Royal Mencap Society

West Cornwall Support Service

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

We carried out this announced inspection on 16,19 and 22 November. The service was previously inspected in April 2016 when it was rated as good in all areas. At this inspection we again rated the service as Good.

West Cornwall Support Service provides personal care to people living in their own homes in the community. It is a supported living service which aims to support people to 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. At the time of our inspection the service was providing support to 58 people with a learning disability living in Cornwall. The service provided support to people living in 15 different settings, three of which had previously been registered as care homes. On the days of our inspection 20 people the service supported were receiving personal care.

People told us they felt safe and well cared for. Their comments included, "I think the staff are wonderful" and "It's nice and cosy[here]." While staff told us, "People are absolutely safe." People's relatives were also complimentary of the support the service provided and commented, "I know [Person's name] is happy", "The staff are all very caring" and "[My relative] gets on with the staff and laughs and jokes with them".

All staff had completed safeguarding training and understood their role in protecting people from all forms of abuse and discrimination. Staff understood how to raise safety concerns outside the organisation but were confident any concerns they reported to their managers would be addressed.

The service employed sufficient staff to meet people's needs and records showed planned levels of support had been provided. Staff told us, "There are enough staff" and "We tend to get cover even when staff are sick at the last moment." Records showed the service was in the process of recruiting to fill staff vacancies. The majority of vacant shifts were normally covered by existing staff who knew people well.

Staff were well trained and knew how to meet people's support needs. All new staff completed a comprehensive 12 week induction programme which incorporated the care certificate. Records showed training was regularly updated and staff told us, "The training has been good".

Care plans provided staff with sufficient guidance to enable them to meet people's support needs. Staff told us these documents were accurate and up to date. Staff comments included, "Care plans, I think they have all the information you need to work with people" and "There is enough information in the care plans for me." However, we found people's care plans included limited information about people's life history and background. This issue had been identified by the service's quality assurance system prior to our inspection and the registered manager told us this information was now being gathered from people and their relatives.

Risk assessments had been completed and identified the actions staff must take to ensure people's safety.

This included any environmental risks in people's homes and any risks related to their care and support needs. Where risks had been identified in relation to people becoming anxious or upset, staff were provided with guidance on how to support people to manage these situations. Where appropriate staff had been provided training in the safe use of restraint. However, records showed these techniques were not regularly used and staff told us, "[Restraint] does not happen regularly. Staff would be very reluctant to do it. It would just be used to keep [the person] safe."

All accidents and incidents that occurred were documented and reported to managers for further investigation. Records showed these investigations had led to changes to care plans and how support was provided. The service had learned from each incident and had made appropriate changes to its practices and people's care plans to prevent similar incidents reoccurring.

Staff and managers understood the requirements of the Mental Capacity Act 2005 (MCA). Where people lacked capacity in relation to specific decisions these had been consistently made in the person's best interest with appropriate involvement from relatives and health professionals. Some people who lacked capacity were unable to access the community without support from staff. The service had recognised these people's care plans were potentially restrictive and had raised this with care commissioner for authorisation by the Court of Protection.

The service had robust recruitment procedures. Necessary checks had been completed to ensure prospective staff were suitable for employment in the care sector.

The staff team were well motivated and took pleasure in supporting people to live as independently as possible. Their comments included, "I think it works well as supported living" and "I enjoy working here it is a great team." In one setting the service was supporting people to participate in a programme designed to develop bespoke assistive technologies to aid people's wellbeing and increase independence.

Staff were well supported and had received regular supervision and annual performance appraisals from their managers. Staff comments in relation to their manager included, "[The service manager] is good, she is very 'hands on'. I really like that if she says she is going to do something it gets done", "[The service manager] is very good he knows his stuff" and "[The registered manager] is all right. She is really helpful. [The managers] are a good bunch always willing to help."

There were effective quality assurance systems in place designed to drive improvements in the service's performance. Regular audits had been completed by service managers and where any issues were identified, action plans were developed to ensure these issues were addressed and resolved

People and their relatives understood how to raise complaints and there were systems in place to ensure all complaints received were fully investigated and resolved. One person commented, "If any 'funny business' starts [the service manager's name] sorts it out."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains good.	**Good**

West Cornwall Support Service

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 announced inspection of West Cornwall Support Service took place on 16 and 22 November 2018. The provider was given short notice so arrangements could be made to enable us to visit people at home. The inspection was carried out by two adult social care inspectors.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we visited four of the settings where the service provides support. We met with seven people who used the service. We also spoke with three people's relatives, six support workers, five service managers and the registered manager. Feedback was also received from a health professional who had previously worked with the service. In addition, we inspected a range of records. This included five care plans, seven staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe and their relatives told us, "My relative is safe with them". Staff said, "People are definitely safe here" and "People are absolutely safe." People were protected from the risk of abuse because staff knew and understood their role in keeping people safe and protecting them from harm. Staff said, "I have done safeguarding training." Records showed this training was regularly updated for all staff. Staff were confident any safety concerns they raised with their manager would be appropriately addressed and understood how to raise safety concerns outside the provider if necessary.

The service had appropriate equality and diversity policies in place, and staff received training on the Equality Act as part of the induction process. Staff had a good understanding of their responsibilities to help protect people from any type of discrimination and ensure people were not disadvantaged in any way due to their beliefs, abilities, wishes or choices.

The service employed enough staff to meet the needs of all the people the service supported. Staff rotas were well organised and planned in advance. Records showed planned staffing levels were routinely achieved and staff told us, "There are enough staff", "We have access to agency and relief staff if needed but I can't remember the last time we had agency staff here," and "It is never at the point where there are not enough staff." The service had a small number of staff vacancies at the time of our inspection. The service was actively recruiting to these posts and vacancies had been covered by staff completing additional shifts and limited use of agency staff. We found staff shifts were planned around people's individual routines and managers told us, "The shift system in place is based on people's specific needs."

There were systems in place to ensure people's needs were met in the event of unplanned staff absence. Service managers were not routinely allocated to provide care and were available to cover shifts at short notice if other staff were unavailable. Staff said, "We always manage to find somebody to cover all shifts, we have a good group of relief staff" and "We tend to get cover even when staff are sick at the last moment."

The service operated a thorough recruitment process to ensure all new staff had the skills and knowledge required meet people's needs. Records demonstrated all necessary pre-employment checks had been completed to ensure staff were suitable for employment in the care sector. This included Disclosure and Barring Service (DBS) checks and references checks from previous employers. Records showed people who used the service had been involved in the interview processes for prospective members of staff.

Risks assessment had been completed as part of the care planning process and staff told us, "The risk assessments are in with the care plans, they are all there." For each risk identified, staff were provided with specific instructions and guidance on how they should protect people and themselves. This included, environmental risks within the person's home, risks in relation to their care needs such as moving and handling, and risks associated with activities the person enjoyed.

Where people needed support to mobilise their care plans and risks assessments included clear and specific guidance on how this support should be provided safely. One person who needed support from staff to

mobilise told us, "They all know what they are doing when helping me". Some people required access to specific safety equipment at all times. There were appropriate procedures and systems in place to ensure this equipment was regularly tested and was operating correctly before people were supported to access the community.

Some people were at risk of becoming distressed or confused both within their own homes or while accessing the community. People's care plans contained guidance for staff on how to support people to manage their anxiety including details of events likely to cause people to become upset and how distraction techniques had been previously used to support people. Where appropriate staff had received training in the use of restraint to ensure people's safety. However, staff told us this would only be used if absolutely necessary and commented, "[Restraint] does not happen regularly. Staff would be very reluctant to do it. It would just be used to keep [the person] safe." We reviewed the service's incident records and found staff had not used these techniques unless the person was at risk of harming themselves or others.

All accidents and incidents that took place were documented and reported to manager via the provider's electronic record keeping systems. This system alerted managers whenever incidents or accidents were recorded by staff. All such events had been appropriately investigated by managers to identify any changes or improvements that could be made to further ensure people's safety. We reviewed records associated with a recent significant incident. This had been appropriately investigated by managers and as a result changes had been made to the person's care plan and how support was provided. This demonstrated that the service had effective systems in place to learn from and improve following incidents that had occurred.

People were safely supported with the management of their medicines. Medicine Administration Records (MAR) were fully completed and had been regularly audited. Where any issues were identified or medicines had been missed these incidents had been investigated. Where staff performance issues were identified additional training, guidance and support was provided. Staff had a good understanding of the support people needed with medicines and told us, "We get medicines observations once per year and a knowledge check." People's medicines were stored appropriately and there were systems in place to enable people to safely manage their own medicines if they wished.

The service had signed up to the principles of the 'Stop Over Medication of People with learning disabilities' (STOMP) campaign, and people's care plans included specific guidance on the use of as required (PRN) medicines. Managers told us, "No one on my team wants to administer PRN medicines" and records showed people had been appropriately supported to reduce their use of medicines.

Some people received support to manage their finances and there were appropriate systems and procedures in place to provide this assistance. Where staff made purchases on a person's behalf, receipts were retained for all purchases made. Financial records were checked each day by staff and regularly audited managers. All records we inspected were accurate and balanced.

In all of the settings we visited people had been supported to clean and maintain their homes. Staff had received suitable training about infection control and personal protective equipment was readily available and used appropriately in each of the settings we visited.

Good

Is the service effective?

Our findings

People's needs, preferences and wishes were assessed by managers before the service began providing support. This helped ensure the service could meet the needs and expectations of people and their relatives. The assessment process was designed to make sure the service understood the person's individual needs before agreeing to provide their support. Information gathered during the assessment process was used as the basis for their care plan.

The service was actively supporting people to investigate the use of new technologies to meet their individual support needs. In one setting people were being supported to participate in the 'Vodaphone Assistive Technology Project.' This project involved the development of individualised, tablet computer based, applications to meet people's specific needs and wishes. For example, one person who liked to lie in each morning had requested an application that would allow them to tell staff they were safe each morning without staff having to physically enter their room to check on their well-being. Another person had asked for the device to be used to enable them to communicate simple phrases quickly and this system was in the process of being developed and tested. In other settings staff were supporting people to use voice activated assistive technologies to access music and entertainment and this had positively impacted on people's independence and well-being

Staff were sufficiently skilled to meet people's needs and their training had been regularly updated. Managers had systems in place to monitor staff training needs and records showed training topics the service considers mandatory had been regularly updated. Staff told us, "The training has been good" and "I think all my training is up to date."

Staff told us they were well supported by their managers. Records showed all staff had received regular supervision and annual performance appraisals. During these meetings staff were encouraged to identify any additional training they would like to complete, and identify career development goals and opportunities. These meetings also provided opportunities for managers to share details of any changes planned within the service and gather feedback from staff on people's individual needs. In addition, team meetings were held regularly.

All new staff received an appropriate induction which incorporated the Care Certificate. The Care Certificate is a national qualification designed to give those working in the care sector a broad knowledge of good working practices. During their 12 week induction period staff completed all training identified as necessary for their role and became familiar with the provider's systems, policies, procedures and working practices. On the day of our inspection we met a new member of staff who was in the process of completing their induction. This staff member was supernumerary (not required to work shifts unsupervised), and was watching and learning from experienced staff how to meet people's individual support needs. New staff were normally recruited to support people living in specific settings. They were provided with any additional specific training required to meet people's needs at the end of their induction. Staff comments in relation to the induction process included, "I felt very well supported", "I am doing the Care Certificate" and "The induction and training last for a period of 12 weeks. I was then shadowing as well until I was signed off."

Records showed the skills and knowledge of new staff had been assessed by managers after their first six weeks of employment. This enabled staff training and support provided during the second half of the induction process to be targeted to the staff member's specific needs.

The service worked collaboratively with professionals including, specialist nurses, dentist, social workers and general practitioners to ensure people's health needs were met. Hospital passports had been developed detailing people's individual support and communication needs for use in the event it became necessary for the person to be admitted to hospital.

People were supported to maintain a healthy lifestyle and have a balanced diet. People told us, "They guide and help us to make our meals," and records showed people were supported to plan, shop for and prepare their own meals where possible. We saw people's decisions and choices in relation to meals were respected and staff told us, "If [Person's name] wants pasta at 11:00 that is what we do." Staff had completed the necessary food and hygiene training and care plans included guidance on how to support people to prepare meals and maintain a healthy diet.

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. Management and staff had a clear understanding of the MCA and how to make sure the legal rights of people who did not have capacity to make specific decision were protected.

People's care plans recognised that individual's capacity to make specific decisions and process information could vary. Staff were provided with guidance on how and when to share information with people to enable them to make meaningful choices. For example, one person's care plan stated, "[Persons name] has the capacity to tell you his preferred choice on all matters, but needs support to understand advice and results from professionals like his doctor." Where this was not possible for people to make specific decisions independently records showed these decisions had been consistently made in the person's best interests with appropriate involvement of relatives and health professionals.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The service recognised some people did not have capacity to make decisions about where they lived and were unable to access the community without support from staff. The service had recognised that these individuals may be deprived of their liberty and had raised these issues with the care commissioner for referral to the Court of Protection. Where there were restrictions on people's liberty these had been introduced where they were in the person's best interests, and were the least restrictive possible. For example, bed rails were being used to reduce the risk of one person falling out of bed while asleep. However, the rails were only used on one side of the bed to enable the person to get out of bed on the other side if they wished. Another person was supported to carry a positioning device with them at all times. This was because the person was at risk while accessing the community independently and had previously left their home without support from staff. This person was happy to wear this device and had taken on responsibility of wearing and charging this equipment and understood it's role in ensuring their safety.

Staff told us they always assumed people had mental capacity to make their own decisions. We observed staff asked for people's consent before assisting them with any care or support. Where possible, people made their own decisions about how they wanted to live their lives and spend their time.

Good

Is the service caring?

Our findings

People told us, "The staff are good", "I think the staff are wonderful" and "It's nice and cosy[here]." We saw people were relaxed and comfortable with their support staff who responded promptly and appropriately to people's needs. Relatives said, "I know [Person's name] is happy", "I think [my relative] gets on well with his staff" and "The staff are all very caring." Professionals were also complimentary of the care and support provided by staff.

People got on well with their support staff who they approached for reassurance and guidance without hesitation. Staff and service managers knew people well and had a detailed understanding of their individual needs. People were supported by established staff teams who they knew well. It was clear from staff comments that they enjoyed their roles in supporting people's independence. Staff took pleasure in describing to us people's recent achievements. Relatives told us, "[My relative] gets on with the staff and laughs and jokes with them" and "They are a nice team of carers." When new staff joined the service, they completed a significant period of shadowing experienced staff and getting to know people before they were permitted to provide support independently.

Staff were respectful and provided support when required at a relaxed pace. In one setting we saw staff supporting one person to walk down stairs. This person chose to take their time doing this. Staff were patient and provided gentle encouragement and reassurance. Relative's recognised staff were committed to meeting people's needs and told us, "The staff are always willing to help" and "Every staff member would go out of their way to support my relative." Staff enjoyed their role and told us, "The best bit is supporting people to do things they really enjoy." We saw from staffing rotas and notice boards that people were able to choose which staff supported them with specific activities. The registered manager told us, "We really want people to have a good quality of life."

The service provided person-centred care based upon assessment of each individuals' needs. Staff were well motivated and focused on enabling people to live active, varied and interesting lives. During our inspection staff supported people to complete a variety of domestic tasks independently. People answered their own front doors and were supported to check inspectors' identities on arrival. Staff told us "People have become more independent, more self-sufficient since we de-registered (stopped being a care home)," and described how people often supported each other to complete tasks.

Care plans, however did not include information on people's background or life history with only limited details of their current interests and hobbies recorded. This issue had been recognised before the inspection through the service's quality assurance systems. The registered manager told us this information was in the process of being gathered and added to care records. This was intended to enable new staff to gain an understanding of what was important to each person and how their background and life experience could impact on their current care needs.

Some people using the service had limited verbal communication due to their health needs. Care plans contained information for staff about how people used different phrases, gestures and facial expressions to

communicate. This information helped new staff to gain an understanding of people's individual communication styles and how they expressed their needs, wishes and preferences.

Care plans included guidance on how to provide information and offer choices to enable people to make decisions. People told us "I can choose what I want to do" and relatives said, "[My relative] is able to make choices and [they] do make choices." and "[My relative] is able to make choices." Staff were able to describe the individualised techniques they used to support people to make choices and told us, "[Person's name] can make decisions and is able to communicate what he wants."

Daily care records showed people were able to decline planned care and care plans included guidance for staff on how to respond when people chose to refuse support. For example, one person's care plan stated, "[Person's name] may decline personal care. Staff are to encourage [Person's name] in these situations and explain the reasons why it is important. If [Person's name] continues to refuse then staff are to accept refusal and write this in [the] care logs."

Care plans included guidance for staff on how to ensure people's privacy and dignity was protected at all times. When people required assistance, this was provided discreetly. All personal care was provided within the privacy of the person's own bedroom with doors and curtains closed to ensure people's dignity was protected.

Staff supported people to maintain relationships with friends and relatives that were important to them. Records showed people were regularly supported to make phone calls, and visit relatives. In addition, staff had provided people with emotional support and reassurance with romantic relationships.

People's confidential personal information was stored securely and where information was shared digitally this was done via secure password protected devices.

Good

Is the service responsive?

Our findings

People's care needs were assessed by the service's managers before new packages of care were agreed. This enabled people's individual needs, wishes and preferences to be identified. During the assessment process people were encouraged to visit the setting they were considering moving into and to stay over-night if they wished. This enabled people to meet other people the service supported and the staff team. This ensured people and their relatives had a good understanding of how the service provided support before packages of care were agreed. Where people decided to move into an individual setting there were appropriate systems in place to support people through the transition process and to move into their new home. Details gathered during the assessment and transition processes was combined with information from relatives, health professionals and commissioners to form the basis of the person's initial care plan.

People's care plans were detailed and informative. They provided staff with guidance on how to meet people's needs and included details of how the person preferred to be supported. Where routines were important to individuals these were clearly recorded within their care plans. Records showed people had been supported in accordance with these preferences. Care plans were designed to provide staff with sufficient detailed guidance to enable them to provide people with consistent support. Staff told us people's care plans were accurate and up to date. Their comments included, "Care plans… have all the information you need to work with people", "The support plans are quite through", "There is enough information in the care plans for me" and "The manager did a lot of work to update the care plans. They are clearly laid out and information is accessible

People and their relatives had been involved in the care plan development and review processes appropriately. Relatives told us they were kept well informed by the staff team. Relatives comments included, "They do keep in touch with me and let me know about any change to the care plan", "I get notified of any changes and I have occasional meeting with them about the care plan" and "I am most definitely involved [in reviewing the care plan]. People told us, "They do talk to me about my care plan." We saw accessible versions of care planning documents had been developed to help people participate in care plan reviews.

One-page summaries of people's care plans had been developed for each person the service supported. These documents included brief details of the person's support needs, information about activities they enjoyed and what people admired about the person. This information helped new staff and health professionals to quickly gain an understanding of the person's needs and preferences.

Staff completed detailed records of the care and support they had provided each person each day. Daily care records were kept in the folders in people's homes and completed by staff detailing the support they had provided each day. These records were informative and included details of the activities people had engaged with, the support staff had provided and notes on any observed changes in the person's needs. Where any incidents or accidents had occurred these had been noted in the daily records and reported to managers. Where people received 24 hour packages of support there were systems in place for the handing over of information between staff at the beginning and end of each care shift.

Where people had specific care needs detailed monitoring records had been maintained for example about what the person ate and drank. In one person's care records we identified records that raised concerns about a person's well-being. It was unclear from the records available what action staff had taken in response to this issue. We raised this issue with the relevant service manager during the first day of our inspection. As a result this persons care plan was updated. By the second day of our inspection new procedures had been introduced to ensure appropriate action was taken when concerning information was identified on monitoring charts.

Daily care records were regularly audited and reviewed by managers during their frequent visits to individual settings. This was done to ensure information had been accurately and appropriately recorded, and to identify any trends or patterns in people's behaviour. Health professionals told us the service records were good and provided the information they needed to ensure people's needs had been met. Where significant changes in people's needs were identified their care plans had been updated and staffing arrangements reviewed. For example, in one of the settings we visited significant changes in one person's night time behaviour had been identified. As a result the location of the sleep-in night staff had been moved to enable staff to respond immediately if this person required support overnight.

Records showed staff supported people to engage with a variety of tasks and activities they enjoyed both within the service and in the local community. People were encouraged to complete domestic tasks and to be as independent as possible within their own homes. One person told us, "I am going to work now" and records showed one person had been supported to gain paid employment. Other individuals regularly attended day centres and voluntary work placements.

People were able to choose how they spent their time and daily records showed people lived interesting and varied lives. During our inspection we saw people accessing the community independently and planning a variety of activities with support from staff. Staff told us "We can make arrangements for additional staff support so people can attend evening activities." Records showed people regularly went out to the cinema, theatre and music gigs. Relatives told us, "People are hardly ever in" while staff commented, "[Person's name] can do whatever she wants. She gets out more than I do."

Staff also supported people to go on holiday and participate in new experiences and activities including rock climbing and surfing. We saw people had been supported to go on holiday to Disneyland Paris, Longleat Safari Park and one person had completed their Bronze Duke of Edinburgh's award with support from a volunteer. These events often required significant planning to enable people to achieve their goals. We saw the service had worked collaboratively with health professionals, volunteers and relatives to ensure people's safety while engaged with these activities.

Some people had difficulty accessing information due to their health needs. Each person's individual communication needs were clearly identified within their care plans. Managers were well aware of the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Records demonstrated the service was identifying, recording, highlighting and sharing details of people's communication needs in line with this guidance. Where people used specific words, phrases or gestures to communicate, their care plans included informative guidance for staff and professionals on the person's individual communication style. For example, one person's care plan stated, "I can be reasoned with if you explain your reasoning to me but if I say 'Not me' I mean definitely 'no'." During our visits to different care settings we saw staff using a variety of techniques to effectively communicate with people. In addition, 'social stories' had been developed using simplified text and relevant pictures to help people process and

understand complex information.

People understood how to make complaints and details of the service's complaints procedures in accessible formats was available in the settings we visited. People told us they were confident managers would respond appropriately to any complaints they raised. One person commented, "If any funny business starts [the service manager's name] sorts it out." People's relatives said, "I have no complaints at all", "I know how to make a complaint" and "I have never had to complain about anything." Records showed where complaints had been received they were investigated and resolved in accordance with the provider's policies.

There were systems available to enable people's expressed preferences in relation to how they would like to be cared for at the end of their lives.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had responsibility for overseeing the quality of care and support provided by the service. 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 and associated Regulations about how the service is run.

The roles and responsibilities of individual service managers and the registered manager were well defined and understood by staff and people's relatives. Each setting in which the service provided support was led by an office based 'service manager'. These managers reported directly to the registered manager who was normally based in the same office. During recent months the registered manager had been tasked by the provider to support managers at a specific setting in the East of Cornwall. This had meant the registered manager had been away from the West Cornwall service regularly, but staff and service managers told us this had not impacted on the support and guidance they received. Staff comments included, "While the registered manager has been away it has not [made] a difference as we can always ring if we need her. If there are any issues she is there for you" and "[The registered manager] is all right. She is really helpful. [The managers] are a good bunch always willing to help."

People were happy with the support they received and told us, "Everything is going well being honest." Relatives were complimentary about the service managers. We were told, "I am kept in the loop with everything", "[there has been a] massive improvement in last 12 months with the new service manager" and "[Service manager's name] is an excellent manager. I am really impressed with her approach." Staff teams in the setting we visited were well motivated and took pleasure in supporting people to achieve their goals and live as independently as possible. Staff comments included, "I think it works well as supported living" and "I enjoy working here it is a great team."

Staff told us they are well supported and were complimentary of the service's leadership. Their comments included, "[The service manager] is good, she is very hands on. I really like that if she says she is going to do something it gets done", "[The service manager] is very good he knows his stuff" and "[The service manager] is good to talk too. Knowledgeable and he listens to you." Service managers respected their staff who they recognised were committed and dedicated to the people the service supported. Comments from service managers included, "I am proud of my team. They are really great, really supportive" and "I have a very strong staff team they are not afraid to ask for advice." The provider operated a number of staff recognition and awards schemes. Records showed that a number of support workers, service managers and the registered manager had recently been complimented for the quality of support they provided.

Service managers were based in the same office as the register manager and told us, "I get supervision quarterly and (there are) managers' team meetings every month", "The registered manager is around and we know we can call if we need guidance" and "The registered manager is great fun she is very clear on what needs to be achieved and she will help."

Records showed service managers normally visited each setting two or three times each week to complete quality assurance checks, review records and monitor the quality of support staff provided. At each setting team meetings were held regularly and staff were encouraged to make suggestions for any changes that could be made to improve the quality of support the service provided. Staff told us action was taken in response to feedback they provided and commented, "any issues get sorted."

The registered manager told us she was well supported by the provider's regional manager who visited the service regularly and provided quarterly formal supervision. The registered manager was also encouraged and supported to participate in a range of peer support activities. When this inspection was announced the registered manager was in the process of completing a quality assessment of another of the provider's registered services. These events provided opportunity for learning and good practice to be shared between registered services, and for the manager to reflect on how they provided leadership to their staff team.

The service's quality assurance systems were appropriate and designed to drive improvements in performance. Audits were completed each month by service managers to monitor the quality of support people received. These audits were completed during visits to each setting. They involved reviewing records, speaking with people and staff, checking medicine administration records and that people had been appropriately supported to maintain the environment in which they lived. The results of these audits were shared with the registered manager. Where any issues were identified action plans with clear time scales were developed to address and resolve each issue. Action plans were regularly reviewed to ensure all issues identified were promptly resolved. In addition, the registered manager visited each setting every three months to speak directly with people the service supported, to review records and monitor the quality of support provided by staff.

The service had appropriate systems in place to gather people's feedback. Annual surveys of people and their relatives had been completed and were consistently positive. In addition, each setting hosted an annual reflection event involving people, their relatives, staff and managers. These events were normally centred on a garden party or BBQ. They provided an informal opportunity for feedback to be shared, people's achievements to be celebrated and future goals identified.

The organisation promoted equality and inclusion within its workforce and had appropriate procedures in place to ensure staff were protected from discrimination and harassment. All staff received Equality and Diversity training, and the service had made reasonable adjustments to support individual staff needs in accordance with the Equality Act. Where there were conflicts between people's wishes and staff beliefs these issues had been handled and resolved compassionately to ensure both parties rights were respected.

People's care records were held securely and confidentially, in line with the legal requirements. The service had notified CQC of various events and incidents required by law, which assisted us to monitor the service's performance.