Creative Support Limited

Creative Support – Durham Services

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 3 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the manager would be in.

Creative Support Limited Durham has its registered office at Innovation Court, Stockton-on-Tees. However, the service actually delivers support and/or personal care in three supported living type services in the Durham area. Each of the supported living services provides support to people who live in their own houses or flats, with their own tenancy agreements. The people using the service received individual or shared support hours depending on their assessed needs. Some of the services provide support on a twenty-four hour basis.

The service had a registered manager who had been registered with the Care Quality Commission since November 2015. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

Due to people's communication needs we were unable to gain some of their views about the service and therefore we observed staff interactions and spoke with relatives.

The registered provider had policies and procedures in place which were there to protect people from abuse. Staff we spoke with understood the types of abuse and what the procedure was to report any such incidents. Records showed staff had received training in how to safeguard adults. A whistleblowing policy (where staff could raise concerns about the service, staff practices or provider) was also in place. Staff we spoke with again demonstrated what process to follow when raising concerns.

We found medicines were being managed safely. Only staff who were trained to dispense medicines did so. **We recommend that the service consider the current guidance on managing medicines that need to be administered 'when required'' and take action to update their practice accordingly.**

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Risk assessments for people who used the service and for the day to day running of the service had been carried out . Clear and very detailed written plans were in place to manage these risks..

Staff were trained and competent to provide the support individuals required. Staff were supported through a system of induction and training.. Although staff demonstrated an understanding of Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, they had not received training in this. Staff were covering shifts whilst waiting for newly recruited staff to start. Staff did not received regular supervision and appraisals. The registered manager was aware of this and had put a system in place to improve this.

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People had been included in planning their own care. Feedback from people who used the service had been listened to and acted on. Some people were actively involved in meal preparation.

From discussions with relatives and documents we looked at, we saw people who used the service or their families were included in planning and agreeing to the care provided at the service.

Staff demonstrated they knew; the people they were supporting, the choices they had made about their support and how they wished to live their lives. All this information was fully documented in each individual care plan.

People knew how to complain and we saw people had regular feedback opportunities to discuss how they felt about the service. Each person had a key-worker who checked regularly if people were happy or wanted to raise any concerns.

We saw evidence that comprehensive quality assurance processes were regularly undertaken to ensure the service was aware of people's views of the service and could monitor auditing processes at the service. This helped to ensure an open service culture that was open to challenge and learning from issues as they affected the quality of the service.

Summary of findings

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

Medicines were managed safely and appropriately.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks.

There were enough staff on duty to provide care and support to people because staff were working increased hours, however we could see that new staff had been recruited and were due to start shortly or were going through their induction.

Is the service effective?

Requires improvement

The service was not always effective.

The service were aware of the requirements of the Mental Capacity Act 2005. Staff were not trained in MCA and DoLS. Staff did not received regular supervision and appraisals.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service was caring.

Staff knew people well and had developed positive and meaningful

relationships with them. Relatives of people who used the service all commented positively about how caring they felt the service was towards the people who lived there.

Staff were respectful of people's privacy.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Person centred care plans were in place outlining in detail people's care and support needs.

Summary of findings

Concerns and complaints were consistently recorded and there were audits in place to monitor outcomes and trends for people.

The service provided a range of personalised activities for people to participate in.

Is the service well-led?

Good

The service was well-led.

Staff were supported by the registered manager.

There was open communication within the staff team and staff said they felt comfortable discussing any concerns with the registered manager.

The registered manager and director regularly checked the quality of the service provided and made sure people were happy with the service they received.

Creative Support – Durham Services

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 3 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that the manager would be in. The inspection was undertaken by one adult social care inspector, a pharmacy inspector and one expert by experience who spoke on the telephone to people in their homes, their relatives and staff supporting them. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a domiciliary care service.

The registered provider was not asked to complete a provider information return (PIR). The PIR 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 notifications that had been submitted by the service.This information was reviewed and used to assist with our inspection. Prior to inspection, we spoke with the local commissioning body and safeguarding services.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We used a number of different methods to help us understand the experiences of people using the service. Out of the 11 people using the service at the time of our inspection only one person was able to commincate with us. We visited one of the supported living services to look at records, speak to staff and observe care. We spoke with a director of Creative support, the registered manager, a project manager, six staff members, one person using the service and six relatives. Creative Support also sent a questionnaire to all staff who provided personal care and we received 15 completed questionnaires.

We reviewed care records relating to three people using the service, three staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Good

Is the service safe?

Our findings

Out of the 11 people who were using the service at the time of our visit, 10 people were unable to talk with us about the care they received. However, we were able to speak to one person using the service and to six relatives. Relatives we spoke with said that their relatives were safe with the carers who supported them. One relative we spoke with said, "They [staff] make me feel really confident that my relative is safe."

We looked at a sample of medicines records, including records of medicines received, administered, and disposed of, medicines care plans, medicines audits and storage and supplies of medicines held at the service. We also visited one home where five people were supported by the service.

We found medicines were being managed safely. Medicines procedures were available, and we saw that staff were aware of these procedures, and were following them. Appropriate arrangements were in place to obtain medicines, as we found that all prescribed medicines were available, and records showed that these were being given regularly and as prescribed. However the records for a cream prescribed for one person were incomplete and it was not possible to tell whether it was being used correctly. Medicines, including controlled drugs, were stored securely.

When people had allergies, this was clearly recorded on their medicines records. The level of support that people needed with medicine administration was accurately documented in their care plan and was regularly reviewed. This information would help to ensure people were given their medicines in a safe, consistent and appropriate way. Detailed supporting information on how people preferred to be given their medicines was available.

We looked at the records of one person who was prescribed a medicine to be given 'when necessary' or 'as required'. There was a protocol in place providing details as to when the medicine should be administered. However we found for one person this did not match the maximum dosage on the medicine record. This was reviewed and corrected during our visit.

Where the covert [hidden] administration of medicines was used, arrangements were in place to ensure people's best interests were protected. However, one person's care plan did not list the medicines which could be given this way. This was reviewed during our visit. **We recommend that the service consider the current guidance on managing medicines that need to be administered 'when required'' and take action to update their practice accordingly.**

We asked how the home was monitoring how medicines were managed. The registered manager told us that they were carrying out regular audits, and we saw that a medication administration check sheet was in place. This was used to ensure medicines were given and signed for. We saw that action had been taken on the issues identified during these audits for the purpose of review and learning from incidents. Staff involved in the administering medicines had received appropriate training, and had regular checks of their competency.

A safeguarding policy was available and staff were required to read it as part of their induction. Staff had received training in safeguarding vulnerable adults. All staff we spoke with demonstrated a good understanding of the types of abuse people could be at risk from and confirmed that they had received training in safeguarding people. They were clear about the steps they would take if

they had any concerns.Staff we spoke with said, "Although I have not had any concerns, if I did I would respond to this immediately." Another member of staff said, "I would raise an alert straight away and make sure the person was safe." We asked staff how they felt they would be treated if they did raise a concern, one staff member said, "I do not think we would be treated any different, you get all the support that is required from management." We saw the registered manager had reported safeguarding concerns to the relevant local authority team and taken appropriate action to keep people safe.

People's risks had been assessed when they first received care from the service and had then been reviewed regularly and changes recorded in care plans. The three care files we looked at contained individualised risk and management plans, which had been completed with the person they related to, and where appropriate their relatives. Care plans identified the risk and the actions required of staff to minimise the risks to people. The risk assessments seen covered areas such as finance, medication, environment, social isolation, road safety and travelling in a car. We saw that risk assessments had been updated as needed to ensure they were relevant to the individual.

Good

Is the service safe?

We looked at three staff files. We saw records of employment checks completed by the service to ensure staff were suitable to deliver care and support before they started work. There was evidence in staff files to show that new employees were checked before being allowed to commence work to ensure they did not pose a risk to people who used the service. The recruitment checks included proof of identity, two checked references, and employment history. On application, people were asked to complete a self assessment form stating 'Why they want this job, if successful how will you develop to ensure maximum effectiveness and what do you know about, specific illness such as epilepsy.' The files also contained a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers to make safer recruiting decisions and also to minimise the risk of unsuitable people working with children and vulnerable adults. We were told by the director that Creative Support renewed DBS checks every three years.

This meant procedures were in place to ensure staff were suitable to work with people using the service.

We looked at staff rotas and found there were sufficient staff with appropriate skills and knowledge to meet peoples needs. Each person's care file identified the amount of staff support needed and the majority of people needed two to one support when accessing the community. Creative Support had found it difficult to recruit staff and they reviewed this by taking an analysis of the environment and their own processes and employment offer. As a result of this they increased the salary offered to support workers and existing staff and they increased the lines of succession so that staff considering furthering their careers could remain at Creative Support. They also reviewed the job descriptions and job adverts to ensure they were person centred and promoted their organisation. The majority of vacancies had been filled but were awaiting DBS checks and references. Until then current staff were covering vacant shifts,We saw that there were always enough staff on duty to cover this. Staff we spoke to said, "I do get paid for all the hours and my manager is very good. She tells me that I can always turn down a shift if it's too much but we all put the service users' needs first. I worry about our service users because staff shortages mean that we can't always be available for everybody. I have to say though that this company's priority is the needs of the service users" Another staff member said "The Durham services do experience difficulty with recruitment due to the location of the services, however the services are staffed correctly through contingency methods such as everyone is trained for fluidity[to support] between services if there is a shortfall in staffing." Another staff member said, "We are six people down. We're trying to recruit but there isn't the interest and often the people who apply are not the right calibre for this work."

Staff we spoke with said they have plenty of personal protective equipement (PPE) available to them.

Requires improvement

Is the service effective?

Our findings

We asked the relatives of people who used the service if they thought staff had the right skills to provide an effective service. All relatives we spoke with said they thought the staff had the correct skills, one relative said, "Oh yes. I find they are all great and very dedicated. They cope really well with my relative's challenging behaviours which isn't always easy."

Staff said they felt confident to deliver the care that people required and their training helped them do this. Staff we spoke with said, "Yes I have the skills, but I can always improve and learn something new." Another staff member said, "Mostly but through continuous training and listening I wil learn more."

Staff had been trained to meet people's care and support needs. Records showed all staff had received training in core areas such as moving and handling, health and safety, food hygiene, safeguarding and first aid. Refresher training had been booked to help staff to keep their skills up to date. Staff we spoke with demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) they had not received training in this area. Comments from staff included, "The Act was implemented in 2005 and provided statuatory guidance on best interest decisions and how to assess capacity following a set of assessments. It highlights specific procedures for adults who may lack capacity and provided that person with a right to have fair treatment and their human rights protected regardless of their capacity." Another staff member said, "This is about important decisions made on an individuals behalf by designated individuals." The lack of training had also been highlighted in a training audit which took place in July 2015. We discussed this with a director of Creative Support who immediately booked this in to take place in January 2016.

The director we spoke with said, "We have undertook bespoke training events with the team where the lead Postive Behaviour Support (PBS) Practioner facilitated a workshop regarding one person who used the service's behaviour, presentation. This enabled staff to consider the wider context such as environmental issues (physical, interpersonal and programmatic), sensory issues and proactive strategies to support the reduction in stress levels. Staff then started to focus more on the holistic quality of life issues rather than the behaviour. We have seen progress into other areas of staff work as a result." And "Staff recently attended an Autism Introduction Workshop where they explored the autism domains against a person they supported. The staff team discussed a behaviour a person had displayed and actually realised this was sensory related which they now actually encouraged rather than tried to stop the behaviour."

New staff completed a six week induction then a six month probation. During the probation they completed monthly performance reviews with the manager and had three observations of practice. At the end of the probation staff completed a questionnaire to evidence what they had learnt or to highlight where there were still gaps in learning. Staff we spoke with said, "I was given a good week of induction and I do feel very supported." And another said, "The induction was one week, it involved talking about the company and subjects such as medication and safeguarding."

We looked at staff supervision and appraisal. We saw that regular supervisions or appraisals had not taken place, with some staff having only received one supervison this year. The three staff files we looked at showed staff had completed a six month personal development plan, followed by an action plan and timescales. However the actions plans we saw had not kept within these timescales. For example one person said they would have training on hearing voices completed by July 2015 and this still had not been completed. We discussed this and the lack of supervisions and appraisals with the registered manager and director who said they were aware that they had issues in this area and had developed a plan to capture everyones supervision over the next month.

Creative support was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in

Requires improvement

Is the service effective?

their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The registered manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. Although staff had not received training in the MCA and DoL's, they were able to provide detailed explanations about these which showed they demonstrated good understanding The registered manager told us that training had been arranged for all staff to undertake in January 2016.

People or their relatives had signed the care plans to show consent. For example consent to receive medicines, consent to retain keys and consent to the disclosure of confidential information. We saw evidence in care files to show that staff checked with the people who used the service regularly to make sure they were still happy with the support being provided on a regular basis.

We saw evidence to show that healthy eating was promoted. Each person who used the service had an eating plan which included foods they did and didn't like. Where people could not communicate we could see that that care records included signs to show the person who used the service was hungry or thirsty. Staff we spoke with said, "Yes I help prepare food with the person's help." A relative we spoke with said, "My relative loves his bacon sandwiches and the staff are really good about taking him out for one."

We were told that the premises for each person was adapted to their needs. For example at one service we visited a person that used the service had a downstairs room with patio doors into the garden, the patio doors were open and the room was cold. Staff explained that this is how they like to have their room and staff had to make sure it was kept at a cold temperature.

Good

Is the service caring?

Our findings

All the relatives and the people we spoke with told us that their carers were kind and compassionate. Everyone told us that staff were respectful and polite and helped to promote their rights and dignity. A person who used the service told us, "I am really happy here. This is one place that I can call home and be with people I trust." One relative we spoke with said, "The staff really do involve the family in everything. We are a Christian family and my (relative) loves to come to church. The carers always bring him and when we are away from home they will travel quite long distances with him so that he can worship with us. Everyone is very flexible in their approach and we never have to worry about him."

Staff we spoke with knew the people they cared for really well. One person who used the service came into the office on the day of inspection and proudly showed off their Christmas socks and Sunderland football shirt. This brought lots of laughter with a staff member who supported a rival football team. The staff member said, "He loves the banter and football jokes, he made a bet with me once which I lost and I had to wear a Sunderland football shirt for a day, he loved it."

We asked staff how they got to know a persons likes and dislikes. Staff we spoke with said, "I observe them." And another staff member said, "I ask them or if they are unable to tell me I look through the care plans and support plans or speak to people in their current circle of support."

We spoke with staff about the values of the people they cared for; staff told us, "Depending on the individual valuing and understanding their needs in relation to interaction as with some individuals, especially individuals with autism, interaction can be difficult and tailoring your approach to meet this will enable for a more positive reaction." And "People value respect and staff having knowledge about them, such as interaction through mutual interests, showing compassion and care towards them."

We asked staff how they supported people to remain as independent as possible. Staff we spoke with said, "I always prompt rather that do." Another staff member said, "We encourage the development of life skills and strategies. We follow a hierarchy of cues to support and provide only the level of support necessary to ensure the person manages the task or activity."

A person who used the service we spoke with said, "We do have regular meetings about my care and we are working towards me getting more independence so that I can go on the bus on my own. I know which buses to catch, and they are going to help me to go to the shops on my own."

The care and support plans included a pathway to independence. For one person their outcome was for economic wellbeing, which was to pay for their own items whilst shopping. The plan provided information on what is needed to achieve this outcome and the support required.

The director of the service said, "We empower service users to be as independent as possible such as learning to make a snack or a meal, going out to do their own shopping, visiting cafes restaurants and going to the theatre are all areas that we have been promoting. It cannot be underestimated how much service users have progressed, as historically they would have struggled with these opportunities. The fact that service users feel confident with staff they trust has contributed to this outcome."

Staff we spoke with explained how they promoted peoples privacy and dignity. One staff member said, "By giving them space and asking before providing personal care and not leaving the door open if they were on the toilet etc." Another staff member said, "We always have a woman supporting a woman with personal care." And another said, "I ensure I have enough knowledge about the person to tailor my approach and respect their lifestyle and choices. I would support the person as they would like to be supported and maintain professionalism and confidentiality."

The director of the service said, "Our practice includes respecting the privacy of service users, even though they may be non verbal we promote knocking on the door first."

Staff supported people who used the service with their coping and tolerance skills using Treatment and Education of Autistic Children with Communication Handicaps (TEACCH). TEACCH is a programme to help prepare people with autism to live more effectively and is designed to make the most of an individual's strengths within a very

Good

Is the service caring?

structured environment. For example one person who used the service needed a room that was cold, if for a reason this was not possible at that time, diversion or relaxing techniques would be used.

We asked management how they support peoples human rights. A director we spoke with said, “Participation is a key way that we ensure that the people who used the service’s human rights are being supported. Understanding all of their person centred needs allows us to promote this. We encourage participation in everything we do so that the service is delivered according to the needs and preferences of the people who use the service.”

People and their relatives were aware of, and were supported, to have access to advocacy services that were able to support and speak on behalf of people if required.

Good

Is the service responsive?

Our findings

People received personalised care that was specific to meet their needs. One person who used the service said, "I don't want to leave the place I'm living in. I can be quiet when I want to be. We have regular meetings about my care." One relative we spoke with said, "My relative was never reviewed or had his needs reassessed until this year. Things are getting turned around now." Another relative said, "He has annual reviews and I'm always involved in that."

We looked at three people's care records. Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Care plans were reviewed monthly and updated as and when needed. Records demonstrated that people and/or their relatives routinely discussed their support plans. Each person or a family representative had signed their support plans to indicate they were aware and gave consent to their support. Care records contained comprehensive information about people's health and social care needs. Plans were person centred, which meant they were individualised and relevant to the person. We found them to be very detailed stating what kind of person they would like to support them, what their own personalilty characteristics were, what is working or not working in their life and adaptions needed. For example, "It works for me when I can relax in the bath" and "It is not working for me when I have a shave, when I am in busy environments and when I need to have blood tests."

The registered manager explained to us that people had an initial assessment before a care package was commenced. This was used to identify the areas where the person required care and support, and the skills and experience needed by the staff who were employed to care for them. This information was reviewed and used to produce the person's main care plan. Care files we looked at confirmed that people had a comprehensive assessment of their needs before they received care.

We saw peoples daily notes and found these were very detailed documenting what had happened throughout the day or night and what actions had been taken when risks occurred. This also matched what was documented in the persons care plan.

People were supported to access activities of their choice. People we spoke with said, "I am going on holiday next week with [another service user] and I'm getting my case sorted out for that." And "They [staff] are helping me with my money as well, I'm going to buy a new laptop and an X box soon." Relatives we spoke with said, "My relative is getting involved in lots of things. He loves to go out and he will walk for hours. He goes walking, swimming and they tell me he's started going trampolining." Staff we spoke with said, "We are busy with a couple of service users at the moment making Christmas decorations. They are telling us what they want and where to put them. We try to let them organise things their way as far as possible." Another staff member said, "We are going to the Pantomime, we did the whole house up for Halloween and we are doing the same for Christmas with a santa's grotto."

The director we spoke with said, "The people who lived at one of the services have been on holiday for the first time and they chose to go together. They went to Creative Support's holiday home and undertook outward bound activities."

People were encouraged to raise any concerns or complaints they might have about the service. They were confident that any concerns would be dealt with appropriately and in a timely manner

We saw that the service's complaints process was included in information given to people when they started receiving care. The registered manager confirmed and we saw evidence to show that they had only received one complaint. This was from a neighbour requested the ivy was cut back on the garage. We saw there were suitable systems in place to record and investigate complaints if they should arise.

Good

Is the service well-led?

Our findings

The relatives we spoke with said they were happy with the management of the service. One relative told us, “The management are usually very good and very responsive.”

Staff we spoke with said they were supported by the registered manager. One staff member said, “My manager is brilliant, very easy to talk to and always there for advice.” And “We are a good team, we work well together, it is all about the service users and what is best for them.”

The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these values and were committed to them. The director we spoke with said, “All of our staff attend induction training and on day one, the service director presents the organisations visions and values. All of our paperwork is specific to our values and the Charter of Rights is incorporated within all our documentation." The Charter of Rights covers the types of rights that most people take for granted, like the right to have contact with family and community, to be respected and feel safe and to ask for information and complain if necessary.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. The staff team discussed issues about the running of the service and communicated well with each other. Staff said they felt well supported by the management team at the service.

Surveys [including picture led feedback] took place involving staff, people who used the service and their relatives. The director said, “The people who use our services have complex needs which affects their understanding and social communication so we have developed a positive and negative indicator of wellbeing. Fifty sevent percent of communication is explicit in body language therefore we focus largely on this.“ Relatives were asked to complete surveys to give their feedback about the service. We saw that most of the comments in the completed surveys were very positive. A survey for staff was taking place at the time of inspection called “Knowing we are getting it right campaign.”

The service had robust quality assurance processes in place, including monthly audits for health and safety, maintenance of the service, medicines management and monitoring of complaints. These processes acted both as an audit system and to drive continuous improvement. Documentation relating to the management of the service was clear and regularly updated. For example, peoples’ care and support records and care planning, were kept up to date and relevant to the person and their day to day life. This ensured people’s care needs were identified and planned comprehensively and people’s individual needs met. They also checked staff understanding of what was in the care plan or how they would deal with a specific scenario’s, for example explain what you would do if a person went missing. This meant that the service sought people’s views and used them to maintain and improve standards.

The service understood and complied with their legal obligations from CQC or other external organisations and these were carried out consistently.

We asked what the plans were for developing the service and the director said, “We recently had an away day where all registered managers and service managers discussed their service areas regarding performance, priorities and the wider environment. We found this was a great way to share knowledge and learn from each other. We completed an analysis of our services. We are also having a business planning day where we will be consulting with junior managers and support staff along with service users. This will be a discussion workshop to consider what they consider their key priorities. Areas that we are considering to develop further are to train more PBS practitioners and we are developing a new autism person centred plan that can be accessible via IPads and also using autism apps to aid communication and sequential planning.”

The service regularly reflected on their practice and sought to make improvements for the people they supported. There were monthly joint meetings between the team and people who used the service, these were recorded and demonstrated that the team were monitoring and reflecting on the service.