

## Active Prospects

# Prospect Housing and Support Services - 29/29a Shrewsbury Road

### Inspection report

29-29a Shrewsbury Road  
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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

This service is currently registered with the CQC as 29-29a Shrewsbury Road and provides accommodation and support for up to 16 people with learning disabilities. However the provider, Active Prospects, has refurbished the home and changed it to a 7 bedded short breaks service. This is provided at 29 Shrewsbury Road. The upstairs (29a Shrewsbury Road) is now part of their supported living service, and is not included in this inspection.

At the time of our inspection three people were living at the service. The inspection took place on 13 and 16 January 2017 and was announced. On 13 January 2017 we telephoned relatives to ask for their feedback. On 16 January 2017 we visited the service to talk to people and the staff.

The service did not have a registered manager. 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 current manager was in the process of applying to be registered.

People and their relatives were positive about the service. One relative said, "This really does come to the rescue of people with special needs. It's really ideal for what we need."

This is a short breaks service that aims to give people the confidence, support and skills to live independently. People or their relatives can book themselves into the service to receive short term care and support. It responded to people's support needs, and was able to clearly demonstrate the positive impact it had on people's lives. Support plans were based around the individual preferences of people as well as their medical needs. People were involved in how their support was planned and given. Support plans gave a good level of detail for staff to reference if they needed to know what support was required. People received the care and support as detailed in their care plans, and the provider and staff team went out of their way to support people to improve their lives.

Throughout our inspection staff helped people, by being available to talk, and spent time discussing issues people had in their lives. The service had a homely feel and reflected the interests and lives of the people who stayed here. There was positive feedback about the service and caring nature of staff from all the people who lived here, and their relatives.

People were safe at 29 Shrewsbury Road. There were sufficient staff deployed to meet the needs and preferences of the people that lived there. Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks, without restricting people's freedom. People were involved in these decisions because staff took the time to explain to them in a way they could understand.

The staff were kind and caring and treated people with dignity and respect. Good interactions were seen throughout the day of our inspection, such as staff talking with people and showing interest in what people were doing. People looked relaxed and happy with the staff.

The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the service. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported. Staff felt very supported by the manager and the senior management within Active Prospects.

People were supported to manage their own medicines where possible. Staff managed the medicines in a safe way and were trained in the safe administration of medicines.

In the event of an emergency people would be protected because there were clear procedures in place to evacuate the building.

If people did not have the capacity to understand or consent to a decision the staff understood the requirements of the Mental Capacity Act (2005). Appropriate assessments of people's ability to make decisions for themselves had been completed. Staff asked people for their permission before they provided support.

Where people's liberty may need to be restricted to keep them safe, the staff understood the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. No one had, or needed a DoLS at the time of our inspection.

People were supported to choose healthy options for what they ate and drank and how they led their lives. Staff respected people's choice to make decisions for themselves.

People knew how to make a complaint. The policy was in an easy to read format to help people and relatives know how to make a complaint if they wished. Complaints received since our last inspection had been dealt with in an appropriate manner. Staff knew how to respond to a complaint should one be received.

Quality assurance records were kept up to date to show that the provider had checked on important aspects of the management of the service. The manager had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. Records for checks on health and safety, infection control, and internal medicines audits were all up to date. Accident and incident records were analysed and used to improve the care provided to people. The senior management team from the provider regularly visited the service to give people and staff an opportunity to talk to them, and to ensure a good standard of care was being provided to people.

People were living in a caring, safe, clean service, and had effective and responsive support from the staff. The manager led the service well and worked with the provider and staff team to give a good quality of life to people. A relative said, "Overall this service is brilliant. It has set us free to do other things when our family member is here."

## 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 understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

There were enough staff to meet the needs of the people.

People felt safe living at the service. Appropriate checks were completed to ensure staff were safe to work at the service.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

### Is the service effective?

Good ●

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. If people's freedom were to be restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were understood.

People were supported to choose healthy options when cooking their food.

People had good access to health care professionals if they felt unwell.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and friendly. We saw good interactions from staff that showed respect and care to people. People's choice and opinions about their support and life style choices were listened to.

Staff knew the people they supported as individuals. Communication was good as staff were able to understand the people they supported.

### Is the service responsive?

Good ●

The service was responsive.

People were able to move on and live more fulfilled lives due to how well the staff responded to people's needs.

Care plans were person centred and gave detail about the support needs of people. People were involved in their care plans, and their reviews, and this had a positive impact on their lives.

People had access to the local community, and could partake in activities that interested them, and promoted their independence.

There was a clear complaints procedure in place.

### Is the service well-led?

Good ●

The service was well-led.

People and staff were involved in improving the service.

Staff felt supported and able to discuss any issues with the manager. The provider and manager regularly spoke to people and staff to make sure they were happy.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

Quality assurance checks were up to date and used to improve the service.

# Prospect Housing and Support Services - 29/29a Shrewsbury Road

## **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 13 and 16 January 2017 and was announced. On the 13 January we carried out telephone interviews with relatives. On 15 January we visited the service and spoke with people who were there.

Due to the small size of this short breaks service the inspection team consisted of one inspector who was experienced in care and support for people with Learning Disabilities.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the service.

We spoke with two people who lived at the service, four relatives and four staff which included the manager and a representative from the provider. We also reviewed care and other records within the service. These included three care plans and associated records, three medicine administration records, two staff

recruitment files, and the records of quality assurance checks carried out by the staff.

The local authority safeguarding team and quality assurance team had no concerns about the service.

# Is the service safe?

## Our findings

People told us that they felt safe living at 29 Shrewsbury Road. People said they felt safe because of the presence of the staff and knew they were there to help if they needed it. People were cared for in a clean and safe environment. The service was well maintained and the décor in the communal areas was homely, and suited to the age range of the people who stayed there.

People were protected from the risk of abuse. People knew who they could speak to if they had any concerns, and believed their concerns would be addressed promptly. One person said, "I feel safe with the staff." Information was available for people about what abuse was and what they should do if they suspected it was taking place. It was on display in an easy read format in one of the communal areas. People would then know what to do if they felt the need to contact an outside agency. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff were able to describe the signs of abuse, such as bruising or a change in a person's behaviour. Staff understood that a referral to an agency, such as the local Adult Services Safeguarding Board or police should be made. Staff knew about whistleblowing and felt confident they would be supported by the provider if they felt the need to raise any concerns.

People were safer because the risk of harm from their health and support needs had been assessed. Risk assessments had been carried out in areas such as falls, and behaviour management. Measures had been put in place to reduce these risks, all of which involved the person. The assessments recorded how each person had discussed the risk with staff, and how they had agreed to manage the risk. Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs. A relative said, "They try and work out what is wrong with my family member by involving them." Accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed.

The staff struck a good balance between managing risk and keeping people safe whilst promoting people's independence and choice. A relative said, "In terms of my family member's ongoing medical conditions they make sure they have all the information to hand and they have put into place a strategy to manage any behaviour they might present." Another relative said, "My family member loves their own space and doing their own thing. They (staff) respect this, and supervise from a distance to make sure they are safe."

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. A relative said, "Yes, there are enough staff." Another relative said, "I never have any worries about the staffing levels, the place is always buzzing with them." The manager explained that the staffing levels reflected the needs of the people and also the activities and appointments of that particular day. Staffing rotas demonstrated that the number of staff on duty matched with the numbers specified by the manager. This demonstrated the flexible approach to staffing levels to meet people's needs. Different numbers of staff were on shift at different days and different times to meet people's needs.



Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that staff were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People's medicines were managed and given safely, and people were involved in the process. A relative said, "My family members medicines are managed very well, and they are supported to take them twice a day by the staff." Many people were able to self-administer their medicines, and there were secure facilities in each room to accommodate this. The manager and staff had completed a risk assessment with each person to ensure this was done in a safe manner.

Staff that administered medicines to people received appropriate training, which was regularly updated. Staff who supported people with medicines were able to describe what the medicine was for to ensure people were safe when taking it. For 'as required' medicine, such as pain killers, there were guidelines in place which told staff when and how to administer the pain relief in a safe way.

The ordering, storage, recording and disposal of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been given their medicines. Medicines were stored in locked cabinets to keep them safe when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use.

People were cared for in a clean and safe environment. The service was well maintained. The risk of trips and falls was reduced as flooring was in smooth and in good condition. Assessments had been completed to identify and manage any risks of harm to people around the service. Areas covered included infection control, and fire safety. Staff understood their responsibilities around keeping a safe environment for people. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, was clearly displayed around the service. The signs were in a format people could understand. People had individual emergency plans which detailed the care and support they would need in the event the building needed to be evacuated. There was also a continuity plan in place for several situations, including flooding and flu epidemic, to ensure people would be cared for if the service could not be used after an emergency.

## Is the service effective?

### Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. One relative said, "They train new staff very well here, it is very good." Staff had effective training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. One staff member said, "The induction training was really good. They made sure I had completed training in things like fire safety and safeguarding before I was even able to step into the service." Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices. The induction process also consisted of new staff completing the care certificate. This is a nationally recognised standard for providing good quality care.

Ongoing training and refresher training was well managed, and the manager ensured staff kept up to date with current best practice. Training given to staff was tailored to meet the needs of the people who used the service. To support one person a need had been identified to give staff training in epilepsy. This had been quickly scheduled by the management team, and initial training had taken place in October 2016. Further training was also scheduled for staff. This also included visiting the person's family to review their own epilepsy protocols, to pass on best practice to them.

Staff were effectively supported. Staff told us that they felt supported in their work. One staff member said, "The support I receive is great." One to one meetings with the manager took place (sometimes called supervisions) as did annual appraisals. Both these processes were used to check on staff performance and discuss their goals and aspirations with regards to training and development. One staff member said, "It's all about supporting us, it's very constructive. We talk about where I am doing well, and where I need more support." All the staff told us they could approach management anytime with concerns; and that they would be listened to and the management would take action.

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. Where people lacked capacity the assessments were based on specific decisions rather than a blanket assessment of a person's understanding. People could then be assured that decisions would be made for them in their best interests only in the areas they could not understand.

Staff had an understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. They were able to demonstrate how it had been used to ensure a person's human rights were not ignored. Staff asked for people's consent before giving support throughout the inspection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the

Deprivation of Liberty Safeguards (DoLS). Staff understood that people's capacity could change, and if they had to restrict someone's freedom to keep them safe, they knew they would have to do an MCA assessment, have a best interest's decision, and apply for a DoLS. At the time of our inspection no one had, or needed, a DoLS. The management understood the process for applying for DoLS should the need arise.

People were supported to have enough to eat and drink to keep them healthy. As this was a short breaks service people did not often stay for extended periods of time. They may stay for one night, or even just for an afternoon. No one would be in the situation where their whole food and fluid intake was managed by this service. As such food provision had been adapted to suit people's needs. A staff member said, "We don't cook for people if they can do it for themselves. We talk about healthy eating with them, and make home cooked food with them." The meal planning was very flexible and developed on a daily basis with the people who were in the home at the time. Staff encouraged people to eat healthily, but the decision was down to each person in what they ate. One person said, "They do prompt us about healthy eating, but they respect the choices we make." A family member said, "Our GP is really pleased as my family member has not put on any weight (due to being supported to stick to their diet)."

People's requirement for specialist diets were met. Staff ensured food provided met individual diets, whether to meet a medical, spiritual or personal choice. For example, one person who had stayed at the service had specific food requirements to meet their religious teachings. Staff were able to explain what those requirements were and how they had met those needs, for example buying specific food from a specific source approved by the person's spiritual teachings.

People received support to keep them healthy. As this was a short breaks service visits to health care professionals was down to each person's individual choice. Staff had a clear understanding of what to do should a person's health deteriorate while they were at the service. One staff member said, "We would contact the person's primary carers (relatives) if they became unwell if it wasn't an emergency. We could also contact the person's GP or contact the local pharmacy for advice depending on the person's symptoms."

## Is the service caring?

### Our findings

We had positive feedback about the caring nature of the staff from people who used the service and their relatives. One person said, "I can have a laugh with the staff." Another person said, "The staff are nice to me." A relative said, "The staff really seem to like my family member. One came up and said 'high five' to him and he responded to them, this made my day." This was important as the person did not usually respond to people that were not direct family members. The manager said the goal was to create a safe and calm atmosphere at the service, and give people the support and freedom to live their lives the way they wanted. Feedback from people and our observations showed this had been successful.

The atmosphere in the service was calm and relaxed and staff spoke to people in a caring and respectful manner. People came to staff if they had a question, or wanted support to do something. Rather than telling people what to do, in each conversation we heard staff asked the person what they thought they should do. This approach could help when people moved on to living on their own and help them manage their own lives in a safe way.

Staff were very caring and attentive with people. Throughout our inspection staff had positive, warm and professional interactions with people. Care staff talked with people, asking their opinions and involving them in what was happening around the service. People's independence was promoted and supported by staff. One staff member said, "We promote independence as much as we can." They gave examples such as, "We involve them in vacuuming their rooms, cooking and making their beds, even if it is just passing us the sheet."

Staff were knowledgeable about people and their past histories. Care records recorded personal histories, likes and dislikes. Throughout the inspection it was evident the staff knew the people they supported well. Staff were able to tell us about people's hobbies and interests, as well as their family life. Their knowledge covered people's past histories, and family life, down to a person's favourite type of film they liked to watch, or computer game they liked to play.

Staff communicated effectively with people. A relative said, "They (staff) know the person they look after. They explain to my family member as they go, about what they are doing." When providing support staff checked with the person to see what they wanted. Staff spoke to people in a manner and pace which was appropriate to their levels of understanding and communication needs. Where people may not be able to verbally communicate staff were able to give examples of signs and gestures that people made, and what this meant. This ensured that person's choices were understood. People were given information about their care and support in a manner they could understand. Information was available to people around the service. It covered areas such as local events, such as discos and social activities that people may be interested in.

Staff treated people with dignity and respect. Staff were very caring and attentive throughout the inspection, and involved people in their support. When giving personal care, staff ensured doors and curtains were closed to protect people's dignity and privacy. People were able to spend time how they liked. A relative

said, "Due to my family members tiredness, they can go and lay in their room when they get there (29 Shrewsbury Rd)." It was important that staff respected this, as if they tried to engage the person in activities, it could prompt specific behaviours from that person. The person's dignity could then be compromised if this happened.

People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs and adjustments to the service provided were modified when required. For example, providing specific meals, or preparation of meals. People were supported to attend local religious services in the community so they could practice their faith.

## Is the service responsive?

### Our findings

A short breaks service is primarily set up to offer a place for people to go so that their families can have a break from caring for them. The staff at 29 Shrewsbury Road were able to demonstrate that they not only provided that service, but did more to respond to people's needs and make a real difference to their lives..

The service was flexible and responsive to people's individual needs and preferences. Staff found creative ways to enable people to live as full a life as possible. One person lived with severe anxiety that limited their life choices. Their anxiety levels often left them unable to enjoy activities or access the community. They were at a point in their life when they were transitioning from full time education to another independent living service, but due to their support needs they had refused to go to their new home. The person was offered an emergency placement at 29 Shrewsbury Road. The Head of Care for Active Prospects who had experience with dealing with high anxiety conditions met with the person and showed them photos of the service and some of the people that were currently being supported there to try and give them more information about the service. This resulted in the person being able to move into Shrewsbury Road.

To respond to the person's anxiety needs one to one support was put into place. This enabled the person to build confidence by settling into the local community and having time to talk through their concerns and anxieties. A detailed support plan was developed with the person. In addition, the staff worked with the person on moving on with the next stage in their life, even though this may not involve Active Prospects. The person mentioned a manager of a service they had met previously and had got on well. This manager was contacted by staff at Active Prospects and contact was made with the provider of the service this manager ran. The manager was invited to visit 29 Shrewsbury Road to meet with the person so they could explain some of the options of supported living. After nine weeks at 29 Shrewsbury Road the person was able to move on with their life, and moved into a supported living home (not run by Active Prospects). Even though Active Prospects did not benefit (as they too run a number of supported living homes) they had responded by putting the person's needs first.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued. One person was living with significant health conditions. They came to the service as an emergency placement. They told us they were often angry and did not want to accept that they needed support to help manage their health.

From the beginning the staff responded to the person's individual needs and preferences. The person chose their own room. Staff gave the person space but would regularly check on them. After some time the person engaged with staff and others who were staying at the service and chose when to visit their friends and family.

Active Prospects (the provider) worked with the local authority to get a full assessment of need completed around the person's actual needs. Working with the person and their family, longer term options were discussed to give the person more control over their life, such as available benefits for the person and their

family. This support helped the person to feel more in control and less angry.

The staff at 29 Shrewsbury Road helped the person to understand their health condition and how they could manage this condition by understanding how their medicines worked. Staff supported the person to manage their medicines independently. As a result of the responsiveness of the service, and staff listening to the person, they had moved on from 29 Shrewsbury Road and now lived in their own flat. They had maintained their relationship with their family and lived a more fulfilled life.

Many similar examples were seen that demonstrated that the staff at 29 Shrewsbury Road, and the provider Active Prospects provided an outstanding service in response to people's needs. Someone was supported to visit a relative who was at the end of their life. They also provided support to the person to enable their family time to grieve. This involved lengthy stays at the service, which was not the services primary goal (which was short breaks). This lack of certainty and no permanent home was identified by staff as not being the best outcome for the person. The provider had received a funding from the local authority to provide support. Active Prospects worked with the family and the local authority to find a permanent placement for the person. This resulted in them maintaining contact with their family, and being supported to move onto a service that better met their needs

People were involved in their care and support planning. Care plans were based on what people wanted from their care and support. They were written with the person by the manager or key worker. A key worker is a member of staff who acts as the point of contact for the person and is responsible for working with them in areas such as reviewing care plans. Reviews of the care plans were completed regularly with people so they reflected the person's current support needs. Family members, health or social care professionals, and people involved in activities outside the service were also involved to ensure that the person's choices and support were covered for all aspects of their life.

Another example of how staff used innovative and individual ways of involving people so that they felt consulted, empowered, listened to and valued, was found where a person's placement with another provider had gone into crisis. An emergency placement was arranged for the person at 29 Shrewsbury Road. The only information given to the service from the previous provider was about what the person could not do. Staff worked with the person to develop a detailed support plan based on the early breakthroughs that had been made, such as, the person's ability to show which staff member they wished to be supported by. Staff worked with a psychologist to put together a pen picture of what they know about the person and about their condition. They then planned how much support was required to keep the person safe with flexible support. This responsive support included (with professional input) stopping all covert medication and crushing of medicines. Staff were given on the job training by CTPLD and staff received 'Maybo' training around breakaway techniques (this is current best practice for supporting people with behaviour that may challenge themselves or others to reduce the use of physical intervention or restraint). The person's mobility had decreased at their previous home, so staff worked with Occupational Therapists' to ensure the person was measured for and received new footwear to allow them to 'walk'. This has had a profound effect on their range of activities and also their overall health and well-being as their wheelchair was no longer used. The person now lives in the community as a result.

Care plans addressed areas such as how people communicated, and what staff needed to know to communicate with them. Other areas covered included keeping safe in the environment, personal care, behaviour and emotional needs. The information matched with that recorded in the initial assessments, giving staff the information to be able to care for people. Staff explained how they were given time to read the care plans.

People had access to a range of activities that interested them, most of them based in the local community. As this was a short breaks service, no formal daily activities were put on by staff. People were encouraged to seek employment, visit friends, and go shopping. Information on local events was available to people, so they could arrange support if required or go with friends. During the inspection people were going out on activities throughout the day.

People were supported by staff that listened to and would respond to complaints or comments. All the people we spoke with understood how to make a complaint, and said when they had, this had been dealt with by the staff. People also understood the outside agencies they could contact if they felt the service provider had not dealt with their concerns.

There was a complaints policy in place. This was displayed in the communal area and was in an easy read format. People's knowledge of the complaints process demonstrated they understood how to make and complaint and the process the provider would go through to address their concerns. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission. Complaints received at the service since our last visit had all been dealt with to the satisfaction of the person making the complaint.



## Is the service well-led?

### Our findings

There was a positive culture within the service between the people that stayed here, the staff and the manager. A relative said, "It is very well managed." Staff felt supported working at the service, and enjoyed their job. One staff member said, "I love being somewhere where people can come and enjoy their time, and give them opportunities in their lives." They went on to say, "I feel I fit here, I'm supported by the manager and I feel valued." We saw this positive interaction between the provider, the manager, people and staff happen during our inspection.

Senior managers were involved in the service because a representative from the provider carried out regular visits to check on the quality of service being provided to people. People knew who the senior managers of Active Prospects were, and had been involved in discussions with them. Active Prospects also facilitated a 'Pro-Active Committee.' This was run by people who used the service and looked at ways things could improve to determine the future direction of the organisation. One of the suggestions out of the committee was that the members would carry out visits to the services run by Active Prospects to speak with people and get a first-hand account of how they felt the services were managed.

Regular monthly and weekly checks on the quality of service provision took place and results were actioned to improve the standard of care people received. Audits were completed on all aspects of the service. These covered areas such as infection control, health and safety, and medicines. The audits generated improvement plans, if needed, which recorded the action needed, by whom and by when.

The provider also carried out regular quality assurance checks to ensure a good standard of support had been provided. These visits included an inspection of the premises and reviewing care records. An action plan was generated, which detailed who was responsible for completing the action and by when. This was then reviewed at each visit to ensure actions had been completed.

People were included in how the service was managed. Monthly meetings were held (or when requested by people). People were asked for their feedback on how they felt the service was doing. Where issues had been raised, these had been actioned. For example, at the meeting in October people had asked that the meals menu / food available in the home be developed. The manager had looked into the options, to fit in with the fact that the people staying at the service was constantly changing, so a menu agreed by people last week, may not actually be something the people using the service the next week would want. People said they also had the opportunity to join a quality checking service managed by Active Prospects. This is an initiative that involves people who use the service, visiting care homes and feeding back to the provider their opinions on how well it is meeting people's needs and the values of Active Prospects.

The provider also ensured that various groups of people were consulted for feedback to see if the service had met people's needs. People and their families were involved in these questionnaires, which covered all aspects of care and support provided at the service. This was done annually by the use of a questionnaire. The responses were compiled and analysed by the provider and then fed back to the manager and his team. There was also a quarterly Parent and Carer Forum held at the Head office where all parents and carers from

across the services were invited to attend. Information such as changes to services, results of surveys, complaints and inspection reports were all discussed to keep people and relatives up to date, and enable them to give feedback.

Staff felt supported and able to raise any concerns with the manager, or senior management within the provider organisation. Staff understood what whistle blowing was and that any concerns needed to be reported. They knew how to raise concerns they may have about their colleague's practices. Staff told us they had not needed to do this, but felt confident to do so.

Staff were involved in how the service was run and in improving it. Staff meetings discussed any issues or updates that might have been received to improve care practice. They were also used to check on staff's understanding of key topics around care and support for people.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns. They had also completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection

Records management was good and showed the service and staff practice was regularly checked to ensure it was of a good standard.

Staff had a clear understanding of the provider's visions and values. One staff member said, "It's about listening to people and their families and changing the way we work to suit their needs. We listen, and we involve people, I feel we achieve that here." Feedback from people, their relatives and our observations on the day agreed that this was a well led service that listened and responded to people's needs.