led?

Our findings

The relatives of people who used the service were aware of the management team and told us they were able to contact them if they had any concerns. They told us they had completed a survey about the service and had been asked about their views.

A commissioner said, "We have commissioned and worked with them on a number of community and learning disability projects and found them willing, enthusiastic, and flexible. In terms of their supported living service, I can find no record of complaints, concerns, or issues." We were told the service was set up as part of an individual service funding arrangement. This is an initiative developed to enable people to have more choice and control over how their personal budgets for care are spent.

We found the structure of the organisation consisted of a Board of Trustees (the Board) which oversaw governance of the service. The Chief Executive Officer who was currently the registered manager and nominated individual was responsible for the day to day running of the service. There were tiers of management for staff support. The registered manager told us they were reviewing the management status of the supported living service and another person may apply to be the registered manager in the near future. They will notify the Care Quality Commission (CQC) when this occurs and the person will complete the required application for registration. The registered manager was aware of their registration responsibilities in notifying CQC of any incidents which affected the health and welfare of people who used the service. There were very few incidents that occurred in the service.

The registered provider had a statement of purpose which detailed the services provided. The supported living service was part of a range of services. The statement of purpose included the vision of the organisation which was, "To become the charity of choice for people needing support to live the best lives possible across North East Lincolnshire." The mission statement was, "To support older people and people with disabilities by ensuring that they can live in their own homes, communities and with their families and enjoy the best lives possible." We saw the values indicated in the statement of purpose, which included putting people first, working together with people, delivering person-centred care and being accountable for the service happened in practice. Staff told us there was an open culture and they felt supported and able to raise concerns. Comments included, "I absolutely love it here; it's the best job I have ever had", "Same for me, staff get on really well together" and "Communication is good; we have handovers and a communication book." Both support staff and the team leader told us they could contact management at any time for advice and support.

There was an annual staff award scheme which was held to recognise good practice and 'above and beyond' work from staff. People who used the service, their relatives and staff could nominate people who they felt deserved to be recognised and their name was sent up to the Board for consideration. In January 2016 one member of staff was awarded Employee of the Year and another was awarded Newcomer of the Year. The registered provider is accredited with Investors in People, which is due to be reassessed in 2016. This provides a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework.

We saw staff had access to a range of policies and procedures to guide their practice; these were kept under review. Staff were also issued with a handbook which included the registered provider's vision and values, a customer charter and mission statement. The handbook provided staff with guidance about what was expected of them and what they could expect from their employer. There was information about key personnel, their role and contact details should staff wish to raise any concerns. There were also details about a free 24hour confidential helpline which offered support and counselling.

We saw there was an annual quality monitoring system that consisted of a range of audits, visits to people to seek their views and to observe practice and surveys. The audits included recruitment, record keeping, medicines management and risk assessments. The registered manager completed monthly reports and had meetings with the Board to discuss issues and progress. We saw the minutes of an audit report for April and May 2016, which reported on care files and record keeping. These identified if there were any outstanding actions. We saw a strategic plan had been completed for 2016-2017 which assessed the financial position, engagement, organisation development and correct staff skills for the roles they carried out. Performance information was developed with actions identified to keep people informed. Representatives of the Board completed visits to people to seek their views and to talk to relatives and staff. There was guidance for board members and their scope was to check out the question, 'Would I recommend this service to my family" and to check compliance with CQC.

The registered manager told us meetings were held regularly with the relatives of people who used the service so they could continually monitor how they felt the service was supporting people and whether any improvements could be made. They also visited tenants on a monthly basis to speak with them and observe staff practice. The registered manager told us that one of the Trustees was working with a business support manager in re-designing a meaningful survey for people who used the service.

Team meetings were held which provided staff with the opportunity of sharing information and expressing their views. We saw minutes of meetings held in January, February and March 2016 and topics covered included, training, health and safety issues, medicines management, incidents, daily recording, trips out, holidays and any issues affecting the people staff supported.

We saw the service had made links with local agencies and two managers attended meetings such as the safeguarding adult's provider forum. The registered manager was part of the safeguarding operational leadership group and chaired the safeguarding communication and engagement sub - group. The registered manager also attended and was an active member of the North East Lincolnshire Mental Capacity Act strategic network. The registered manager told us a selection of managers also regularly attended events such as those facilitated by Skills for Care and participated in training delivered by other organisations including Care Plus Group and Navigo. The registered manager told us the service was part of the Yorkshire and Humber individual service fund, peer learning set facilitated by 'think local, act personal' which met as a group for the first time in March 2016. They told us this learning set will be focused on developing and sharing good practice in respect of individual service funds for people with learning disabilities.