

Livewell (Care & Support) Ltd

Livewell (Care & Support) Ltd - West Midlands

Inspection report

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Date of inspection visit:
14 December 2017
18 December 2017
20 December 2017
04 January 2018

Date of publication:
16 February 2018

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 the 14, 18, 20 December 2017 and 4 January 2018 and was announced. The provider was given a short notice period that we would be undertaking an inspection. At our previous inspection in June 2016, the service was meeting the regulations that we checked and received an overall rating of Good.

Livewell (Care & Support) Ltd provides care and support to 27 people living in 12 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

There was a registered manager in post who had recently registered with CQC. 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.

Livewell (Care & Support) Ltd met the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People told us they felt safe when supported by staff who had received training in recognising and reporting abuse. Risk assessments had been completed to guide and support staff to reduce risks and prevent people from harm. Recruitment checks were undertaken to ensure only suitable staff were employed in sufficient numbers to meet people's assessed needs. People received their medicines by staff that had been trained to do this safely.

Staff received training and support to enable them to have the skills and knowledge for their role. Staff spoken with understood people's needs and supported them to follow their chosen lifestyles and achieve their goals. People's human rights were respected by staff because staff applied the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards in their work practice. People were supported to maintain their healthcare needs.

People had developed positive relationships with staff that knew them well and promoted their independence and autonomy. People's privacy and dignity was respected and promoted by the staff team and people were supported to maintain relationships with those who were important to them.

People were involved in making decisions about their support. Staff supported people to live the life they choose and participate in meaningful opportunities. People knew how to raise a complaint and had confidence any issues would be listened to and addressed. Staff were aware of the signs to look out for

which may indicate people were unhappy.

People told us the service was managed well and in their best interests. People were involved in developing the service; which promoted an open and inclusive culture. Staff understood their roles and responsibilities and felt valued by the provider. The registered manager and provider understood their legal responsibilities and kept up to date with relevant changes. There were systems in place to monitor the quality of the service to enable the management team to drive improvement.

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

Systems were in place to ensure suitable staff were employed to meet the needs of people. Staff knew how to keep people safe, and how to escalate any concerns.

People were supported with their medication by staff who had received training and an assessment to ensure they were competent.

Systems were in place to ensure lessons were learnt to enable improvements to be made in the service.

Is the service effective?

Good ●

The service was effective

People needs were assessed to ensure these could be met, and staff received training and support to enable them to fulfil their role.

People's rights were protected because staff understood the legal requirements of the Mental Capacity Act 2005

People were supported to meet their healthcare and dietary needs.

Is the service caring?

Good ●

People felt comfortable with staff and described them as supportive and respectful.

People's privacy and dignity was respected and their independence promoted.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good ●

People received support that was responsive to their needs by a

staff team that knew them well

People chose how they spent their time and were supported to engage in meaningful opportunities.

Systems were in place to ensure any concerns raised were reviewed and responded to.

Is the service well-led?

Good ●

People were satisfied with the service they received and had opportunities to provide feedback to drive improvements.

The management team had systems in place to monitor the quality of the service provided and they understood their legal responsibilities.

Staff felt supported and understood their roles and responsibilities.

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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.

The inspection was prompted in part due to us receiving an increase in notifications in relation to how people were being supported when they were anxious, and due to the number of times the police were called to incidents to assist staff when people had become anxious .

This inspection took place on the 14, 18, 20 December 2017 and 4 January 2018 and was announced. We gave the provider 24 hour's notice that we would be visiting the service. This was because Livewell (Care & Support) Ltd provides personal care and support to people with learning disabilities and autism that live in 'supported living' settings. We needed to make arrangements to speak with people using the service, staff, and to have access to their records.

Inspection site visit activity started on 14 December 2017 and ended on 4 January 2018. It included visiting people who had agreed for us to visit them in their homes. We visited the office location on 14 December 2017 and 4 January 2018 to see the provider, registered manager, office staff and to review care records.

The inspection was undertaken by one 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. The expert-by-experience area of expertise was supporting people with learning disabilities and autism.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for

information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with 10 people who used the service and 10 relatives, four project managers, four support workers, the deputy manager, the registered manager and the director. We looked at a sample of records including six people's care records, three staff files and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

Is the service safe?

Our findings

People were supported to keep safe. One person told us, "I feel safe here and the staff support me to go out and stay safe". Another person said, "Yes I am safe and the staff help me to stay safe when I go out or when I am here and cook". Relatives we spoke with told us, "Yes our family member is safe there is a member of staff with them 24/7 including sleep in cover. There are enough staff and they monitor who comes in through the door." Another relative told us, "Yes our family is safe, we have no concerns". Staff we spoke with knew how to recognise and report potential abuse to keep people safe from harm and they confirmed they had received training. One staff member told us, "I have done the training and I know how to escalate any concerns. I would report any issues to a manager and I am confident I would be listened to and action would be taken".

The provider had reported safeguarding concerns appropriately and had taken any required action to keep people safe. Due to an increase in the safeguarding incidents we had received and the number of occasions the police had been called to incidents, we reviewed each of these during this inspection visit. We found there had been an increase in safeguarding incidents due to an increase in some people's anxieties. The provider had also identified this and had undertaken an analysis into each incident to identify any patterns and trends. In response to this analysis, the provider had taken action to provide support and further training to staff to enable them to have the skills to respond positively to situations using agreed techniques and the least restrictive practices. The provider acknowledged that staff had called the police in some situations where this was not appropriate. The provider has taken action to address this with the staff members to ensure they understood the procedures to follow.

Staff told us and records showed they had received training on how to support people in the least restrictive way when people demonstrated behaviours that may put them or others at risk. One staff member said, "I have received training in restraint and we have clear procedures about this. We try other techniques first such as distraction and restraint is used at the last resort". Where incidents occurred detailed records were in place to demonstrate the support the person received, and the techniques used. These were then analysed to ensure staff had used the appropriate techniques and to identify ways the person could be supported to reduce these behaviours. For example, ensuring people were engaged in activities to reduce their anxieties, or referrals to healthcare specialists for behaviour support or counselling.

People told us they had been involved in developing risk assessments to support and guide staff to reduce any risks and prevent people from harm. One person told us, "I have risk assessments in my file and these tell the staff how to support me to keep me safe and to provide support when I need it to prevent me from placing myself at risk". Staff we spoke with demonstrated knowledge of the risks associated with supporting people and the strategies in place to reduce these. One staff member said, "There are risk assessments which cover a variety of needs for people for example, cooking, accessing the community, medical needs and any behaviours people may present. The protocols guide us on how to respond to situations, and where needed what techniques to use to reduce people's anxieties". We saw risk assessments were under continuous review to ensure any changing needs were addressed.

Most of the people we spoke with and their relatives told us they were supported by the same staff who knew them well. One person said, "I have the same core staff team that support me and they know me and my routines well". A relative said, "Our family member seems to have the same staff and they are happy with them so they receive consistent support". We received some feedback from relatives and people who told us that at times they had been supported by agency staff. This was due to staff vacancies, annual leave and sickness. The provider told us about some of the issues they were facing trying to recruit staff in certain areas. The provider told us they used the same core team of agency staff who had met and worked alongside people prior to working with them on their own. The provider was actively recruiting to the vacancies. The staffing levels were based upon each person's individual support needs and contractual arrangements. For some people this at times presented a negative impact on them where they had shared staffing hours with another person. For example, not being able to undertake certain activities. The project managers were advocating on behalf of these people and had requested reassessments and additional hours to be funded. The provider worked with people to agree times of their staffing support and aimed to be flexible in the way the staffing hours were utilised.

Safe recruitment practices were in place. Staff we spoke with confirmed they had provided all of the required recruitment information. One newly recruited staff member told us, "I had all the checks done before I started working here and this included references, a police check and checks on my employment history". We reviewed three staff files and these demonstrated that all of the required recruitment information was obtained before staff commenced employment.

We reviewed how staff supported people to take their medicines. One person told us, "The staff give me my medicines as I do not feel safe to do this myself. I get my tablets when I need them. If I am in pain they will give me tablets to take the pain away". A relative said, "The medication given is consistent and safe". People consented to staff to support them with their medicines. Some people had their medicines locked away securely in their rooms or they were stored securely in an area in their home. Staff we spoke with confirmed they had received medicines training which included an assessment of competence. The deputy manager told us, "Once staff have completed their training they are then assessed three times to check they are competent". Records seen showed that people received their medicines as prescribed. Where people had medicines on 'as required' basis, staff had the knowledge to enable them to recognise when people may need this medicine, and records were in place to support them. Some people had medicines administered covertly and placed in their food. Records showed that best interests meetings had been undertaken to discuss this and the rationale for this action. Where medicines were administered in response to people's anxieties this was recorded on the medicines record. A project manager told us, "Before staff can administer as required medicines for people's anxieties they have to gain permission from a manager so we can be assured they have tried other strategies first. We monitor the use of these types of medicines". Staff we spoke with knew about the support people required to apply their creams, but body maps were not in place in all services to underpin this practice. The provider confirmed that this would be actioned.

Systems were in place to continually monitor any accidents or incidents which were analysed for patterns or trends. This analysis was undertaken at various levels within the organisation and action taken as required. In relation to the increase in safeguarding incidents lessons were learnt and additional support was provided to staff from the provider's behavioural support team. Where improvements can be made, this information was shared with staff in core team meetings. The provider told us, "We have regular meetings as a management team to review how we support people and the strategies we use. We monitor the services provided to people to continuously review what we can do better and to enable people to achieve their potential".

Is the service effective?

Our findings

The provider assessed people before they were supported by the service to ensure their needs could be met. These assessments included information about people's diverse needs including ethnic origin and sexual orientation. One person told us, "We had many meetings at the start and I came and visited my home to see if I liked it. I made a choice to share with the people I live with and I agreed what support I needed to live independently. I helped write my support plans and risk assessments and told the staff what my goals and aspirations were and I am working towards these". A relative said, "We have been consulted throughout the process, from assessment to support plans to reviews. Our family member had a good transition period and they were consulted about all aspects of the support they needed to live independently". The provider told us they had accepted people on an emergency basis to prevent them from being admitted to other more secure placements. In these circumstances, the provider and managers obtained as much information about the person as possible from the key people involved in their lives to enable information to be shared with staff. We saw support plans were reviewed regularly to enable the staff team to support people in accordance with their needs and preferences. People's support plans focused on the promotion of their independence and inclusion in the community where they lived.

People told us they were happy with the support they received from the staff team. One person said, "My staff team are great, they know me well and they encourage me to do things for myself. I think they have the skills for the job I have no concerns". A relative told us, "Staff support [person] very well and help to improve [person] independence. They have grown and matured a lot in the last 5 years." We received feedback from some relatives who told us the training of staff could be improved. One relative said, "The staff are variable some are excellent but some from the agency have very little understanding of autism". We shared these comments with the provider who advised that all staff including agency staff received generic training in supporting people with learning disabilities and autism as part of their induction, and records we saw confirmed this. The provider advised us about their plans to deliver person centred workshops to enable staff to gain further skills and knowledge to support people based on their individual needs in relation to their autism.

Staff we spoke with confirmed they received core training for their role, which equipped them with the skills, and knowledge to support people effectively. One staff member told us, "I have completed all core training for my role and it was good. I think I am due some refresher training which my manager said will be planned for the new year. I am up to date in my NaPPi training so I can manage any incidents safely". Non- Abusive Psychological and Physical Intervention (NaPPi) is specific training to equip staff with the skills necessary to support people with their behaviour in a safe way. A newly recruited staff member told us, "I am currently completing my induction and working through the Care Certificate workbook. I had shadowing opportunities when I first started and worked alongside experienced staff. This has enabled me to meet people that I would be working with and to get to know them, and for them to get to know me. I have read peoples files and been able to ask any questions to help me to gain additional knowledge on how to support people in accordance with their preferences".

Discussions with staff demonstrated that not all staff had received training in relation to specialist areas

such as diabetes, epilepsy, and living with mental health issues. We discussed the benefits of staff accessing specialist training that would enable them to gain further skills to support these specific needs of the people they supported. The provider advised this training would be considered as part of staff development and training plans.

Staff confirmed they received regular supervision and we saw a plan was in place to ensure supervision was provided on a regular basis. A staff member said, "I feel supported and can call a manager for advice at any time, in addition to receiving regular supervision". The registered manager and provider acknowledged that appraisals were overdue and we saw that a plan was in place to ensure staff received these in the next few months.

People confirmed they were supported to make decisions regarding their meals. Most of the relatives we spoke with were also happy with the support provided. One person said, "Each week I complete my menu planner and then I go shopping with staff to buy my food and then I cook a meal of my choice. Although I complete the planner, I can change my mind about what I fancy to eat. The staff support me to make healthy choices but we have snacks as well if I want, we are not restricted". Another person told us, "I am trying to lose weight so the staff help me with this and to access local slimming clubs". We saw that where people were not able to verbalise their choices pictorial aids were used to support them. The support plans we looked at included information about people's preferences in relation to food and drink. They also included the support people required to make their meals including any identified risks. We saw that staff supported some people to monitor their weight and food intake; however, this was not always monitored at the required intervals as reflected in people's support plan. We raised this with the project manager and the provider who were aware of the gaps and issues and advised us of the action being taken to address these.

People and their relatives confirmed they received support to ensure their healthcare needs were met. A person said, "The staff will support me to attend all routine appointments and any other appointments I need to attend such as with my consultant". A relative told us, "They will ring the doctor if they think our family member is unwell and support [person] to attend their appointments. Staff support [person] to manage any medical needs. We always receive feedback from the staff following their appointments". A health action plan was in place for people and some people had hospital passports if these were needed. These provided support staff and health care professionals with information about the person's healthcare needs to ensure people could be supported in an individualised way. Records showed that information following any appointments was recorded so it was clear what the outcome was and any actions that were needed to maintain someone's health. Staff we spoke with had a good knowledge of people's healthcare needs and could describe how they supported people with these. Staff told us they had made referrals for people in their best interests to ensure people received the support they needed. For example to counselling services if people were feeling low in mood.

The provider and staff told us how they worked with professionals both within their organisation and externally to ensure people received consistent and effective support. For example, the provider has an internal behaviour support team and these staff members provided guidance and strategies for staff to follow to support people that may become anxious and placed themselves at risk. A staff member also told us how they worked closely with an independent teacher to enable a person to re-engage with education studies. Discussions with the provider, manager, and staff demonstrated their motivation to work collaboratively with other services and professionals to ensure people received effective support.

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 people lack mental capacity

to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People we spoke with told us they made decisions about their life and staff gained their consent before providing support. One person told us, "I am in control of my life and the staff support me when needed. The staff may not like some of the decisions I make or the risks I take but they respect the choices I make". Another person said, "Staff do not restrict my life I make decisions in my life and they guide and support me". Staff we spoke with had a good knowledge of the legislation and confirmed they had received training. Staff understood the need to ask people's consent, and were able to explain how they did this on a daily basis. A staff member said, "I see myself as an advocate for people. I support people to live a life they choose and promote their human rights without unnecessary restrictions". We observed staff asking people's consent and providing choices to the people they supported. We did identify an issue where some people where restricted in their home they shared with other people, as the front door was locked and only one staff member held the key. This had an impact on some of the people because they had to ask the staff member to open the door to enable them to go out. The provider acknowledged this as restrictive practice and took immediate action to address this during our inspection. Records reviewed contained information about any restrictions on people's liberties and how these were managed in their best interests. We noted for one person who received a medicine in their food, a capacity assessment had not been completed. The provider took action to address this when we raised this with them. The provider told us that a full MCA audit was planned to review all systems, records and support people received to ensure the service was working in accordance with the principles of the MCA across the service.

Is the service caring?

Our findings

People told us they were happy living in their homes and with the support they received from the staff that supported them. One person said, "I like and trust the staff that support me, they are kind, and they listen to me and I can talk to them about anything. I am very happy here". Another person said, "The staff are good, they help me live the life I choose". We did receive some comments from a person who was not happy with all of their current arrangements, and issues discussed with us were shared with the provider. The person did tell us, "I get on well with the staff that support me and they assist me to go out and do the things I enjoy".

During our visits to people in their homes, we were able to observe for a short period of time the way staff and people interacted and the support that was provided. We saw that staff treated people with respect and in a kind and compassionate way. We saw that people were relaxed in the presence of the staff and we observed some friendly interactions, and banter between staff, and people. We saw that some people were encouraged to open their front doors to visitors and staff respected that they were working in people's own homes. We saw that some people were tactile with staff, for example, we observed people hugging staff or holding their hand. We saw that people responded positively to staff and knew the staff that were supporting them.

Staff we spoke with consistently spoke about and referred to people in a caring, and respectful way. We saw staff showed kindness and compassion in their interactions with people. Staff we spoke with knew people well and this was demonstrated through the interactions we observed. Records seen contained information to enable staff to gain an insight about people and their past lives, and about what and who is important to them.

We heard staff speak to people respectfully using their preferred methods of communication. Staff were patient in explaining tasks to people and gave people time to process the information before making choices. We saw that some people were able to communicate verbally using certain words and other people used pictures and symbols, or Makaton. Staff were responsive to people's communication needs which demonstrated that staff knew people well. Staff were mindful about how our presence could impact on people's anxieties and they provided reassurance and support when we spent time with people.

People we spoke with told us staff assisted them to make decisions about their life and promoted their independence where possible. One person said, "The staff always give me choices and encourage me to make decisions about my life. They encourage me to do as much for myself as possible so I complete all of my household chores and help pay bills and choose what I do every day. The staff are here to help me live as I want to live not to tell me what to do". Another person told us, "The staff do try and encourage me to do things and to be independent but sometimes I cannot be bothered especially when I am feeling down. The staff listen to me when I am feeling down and reassure me, some of them are good at that". Discussions with staff demonstrated they shared the vision of the provider to enable people to live an empowering life and have their human rights promoted. A person we spoke with told us how they had made a positive choice not to vote recently and how staff had spent time discussing with them about all of the possible options.

People told us they were supported to maintain contact with people important to them. One person told us, "I am looking forward to going home to spend time with my family and friends over Christmas. I ring and visit them when I want to and see my boyfriend when I want to". Another person said, "I have my own phone so I can call who I want and see who I want. The staff talk to me about keeping safe both online and when I go out".

People had a representative that used the service that advocated on their behalf. We had a meeting with this person who told us about the work they did and how they championed people's voice and ensured feedback was shared with the manager and provider. Meetings were arranged with people that used this service monthly and they discussed what was important to them. We saw that minutes were then completed following these meetings, which were shared with people. The manager of 'Our Voice' told us how proud they were to have the role and this was evident during the discussions we shared. They told us, "I feel valued and listened to by the managers and provider who I meet every other month to share the outcome of the meetings held. We discuss any issues and ways to address them if needed; I then provide feedback to people in the next meeting. My support worker helps me in my role and will help me to organise my files and to write the minutes. I love doing this job". Systems were in place to ensure people also received support from independent advocates if they needed to make more complex decisions about their life such as where they wanted to live.

Is the service responsive?

Our findings

People told us they were consulted about the support they needed. One person said, "I was involved in the assessment and this information was then used to develop my support plan. I can read my plan whenever I want and make changes. We review this usually on a monthly basis. I sometimes discuss my support needs with my family but it is my choice. The staff ask me what information I would like to share so I make the decisions". A relative told us, "Our family member wanted us to be involved and we supported them from the assessment stage to developing their support plan to reviewing it. The staff keep us informed about their well-being and our family member has agreed to this. We think they receive a personalised service that is responsive to their needs". We saw that some people were not always able to contribute to their support plan due to their complex needs. In these cases family and professionals were consulted to ensure the support plan was developed in people's best interests and based on their preferences.

Staff we spoke with were knowledgeable about people's needs, personal history, preferences and routines. One staff member told us, "My focus is on the person they are at the centre of everything I do. My role is to ensure they live the best life they can". We saw people's support plans were detailed and tailored to people's individual needs. They considered people's complex needs in relation to their autism, epilepsy, emotional, behavioural and mental health needs. These provided staff with guidance and direction on how to support people. We found that continual assessment of people's needs and consideration of people's autism was evident. For example, environmental factors that can influence people's behaviour had been taken into account in their homes. We found that where needed staff had worked with the behaviour support team to enable them to provide individualised support which was responsive to people's needs.

People told us about how they spent their days and how staff supported them to access meaningful activities they enjoyed. One person told us, "I enjoy making things and I go to an arts and crafts college where I design and create my masterpieces. I enjoy it and I have sold some of my work so that is good. I also enjoy going to bingo and out for meals. I spend my days how I wish and the staff support me when I need them to." Another person said, "I do volunteer work a couple of days a week, which I really enjoy. The staff supported me to get this work. I also love having 'girly time' with my friends and I go to the gym to. I choose what I want to do and the staff support me". We spoke with a person who told us they would like to do more volunteer work, and about the barriers they faced to do this. Discussions with staff and the provider assured us that action was being taken to support this person to achieve their aim. Relatives we spoke with told us people were engaged in doing things they were interested in. Some relatives felt their family member could do more, but when we explored this, we found these people were able to make their own choices about how they wished to spend their days. We found that where possible people were supported to attend education or college. For one person this was a huge achievement as they had not engaged in education for a while so this was a success for them and the staff that had supported them.

People and relatives told us they knew how to raise any concerns. One person said, "If I was not happy I would just say. The staff would listen and help me make a complaint if I wanted to, or I would ask to see the manager or the main boss. She would come and listen and sort it out. I have no complaints or concerns I am happy with everything". A relative said, "I have no complaints but I would not hesitate to raise them if I had. I

think I would be listened to and action taken". We received some comments from people and relatives, about some areas that were not working well. We discussed these with the provider who was able to provide explanations for some of the comments that were shared and agreed to provide responses accordingly.

A complaints procedure was available in a format people could understand, however, some people may not be able to make a complaint due to their complex needs. Staff we spoke with told us about the signs that would indicate that people were expressing they were unhappy about something. For example from their body language and their facial gestures. Staff told us they would report this to the managers and try to find out why the person was unhappy. The managers told us how they often observed people interacting with staff and how they looked for signs to indicate if people were happy in the service. We reviewed the complaints records and the issues that had been raised since our last inspection. We saw that these had been investigated and outcomes recorded. The registered manager and provider told us about some of the learning that had taken place in relation to the concerns that had been raised. This included staff receiving specific training, people's routines had been reviewed, and people were supported to address any tenancy issues.

Is the service well-led?

Our findings

People we spoke with told us the service was managed well and in their best interests. One person said, "For me I am happy with everything and the way I am supported". Another person said, "I am satisfied with the support I receive and if there are any issues, I raise these so I think the service is managed well". Most of the relatives we spoke with also told us the service was managed to enable people to live the life they choose. A relative said, "I think our family member gets a quality life and the staff that support them are well matched so we are very happy with the way the service is provided and managed". Another relative told us, "I do approach the management and 9/10 they listen and respond but they can be slow at getting back to us". We received some comments from relatives about the inconsistencies of staff for some people and lack of communication to them in some areas. All feedback was shared with the provider who advised on the actions being taken to address these issues, and they agreed to speak with some relatives to discuss their feedback in order to seek resolutions.

The registered manager had been in her post with the service for six months. She was successful in registering with the Care Quality Commission prior to our inspection visit. There was a management team in place, which consisted of the registered manager, deputy manager, and project managers who had key roles and responsibilities covering certain supported living schemes. Each project manager supervised a team of support workers. Discussions with the management team and the provider demonstrated their wealth of knowledge and experience in working with adults with a learning disability, autism and people living with complex needs. This knowledge had supported them in their understanding of the needs of the people that used the service. The registered manager was being supported by the management team to gain an oversight of the service provided. Both the registered manager and deputy manager visited people often to ensure people were being supported in line with their support plans. The deputy manager supported us to visit people and it was clear people knew who she was. This was evident because of the way people reacted in a positive way when she was present. We saw she was inclusive in her approach, and she engaged with people in a way they understood. Discussions with the deputy manager demonstrated that she knew people well and knew about their specific needs.

The registered manager and provider were both clear about their responsibilities. We had received notifications when significant events had occurred within the service. Discussions with the provider demonstrated she had a good oversight of the service. Systems were in place to enable this oversight to be effective. We saw audits were completed at all supported living settings in relation to areas such as care records, finances and medicines. All incidents and accidents were recorded and reviewed at each location and then sent to higher management where they were analysed for patterns and trends. Where shortfalls were identified action plans were put in place to address these. For example in response to the recent increase of incidents at one location, further training and support from the internal behaviour support team had been implemented to reduce these, and provide support to staff and people. Where we found shortfalls in the records such as gaps in daily notes, and weights, these had been identified and escalated and were being addressed. We also found that staff were not always recording the rationale for the use of 'as required' medicines, including what other least restrictive techniques had been used when people were upset and anxious. Staff were seeking permission to administer these medicines in accordance with the policies in

place. The provider assured us further support and training would be provided to staff to improve their record keeping.

Discussions with staff demonstrated their commitment to ensuring people's equality and human rights were promoted and people lead fulfilled lives. Staff shared the provider's vision to support people to reach their full potential and to receive individualised support. A staff member told us, "I love my job and ensuring people live each day as they choose. I think the service is managed well and I feel supported in my role". Another staff member said, "This is a good provider to work for I feel valued and supported. The provider and management team are visible and we see them as they visit people. The provider is hands on and she even helped us when we had all that snow and she came out and helped us clear the snow and she made sure staff could get to work and people were supported, it was great team work." Staff we spoke with told us they had regular meetings and they felt confident to raise any issues or ideas and felt listened to. Any lessons learnt or improvements were shared with staff at team meetings. Staff demonstrated their knowledge of the provider's whistleblowing policy and they were confident to raise concerns. Whistleblowing is the process for raising concerns about poor practice. A staff member said, "I would not hesitate to raise any issues about poor practice, I have a duty of care to people and I take that very seriously. I know the management team and the provider would take action".

Systems were in place to enable people, relatives and staff to be consulted and encouraged to give their views about the service to drive improvement. These included surveys, which were sent to people in an accessible format. We reviewed the results of the recent survey that had been undertaken and these indicated people's satisfaction with the support they received. Where comments had been received about improvements, action to address these were recorded. For example in relation to the use of agency staff. In addition to this people told us, they had regular house meetings, and meetings with their local representative. The provider had also arranged 'service user engagement events' where all people that used the service were invited to meet up for a social gathering and an opportunity to provide feedback. These events were also arranged for staff in order to gather feedback about their role. The provider told us about a secure email address called 'tell us' which people were able to access to provide feedback directly to her. The provider also used newsletters in order to share information with people.

The provider was able to tell us about how they strive to continuously assess, learn and improve the service. The provider told us, "We try to keep up to date with national and local guidance, and a representative attends local provider forums. I have signed up to various professional organisations to access current guidance in relation to learning disabilities, autism and providing supported living to people". The provider and management team worked with various professionals including commissioners, and other agencies to ensure people received the support they needed, and to develop the service. As part of the development plan for 2018 the provider intended to deliver person centred workshops and a full review and audit of the service would be commissioned by an independent quality manager.

At our last inspection in June 2016 we rated the service as Good. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people that used the service. We were able to see the rating displayed at the service and on the provider's website.