

Royal Mencap Society

Mencap North Notts Services

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

This inspection took place on 10 and 11 May 2016 and was announced. Mencap North Nottinghamshire Services provide care and support for people with a learning disability who live in their own home in the community. At the time of inspection 33 people were receiving care and support from the service

The service had 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.

People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Any risks to the health and safety of people and staff had been identified and detailed plans were in place to reduce these risks. Accidents and incidents were investigated. There were enough staff to support people well and ensure that people's needs were met. People received their medicines as prescribed.

People were supported by staff who had received the appropriate training and supervision to support them effectively. People received the support they required from their staff to ensure they had sufficient to eat and drink. People were provided with the support they needed to enable them to have access to their GP and other health care professionals when they needed them.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff were aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were supported by staff who were caring and treated them with kindness, respect and dignity. People were involved in the planning and reviewing of their care to ensure that they received the care they wanted.

Care plans were written in a way that focused on people's choices and preferences. A complaints procedure was in place and people felt comfortable to speak up if they were unhappy about any aspect of the service they received.

The culture of the service was open. People were supported by staff who were clear about what was expected of them and staff had confidence that they would get the support they needed from the registered manager. People and staff were asked for their opinions about the quality of the service. The registered manager undertook audits and observed practice to ensure that the care provided met people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to both inside and outside of the organisation.

Risks to people's safety were assessed and staff followed the risk assessments that were in place.

There were enough staff to ensure people's needs were met.

People received the support they needed to ensure that they received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the appropriate skills and had received training related to their specific care needs.

Staff applied the principles of the Mental Capacity Act (2005) appropriately when providing care for people.

People received the support they needed to prepare their meals and follow a balanced diet.

People were supported to make and attend appointments with healthcare professionals when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People were actively encouraged to make decisions about their care and to be involved in reviewing the service they received.

People's dignity was maintained by staff who understood the importance of this.

Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised to their preferences and was kept under constant review to take account of any changing need.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a positive, friendly atmosphere at the service.

People were supported by a registered manager and staff team who each had a clear understanding of their role.

There was an effective process in place to check on the quality of the service.

Mencap North Notts 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.

We inspected the service on 10 and 11 May 2016. This was an announced inspection. 48 hours' notice of the inspection was given because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During our inspection we spoke with seven people who were using the service, four relatives, eleven members of the staff team and the registered manager.

We looked at the care records of four people who used the service, as well as a range of records relating to the running of the service including four staff files, medication records and quality audits carried out at the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person told us, "I am safe, the staff keep me safe." Another person agreed, telling us, "If we were not safe in any way, the manager would sort it out in a heartbeat." We also heard from people how staff provided them with support to stay safe in their home and out and about in their community. We spoke with relatives who were confident that their family members were safe and protected from harm, with one relative telling us, "There is never any trouble; [my family member] is very safe."

Staff were provided with the required skills and development to understand their role in protecting people from the risk of abuse. Staff could describe the different types of abuse which may occur and told us how they would act to protect people if they suspected anything untoward had happened. One staff member told us, "I love it here because we keep people so safe." Another staff member told us, "If we have any concerns we can report it to the manager who will always make sure it is dealt with." Staff also described to us how the data protection act helped safeguard people's personal information by protecting their personal information.

There were systems in place to protect people from harm. Staff understood the process for reporting concerns about people's safety to the provider and how to escalate their concerns to the Local Authority or CQC if they felt that the provider was not taking action. We saw that relevant information had been shared with the local safeguarding authority when any incidents had occurred. The registered manager told us how they took action when they were made aware of any concerns and took steps to protect people. For example, staff were concerned that someone maybe at risk due to door to door callers and so some work was undertaken around "stranger danger".

The risks to people's health and safety were assessed and comprehensive plans were in place to ensure risks were managed without restricting people's freedom. One person told us, "The staff do everything they can to keep me safe." We saw how this worked in practice; for example we saw that one person may be at risk of burning or scalding themselves if they had unrestricted access to the kitchen. Risk assessments were in place and adaptations had been made so that the person could have access to the kitchen when it was safe for them to do so. However, when risks were present access could be restricted with the person remaining able to be involved in the cooking in a safe way.

Staff were able to explain to us how their action contributed to keeping people safe. One staff member told us, "For anything that we are going to do we always think about the risks. Nothing can be done on a whim." Another staff member said, "Everything is planned. Risks are well managed – definitely." We were also told by staff how getting to know those they were supporting well was crucial in being able to manage risks and keep people safe. Staff told us how they did this, and showed us how they used the risk assessments to guide how they provided support, for example how they could support someone who became anxious in certain situations in the community.

The care records that we looked at showed that risks to people's safety had been appropriately assessed.

Plans had been put in place for staff to follow to assist them in maintaining people's safety and we saw staff following these during our inspection. Regular audits of incidents and accidents were made by the registered manager to ensure that any improvements identified as needed were implemented to reduce the risks to those using the service. For example, a person who had sustained falls had input from the falls team and now used a walking aid which they were pleased with and this supported their independence.

People's care plans contained information about how staff should provide support to keep them safe. This information accorded with how staff described they acted to keep people safe. For example, where someone was at risk of hurting themselves while in the car, their support plan provided detail around how staff should support the person while travelling. We saw that the adaptations described in the support plan had been made to the vehicle to ensure that distractions to the driver were minimised. This accorded with the information that the provider had recorded on the provider information return (PIR). Staff also told us that they felt able to manage any situations where people may be affected by the behaviour of others and that people generally got along well together.

People told us there were enough staff to support them well. One person we spoke with said, "There are lots of staff and they are all nice." Another person told us how there was always enough staff for them to be able to go out whenever they wanted to. Relatives we spoke with affirmed this view and reflected on the low staff turnover saying, "The staff stay for a long time too, which is good."

Staff also felt there was enough staff available to keep people safe and support them well. One staff member we spoke with said, "Yes, we have enough staff." Another staff member expanded on this telling us, "You never know what is around the corner, but there are enough staff for now and we have back up plans for anything we think will happen." People's care plans detailed the number of hours support they required and the support staff were required to provide during these times. Accordingly, the duty rota was set around people's needs and preferences so that there were always sufficient staff available and people received support from staff who had the skills to support them undertake their planned activities.

The registered manager told us they felt that there were sufficient staff to support those using the service. The terms of the contract with the local authority had recently required a reduction in hours. Considerable effort had been made to ensure that these necessary reductions could be made without compromising people's safety or lifestyle. Any change had been assessed for risk and had been reviewed after implementation to ensure that the change was working as planned.

We looked at the recruitment files for four members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People were supported to take their medication as prescribed and medicines were administered safely. One person we spoke with said us, "I will never run out of medicine because we check it every Sunday to make sure there is enough." Another person told us how they were nearing the end of their packet of tablets and their staff had supported them to order more from their doctor. Relatives we spoke with were also confident that their family members received their medicines as prescribed.

Staff we spoke with felt competent in supporting people with their medicines. They described to us how training and support was given before they began to support people with their medicines to ensure that

they were competent to administer people's medicines in a safe way. One staff member told us how they supported people to be as independent as possible with their medicines. They explained to us that different people needed different levels of support with their medicines saying, "Everything around medicines is in the care plans – we can check them if we are not sure – and any risks, (associated with the medicines), they have risk assessments too." Another staff member told us how someone they supported was reluctant to take their medicines and their doctor had supported them through a Best Interest decision process so that their medicines could be given in food. We saw that this had been recorded and there was clear guidance in place for staff to follow.

Each person's medicine was stored securely and clear records were kept. We saw examples of medicine administration records (MAR) that had been completed by staff with details of medicines taken by people and creams they had applied. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. This showed that the arrangements for administering medicines were working reliably.

Is the service effective?

Our findings

People we spoke with were happy with the support that they received; they felt that staff were competent and provided effective care. One person told us, "Yes, my staff know what they are doing." Another person said, "They have plenty of training so that they know what to do." Relatives also told us they felt that staff had been given the training and skills they needed to be effective and support people well. They told us some of the specific support needs that their family members had and confirmed they felt that the staff always had the skills they needed to support them well.

Staff we spoke with felt they had good support and training. One staff member told us, "Our training ensures that all staff work in a certain manner – the right manner." Another staff member we spoke with said, "We are well trained as a staff team and that helps keep us and those we are supporting safe." Staff also described how new team members were supported when they first started with a range of training and support initiatives that formed their induction so that they could get to know Mencap policies and procedures as well as the people that they would be supporting. We also heard from staff how they could request specific training if they felt that they needed it and they told us that this was provided. In addition, there was input into training the staff from by local specialists, such as the Speech and Language Therapist and Community Learning Disability Team.

The registered manager showed us how they monitored staff training needs to ensure that staff received the training they needed. The records we looked at confirmed that staff had attended the courses they required. The staff we spoke with told us that there was always someone to talk to for advice and support if needed. They told us they received regular supervision and an annual appraisal of their work. In turn the registered manager also told us that they felt well supported by their line manager. The registered manager carried out an observation of each staff member's work periodically to ensure that they were following safe practice.

People felt they were supported to make decisions and be in control of their care and support. One person told us how they told staff what they wanted to do each day and then were supported to do this. Another person used pictures to communicate what they wanted to do and enable them to make choices and decisions about how they spent their time. Relatives we spoke to confirmed that staff involved people in making decisions about their care and support as well as how they spent their time each day.

Staff members described to us how understanding a person's capacity to make a decision was important when supporting them. One staff member said, "When we are asking someone to make a decision we have to think – do they have capacity, do they understand what we are asking them?" They went on to show us how they might ensure that the person understood; for example by using pictures or images on a tablet computer.

Just as had been described on the PIR, the records we looked at showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when determining a person's ability to consent to decisions about their care. 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. Staff we spoke to had a clear understanding of the MCA and the impact on their role. Staff had also received training which covered the MCA to ensure that they understood what this legislation meant for the way that they supported people. For example, staff explained to us how important the MCA was in helping to consider whether a lock was appropriate on a window or door in a person's home.

People were supported to eat and drink enough to keep them healthy and follow a balanced diet. One person told us, "The staff help me to choose my food. They take me shopping and help me to cook." Another person said, "We take it in turns to choose food each evening and have what we want at lunchtime." The person showed us how they planned their menu for the week so that they could ensure the correct items were purchased when they went shopping. We saw another person receive support from their staff to choose what they wanted to eat and then prepare it.

The care planning records contained information on any specific dietary requirements that people had. The registered manager told us how they liaised with dieticians and the Speech and Language therapist services to ensure that people maintained a healthy diet and could eat and drink safely. This advice was contained in people's care planning records for staff to be able to access. A relative told us they had expressed their concern about the possibility of an over reliance on fast or convenience food in their family member's diet. We were shown how the person was now supported to choose their food and plan a weekly menu with staff support to ensure that they remained healthy while being able to choose the foods they enjoyed.

People were supported with their healthcare and changing needs. People told us that staff knew about their health needs and supported them to ensure that they were met. One person told us, "I always get to see the doctor if I am unwell." Another person told us how staff had supported them to attend a recent appointment at the hospital. Relatives we spoke to were confident that people had access to any support they needed to maintain their health and that they had access to the healthcare professionals they needed at the right time.

Staff described how they would respond if they felt someone needed to see their doctor or attend a hospital appointment. They told us how appointments were recorded in the diary so that support could be arranged to enable people to attend. We heard from staff how they recorded of any changes which might be needed to a person's support plan as a result of an appointment with a medical practitioner. Staff also told us how they would have no hesitation in ringing a person's doctor for advice, or 999 for an ambulance, if they felt that this was required at any time

The care plans we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse. Staff noted any advice given by healthcare professionals and where changes to a person's care were required, these were put into place. Staff were aware of the guidance that had been provided and this was implemented within people's care plans.

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person told us, "I like my staff." Another person we spoke to said, "The staff are all nice, we go out together to all sorts of different places." Relatives agreed that the staff treated people kindly and knew people well. One relative commented, "They relate to the people that are living there and talk to them all of the time".

Staff explained to us how they had formed positive and caring relationships with people saying, "Each person is supported by a dedicated team, so we get to know people really well and can build positive relationships with them." Another staff member told us, "I always look forward to coming to work, it is like an everyday get together with friends."

We saw warm and friendly interaction between people and staff. During our inspection, people were made aware of who the inspector was and why they were there by the staff that were supporting them. The inspector was also told of anything that they might need to be aware of so that the person enjoyed receiving the inspector as a visitor to their home. When providing support to people, staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. It was evident that staff understood each person's personality and were aware of differences in people's preferences about their care. We saw that staff shared a joke with those they were supporting when this was appropriate.

The care planning records contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for. Each person was described in a caring and individualised manner and the care plan gave staff clear information about what was important to people. This accorded with the information that was given to us on the PIR.

We saw that people's bedrooms and the communal areas of their homes had been decorated to reflect their interests and tastes and staff told us how people had been involved in making these choices. Staff also described how they had rung ahead to a particular store which someone wanted to visit and make arrangements so that they could have a positive shopping experience which may not have been possible without thought and planning. The store opened early specially to accommodate the person's needs and they were able to make choices and purchase the items that they wanted.

People were empowered to choose what they did and how they lived their lives, as well as making day to day choices relating to how their care was provided. We saw how people were asked what they wanted to do and how they wanted to spend their time. Where people did not use verbal communication staff had ensured that people had access to pictures, photographs and tablet computers to enable them to make choices and show staff what they wanted to do or where they wanted to go. Relatives we spoke with told us how they were confident that their family member's views were considered in everything to do with their care. We also heard from relatives how they and their family members contributed to regular review meetings.

Staff understood the importance of encouraging people to express their views and make decisions about

their care and support. Staff explained to us how, by getting to know people, they could begin to understand how each person might give consent or indicate agreement using body language or vocalisations. They told us how it was important to spend time with the person and get to know them as well as using the information that was recorded in the care planning records.

We saw how people were able to make choices and change their minds, for example by choosing to do different activities than those that had been planned. Where people did not use verbal communication, staff were vigilant while providing support to ensure that they picked up on what people maybe communicating to them and double checked that they had understood what the person wanted fully.

The registered manager explained to us how they involved the person and their family in agreeing how they wished to be supported and also in any subsequent reviews. The details within the care plans we looked at stated how people were to be supported to have choice and maximise their independence. There were details about how people made decisions and how staff were to support people in decision making and record the decisions that they made. We saw that people's care plans were reviewed regularly and incorporated any changes a person may want.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up

People we spoke with told us that staff respected their privacy and dignity. One person showed us their support planning file and told us, "This file contains lots of interesting things all about me, we keep it safe." A relative told us that they were, "Delighted" with the way that staff treated their family member. Staff explained to us how they promoted people's dignity and respect and we saw staff respond to provide discreet support to maintaining a person dignity during our visit. They told us, "People have enough to cope with without everyone knowing if they are anxious about something."

Staff we spoke with demonstrated they knew the values in relation to respecting people's privacy and dignity. The values were part of the induction given to staff when they first started working at the service to ensure they understood what was expected. Care plans detailed people's preferences for which gender of staff they preferred to support them with personal care and gave reminders for staff on how to respect privacy whilst supporting people with this. For example, by making sure people were safely in the bath and then leaving them alone, where it was safe to do so

Each person kept a copy of their care planning records in their own home. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. Personal details for people which were held in the office were kept in files which were stored securely in a cabinet so that they could only be accessed by those who needed them. This protected people's personal details.

We saw how people's needs had been considered in the design of their homes. For example, screening had been placed or frosted film applied to windows where needed in order to maintain people's dignity. In addition, ramps or handrails had been added to assist people's independence. We saw that staff took good care of people's possessions and where they owned a car, this was kept clean.

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person we spoke with told us how they were able to do the things they wanted to do, saying, "I like cooking and watching TV." Another person told us how they enjoyed going on holidays and received support from their staff to travel abroad each year which they clearly enjoyed very much. We spoke with a third person who told us how they had been moved by the stories on the television about refugees and wanted to do something to help. With support from staff, they ran a local appeal, collecting food, clothes and nappies to send out to them.

People were supported to maintain and develop their hobbies and interests. One person was an ardent supporter of a particular football team. They told us how they had been able to buy a large television for their room so that they could enjoy watching every fixture as well as attending the occasional match. Another person told us that they enjoyed swimming. Staff had worked with them over time to work out which pool they preferred and the best times to visit, so that they could enjoy swimming several times each week.

Staff understood the importance of the service being personalised to each person. One staff member told us, "We encourage people to be as independent as possible, keeping to a routine helps with this." Another staff member spoke of the importance of ensuring everyone was involved and updated, especially as people's needs or preferences changed. They told us, "Where people are non-verbal we have to make sure we are vigilant, involve people and observe carefully for anything they may be telling us and then share what we are seeing as a team."

The provider had recorded on the PIR that they made an assessment of people's needs before they began using the service. We saw that this assessment was the basis from which the care plans had been developed. Information about people's care needs were provided to staff in care plans as well as being written in communication books. The care plans we viewed contained detailed and up to date information about people's needs. Staff told us how the care planning documents were really useful in helping them to understand what was important to each person, what the risks were and how they were to be supported. We heard from staff that when they had first started time was allocated so that they could become familiar with each person's care plans as they got to know them. It was evident that staff had an understanding of people's care needs and how they had changed over time. We saw how, when a person's needs changed, their care plans were updated and staff were kept informed where there had been changes.

People could be assured that complaints would be taken seriously and acted upon. People we spoke with told us they did not currently have any concerns but would feel comfortable telling the staff or registered manager if they did. One person told us, "There's nothing I am unhappy about, but I would speak to [the manager] if there was." Relatives we spoke with knew who to speak to if they wished to complain about the service. While most relatives reiterated that they had never had cause to raise a complaint, we spoke with one relative who had complained. They told us how the registered manager, Mencap and the local authority had responded to their concerns and ensure that they were thoroughly investigated. People had access to

the complaints procedure which was displayed in a prominent place in the office and also given to people when they started using the service.

We reviewed the records of the complaints received since our last inspection. The complaints had been investigated as described in the complaints procedure and communication had been maintained with the complainant throughout the process. Where needed, external support from the local authority or the provider, had been sourced to support the investigation and resolution of complaints made. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice.

Is the service well-led?

Our findings

People benefitted from the positive and open culture running through the services run by Mencap in North Notts. We spoke with one person who was supported by Mencap and also worked at the office several days each week who told us that the management was, "Great." Another person told us, "They are all approachable and helpful." The staff and management at the service clearly knew people well and had long standing relationships with them. Staff and managers spent time talking with people during the inspection, and had a good understanding of what was important to people and their individual routines.

Staff spoke highly of the registered manager and team at the office telling us, "Yes – the service is fantastically well led. The management here are second to none and I would not say that if it were not true." Another staff member told us they felt the service was led by those using it and the management, "...Just make it happen." The majority of relatives we spoke to also told us that they felt the service was well led. One relative who we spoke to had made a complaint about aspects of the service that their family member received. While they were able to confirm the steps that had been taken to resolve their concerns, they were less confident in the management of the service.

We heard from staff that they felt they felt well supported and there was an open and transparent culture. Staff were confident that there was always a member of the management team available who they could speak up if they needed to and that their concerns would be listened to. One staff member told us, "If I was concerned I would make sure I documented it and told my manager. They would sort it out and give me feedback." Staff also said they felt comfortable raising concerns or saying if they had made a mistake saying, "If we make a mistake or have any problems, we can always call the office for advice."

There was a strong emphasis on teamwork. Staff told us, "We work well as a team." Information about the aims and values of the service were given to people when they began using the service and were demonstrated by staff who had a clear understanding of them. Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was very good.

The conditions of registration with CQC were met. The service had a registered manager who had a good understanding of their responsibilities and how they needed to respond to ensure that the needs of those using the service were met. There was good delegation of tasks between staff at the office base with each person knowing what was required of them, and staff knowing who was responsible for what. The registered manager was well supported by their line manager. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received required notifications in a timely way.

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. There was an effective quality assurance system in place to drive continuous improvement within the service. The provider used an online tool to audit and assess the quality of the service. This included checks

on staff training, supervision and appraisals, accidents and incidents and all records associated with people's care and support. The service manager was able to use this system to quickly identify any outstanding actions or issues within the service and this system was also accessible to the provider.

People were supported by staff who had regular supervision and appraisal. The provider had recorded on the PIR that they had an ongoing review and development process for staff. This was referred to as 'shape your future'. We saw that this provided an on-going record of staff performance. The managers and support worker agreed ratings and these were then moderated by area and regional managers. Staff spoke positively about this saying, "It's a chance to discuss concerns and speak up." Another member of staff told us, "It's good, you discuss competencies and set objectives". The service manager told us how feedback and compliments from people using the service were used to inform this process. Staff felt valued in their role and the service manager spoke about the importance of recognising and rewarding staff. The provider had recently made some changes which had enabled the registered manager to award additional duties to staff and recognise their contribution.

Clear communication structures were in place within the service. There were regular formal staff meetings which gave the registered manager an opportunity to deliver clear and consistent messages to staff and for staff to discuss issues as a group. Staff told us how these regular meetings were held to build the team and encouraged staff to share their experiences so that they could learn from each other.

Staff and the registered manager shared with pride that they had been asked by the local authority to work with people receiving support and their families on a new promotional DVD. This was to explain what supported living is and how it works, as well as some of the successes and achievements enjoyed by those using the service. This DVD was given to us to watch during our inspection. People involved in the filming were invited to attend a 'premier screening' of the DVD film at the local cinema which they enjoyed.