Community Homes of Intensive Care and Education Limited

Excel Support Services Limited - South East

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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 25 and 26 April 2017 and was announced.

This was the first inspection of Excel Support Services Limited - South East (Also known as CHOICE supported Living - East.) They were previously registered but the provider changed in October 2016 which meant that the service was newly registered at that time. The service offers a supported living service to people with learning and other difficulties which impact on their ability to live independently. The service assists people to hold their own tenancies to enable them to live in their own homes. It aims to support and encourage people to become as independent as possible, with only as much intervention from care staff as is necessary. The service, currently, supports 71 people in 39 premises.

The service is required to 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. There is a registered manager running the service.

People, staff and others were kept as safe as possible. Exceptionally, people were positively supported to learn how to keep themselves safe. People were protected by staff who had received the appropriate training and received training themselves so everyone knew how to recognise and deal with any form of abuse. Staff had been safely recruited and were suitable to provide people with safe care. People were supported, by trained staff, to take their medicines safely. All significant risks were identified and managed to keep people and staff as safe as possible.

People's right to make decisions and choices for themselves was upheld by staff. Care staff understood how important it was to people to give consent and direct their own life. People's rights were protected by staff who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People's needs were met by a committed and caring staff team who were exceptional at equipping people to attain as much independence as possible. They were creative and innovative in finding ways to support people to gain communication skills so they could express themselves more fully. It ensured staff could understand people and people could understand staff. Any information relating to people who use the service were produced in formats people may be able to understand and often in individualised formats. The service, unusually had a number of ways of ensuring people could get involved in planning and running their service. People's diversity was recognised and respected and they were treated with respect and dignity at all times.

People were supported to be part of the community and experience a wide range of activities, including attending work and college.

The service was well managed by a registered manager and management team who were described as open and supportive. The service had numerous ways to continually monitor and assess the quality of care they offered. Any shortfalls or improvements needed were identified and acted upon.

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 and people were trained in and knew how to keep themselves and others safe from all types of abuse.

Staff were recruited in a way which meant that the service could be as sure as possible that the staff chosen were suitable and safe to work with vulnerable people.

Risk of harm to people or staff was identified and action was taken to keep them as safe as possible.

Staff supported people to take the right amount of medicine at the right times.

Is the service effective?

Good

The service was effective.

Staff met people's needs in the way they preferred.

Staff understood the importance of helping people to make their own decisions and seeking their consent before offering care.

Staff were well trained and supported to make sure they could provide good care.

The service worked closely with other healthcare and well-being professionals to make sure people were offered the best care to meet their needs.

Is the service caring?

Outstanding

The service was extremely caring.

Staff were very, very good at making sure that they could understand what people were saying and that people could understand them.

People were actively supported to be very involved in the running of the service.

The service was exceptionally good at helping people to be as independent as possible.

People received care from a kind, respectful and caring staff team who recognised their diverse needs and supported them to meet them.

Is the service responsive?

Good

The service was responsive to people's immediate and changing needs.

People were offered care that met their needs, in the way they wanted.

People's care needs were regularly looked at and their care plans were changed, if necessary.

People knew how to make a complaint, if they needed to. The service listened to people's views and concerns and ensured that any issues were addressed and rectified.

Is the service well-led?

Good

The service was well-led.

Staff felt they were valued and well supported by the management team.

The registered manager, the management and staff teams made sure the quality of the care they offered was maintained and improved.

People, staff and others were asked for their views on the quality of care the service offered. These were acted upon and the service tried to continually improve to make things better for people.

Excel Support Services Limited - South East

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 25 and 26 April 2017 and was announced. The provider was given notice because the location provides a supported living service. We needed to be sure staff would be available in the office to assist with the inspection. Additionally we needed to be sure people could be properly prepared to talk with us in the office and/or give permission for us to visit them in their homes.

The inspection was carried out by two inspectors over two days.

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.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We received 12 notifications since October 2016. These included safeguarding incidents. All notifications were sent to us when required and in the correct timescales.

During the inspection visits we spoke with 17 people who use the service. Seven people chose to talk to us in the office and we visited a further ten people (with their permission) in their homes. We spoke with the registered manager, the assistant regional director and five staff. After the day of the inspection we received information from seven staff members. We contacted 24 local authority and other professionals and received responses from four, including the local safeguarding team.

We looked at a sample of records relating to individual's care and the overall management of the service. These included ten people's care plans, a selection of policies and a sample of staff recruitment files and training records. The assistant regional director sent us further information we requested, shortly after the inspection visits.

Good

Is the service safe?

Our findings

People told us they felt safe in their homes and with the staff who visited them. One person said, "Yes I feel safe with staff, I only have good staff. Once when I didn't have good staff they (managers) got rid of them." Another said, "Yes I feel safe, I'm not afraid of anything." A further comment was, "The staff make me feel safe." Sixteen of the seventeen people we spoke with told us they felt safe. One person felt safe with staff but didn't always feel safe because of issues with another person. The service was aware of difficult relationships between some house mates and staff were taking appropriate action. Three local authorities told us they had no concerns about the safety of people, currently using the service.

People were protected by care staff who were provided with up-to-date safeguarding training. Care staff were confident that the registered manager and other senior staff would respond immediately to any safeguarding concerns. The service had a whistleblowing policy, which staff had used, and they told us they would not hesitate to involve other agencies, if necessary. Staff told us they were given a whistleblowing card at induction. This advised them how to whistle blow to protect people, should it be necessary. The twelve safeguarding concerns identified since October 2016 (when the service was registered) had been appropriately dealt with. A large number of the safeguarding concerns concerned behavioural issues and/or altercations between people.

The service actively encouraged people to keep themselves as safe as possible at home and in the community. People were provided with information about what abuse was and what they should do if they felt they were being abused. This was provided in a format that people were able to understand. Exceptionally people were offered the opportunity to participate in training called, "keeping me safe" which helped them to understand how to protect themselves in different situations.

There was a high level of understanding of the need to make sure people were kept as safe as possible. The provider had established a safeguarding adult's forum which met every three months to discuss any safeguarding referrals or incidents which had occurred. The last forum was held 4 March 2017. Additionally safeguarding incidents were reviewed at the organisation's monthly board meetings. Any actions to be taken to reduce the risk of similar incidents occurring were 'rolled out' across all services. This meant that as many people as possible would benefit from any learning or improvements made.

People and staff were protected from risk of or actual physical harm. Detailed health and safety policies and procedures were understood and followed by the management and staff teams. A health and safety committee meeting was held every three months as was a health and safety board meeting. The last meetings were held on them 4 and 7 March respectively, They audited and oversaw all health and safety matters. General and environmental risk assessments included stress and lone working. The service had developed a business continuity plan which instructed staff how to deal with emergencies. These included reduced staffing levels, emergency accommodation and loss of information technology systems. For example all vital information about people and the running of the service was 'backed up' on senior staff's laptops. This information was encrypted and held securely according to the requirements of the Data Protection Act.

The service recorded accidents and incidents but records did not show clearly the overall investigation process and the actions to be taken to minimise the risk of recurrence. However, it was apparent in other records that actions such as reviewing care plans and providing additional equipment had been put in place. As these were not always cross referenced with incident and accident reports it was not clear that actions had been taken as a consequence of the incident or accident. Managers did not always sign the accident and incident forms to show they had been checked and approved. However, monthly returns were sent to head office where accidents and incidents were recorded and any trends noted and checked.

The service worked closely with accommodation providers to ensure people's homes were safe. Managers and staff told us that the landlords they worked with responded quickly to any maintenance issues that caused safety risks.

People's safety was enhanced by the inclusion in plans of care of detailed risk assessments which clearly identified any significant risk to them. Risk management plans were effectively incorporated into the daily support plans. Examples included physical health, alcohol abuse/misuse, and risk of self-harm and using kitchen equipment.

People were, generally, supported to take their medicines safely. Staff supported most people directly whilst others were assisted to take their medicines independently. The help people needed with their medicines was clearly described on their plans of care which included supplementary medicine administration risk assessments. The service had recorded 18 medicine errors since registration In October 2016. None of the errors caused harm and were generally based around record keeping. The service was attempting to reduce the number of medicines recording errors. They took appropriate action to investigate why the error had occurred and change procedures as necessary. Actions taken included additional training (which was changed from E-learning to face to face training) and displaying reminder posters and leaflets in appropriate places with regard to medicine safety.

The service used a monitored dosage system (MDS) to make sure people were given their medicines in the right quantities, at the right times. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The system used included easy read information and photographs of individuals. The medication administration records seen on the day of the visit were accurate and complete.

All staff, who administered medicines, had received up-dated training and their competence to administer medicines was checked regularly. People, who chose to administer their own medicines, participated in training, alongside staff. Their competency to take their own medicines safely was assessed regularly and a certificate to confirm they had met the requirements of the training was issued to them.

People were offered the amount of staff time as identified in their care plans as required to meet their individual needs. The service applied to the funding authorities if people needed enhanced staffing levels to meet changing needs. The service would not accept a care package unless they had the staff with the skills to meet individual needs. This was noted as inflexible by some other professionals but as necessary for people's safety and quality of life by the managers of individual houses. Additional staff were made available, as necessary, for out of the ordinary events such as illness, activities and other crises.

People were supported by staff who had been recruited using a robust recruitment procedure. Comprehensive checks were made to ensure that, as far as possible, only staff who were suitable to work with vulnerable people were employed. Checks included those to confirm prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. The service verified references and people's identities as required. The application forms for the most recently recruited staff

members were, generally, fully completed and any gaps in work histories were explained. There were some minor issues with two of the six recruitment files seen. The assistant regional director took immediate action and rectified the issues identified. A new check list was developed, to reduce the risk of further omissions, before the end of the first day of the inspection

Good

Is the service effective?

Our findings

People said, "I need support with both (physical and personal care) and the staff are helpful. They look after us." Other people said, "It works for me", "They always help me" and, "Staff do things properly and well."

People were supported to maintain and improve their health, as necessary. The service worked closely with other professionals to ensure that people were kept as healthy, emotionally and physically, as possible. These included psychiatrists, psychologists, GPs and specialist nurses. Care plans included detailed information on how to deal with people's specific medical conditions such as diabetes. Visits and follow up appointments to health professionals were clearly recorded in people's files, where appropriate.

People whose behaviour may cause distress or harm to themselves or others were well supported by the service. People had very detailed proactive behaviour plans which ensured staff knew how to intervene as early as possible when people were becoming distressed. Any techniques to be used, including any physical restraint were detailed in the individual's behavioural management plans. All staff completed nationally recognised training which was regularly updated to ensure staff were as competent and confident as possible in the use of physical restraint. Physical restraint was used as a last resort to keep people and staff safe. Any interventions used to help people to control behaviours were recorded in detail and reviewed for the purposes of learning and support for people and staff.

People were helped to choose, buy and prepare their food, according to individual's identified needs as recorded in plans of care. Nutritional requirements were assessed and food and fluid intake records were kept, as appropriate in a supported living environment. Dietitians and the speech and language teams were referred to, as necessary and any advice given to staff was followed. People were encouraged to eat a healthy balanced diet and follow professional nutritional advice but some chose to ignore such advice. Care staff were trained in any areas which required specialist knowledge of food preparation or feeding techniques.

People's rights were upheld and care plans included information with regard to people's capacity and ability to make decisions about different areas of their care. People told us they made decisions about their care and lifestyle. People told us that staff listened to what they wanted. One person said, "They listen to what is said and what I want." During visits to people's homes it was evident that care staff asked people what they wanted to do and offered advice and encouragement to think through alternatives themselves. For example one person was encouraged to think about what was the appropriate thing to do because they were ill.

People were involved in initial assessments and subsequent care planning. They signed to say they agreed with the content or staff described how people had demonstrated their agreement. Some care plans showed how young people had been supported to make decisions for themselves even if their families were not in full agreement.

The service had a clear understanding of the Mental Capacity Act (2005). 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. Staff had received training in the principles and operation of the Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The assistant regional director had sent information to the appropriate local authority to advise them that some people may be being deprived of their liberty and applications to the court of protection may be required.

People were provided with care and support by staff teams who met their individual needs. Staffing was arranged in different ways depending on the accommodation and needs of people. For example people who lived in shared houses or housing schemes were often supported by an established staff team who worked exclusively in that particular service. These staff teams worked according to a twenty four hour rota system which provided consistent care. Additionally, there was a community support team who worked with people who lived in their own homes and received specific care packages. The community team used a scheduling system to meet the needs of people who use this part of the service. The community team provided the same carers as often as they were able to ensure as much continuity of care as was possible. The community care team had not recorded any missed calls since registration. The service were continually recruiting so that they would always have enough staff to meet the needs of the people who used the service. However, recruitment and retention of staff was an ongoing issue that was constantly reviewed by the management team.

People were supported by well trained staff who received appropriate training to ensure they could meet the diverse needs of the people they supported. Staff members told us they had good opportunities for training and mandatory courses were completed at the scheduled times. For example, challenging behaviour training was refreshed every three years and early intervention/restraint training was refreshed every 12 to 18 months. Specialised training was provided to meet people's individual needs. This included epilepsy, diabetes, equality and diversity and bullying training and workshops. Exceptionally, people who used the service were invited to attend appropriate training courses with staff. These included keeping safe, first aid, medication communication and anger management training. Forty eight of the 140 staff had attained a relevant health and/or social care qualification. The service was working to increase these numbers but staff often moved on to other career opportunities once they had qualified.

People were offered support by staff who received a comprehensive induction which equipped them to work safely with people. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool. Staff told us they felt their induction equipped them to work safely with people. They said they were not expected to do anything they did not feel competent to do. Additionally they told us their competency was checked through completing modules of the care certificate and talking through learning during joint and one to one. Shadow shifts were completed prior to people being able to work alone.

Staff felt they were well supported by the management team and this assisted them to give good quality care to people. The assistant regional director told us that one to one meetings with staff (supervision) had not happened as regularly as the supervision policy stipulated it should since October 2016. However, supervisions were either completed or scheduled to ensure they were brought up-to-date. Staff felt they could approach any of the management team to obtain advice, direction or support whenever they felt it necessary.

Outstanding ☆

Is the service caring?

Our findings

One person told us they only had, "Very good care staff". Others described them as, "Beautiful", "kind and caring" and, "Generally they're a good crowd…we like them they're a good bunch."

People benefitted from a service that was extremely creative in developing ways to make sure that individuals were able to communicate and staff were able to understand their tailored and inclusive methods of communication. Care plans included an area entitled "communication, this is how I communicate with you and how you need to communicate with me." The communication charts included guidelines regarding how to use people's individual communication systems and any guidance from speech and language professionals.

For example some people with behaviours that may cause harm or distress, sometimes said one thing but meant another. The psychology and staff team were involved in identifying facial expressions and body language that staff could interpret and therefore communicate more effectively with people. This also aided staff to intervene earlier when people were becoming distressed and consequently reduce behaviours that could have a negative impact on the individual or others.

Other communication plans were written in the 1st person and people were provided with person centred picture/photographic boards, cards and books to enable them to express themselves. They were used as choice, reminiscence, expression and/or request tools for individuals. The use of these tools meant that people, whatever their verbal communication skills, were empowered to engage with staff and others and have more control of their daily lives. Additionally their ability to communicate their wishes and desires enhanced their feelings of satisfaction, belonging and confidence. Staff members described how they used various communication systems to understand individuals, such as picture referencing and body language. For example people were supported to use their communication system to develop their unusual activities programmes and do things they had never attempted to do before.

For those more able to communicate verbally the communication charts included information such as, "[Staff] need to be clear and not use expressions or statements I do not understand" and, "I expect people to be polite to me."

People's enhanced ability to communicate with staff and vice versa had resulted in staff being able to establish effective working relationships with people. It was also much easier for people to express any health or emotional needs they had. Staff were able to identify any issues quickly and take the appropriate action. For example people who needed frequent blood tests for different conditions were supported to ask other professionals to liaise more effectively to reduce the amount of blood tests. People were much more co-operative and compliant with the necessary tests when there were fewer of them. This impacted on their physical and emotional well - being. For another person who had communication difficulties, the service helped them to participate in an activity involving animals. This was an activity they really looked forward to and one they discovered they were able to do well. Working with animals gave them confidence to express themselves and identify a long term goal (to do animal therapy). This enhanced their self-esteem, added

interest to their life and greatly improved their enjoyment of their lifestyle.

The service had invested in a number of innovative ways to make sure that people were as involved as possible in the overall planning and running of the service. These included a service user committee, people being supported to be members of the local learning disabilities partnership board (organised by the local authority) and 'expert' auditors. The service user committee included people who had individual methods of communication. They were assisted by mentors to put forward their views. The committee had notably produced a list of characteristics they felt they needed to have in a care worker. This was used in the recruitment process, in which people were involved, as appropriate. Expert auditors were people who used one of the providers' services and visited others to gain the views of the people who lived in them. They were trained to undertake the work and presented a report (with support, if necessary) after their visit. An overall report of the experts' work was presented to the board to tell them what the experience of living in or receiving their services was like. People were additionally encouraged to take part in decisions made by the society in general. For example easy read information about how to vote in the upcoming general election had been produced and was a topic of discussion between people and their key workers.

Care staff were exceptional at supporting people to maintain and increase their independence, as appropriate. People had highly person centred, detailed plans of care which included developmental goals and ways to attain them. People had achieved independence in areas they particularly wanted to. These included training and development programmes to enable them to take their own medicines which had increased privacy and control of their daily routine. Access to the community independently which meant that they had more opportunity to go out and could come and go as they chose, as safely as possible. Others had learnt or were learning to prepare their own meals which meant that people had control over what they ate, their daily routine, attained more privacy and they could reduce the number of people entering their home. The achievement of these goals gave people confidence, a feeling of self-worth and enhanced their lifestyle. One person said, "They are helping me to gain confidence so that I can become independent, that's what I really want."

The service was highly committed to identifying, respecting and supporting peoples diversity. Care plans included any religious, cultural or lifestyle choices. They noted any support or help people might need to meet their diverse needs. These included sexual preferences, religion and ethnicity. For example care plans noted if people celebrated particular religious festivals or lifestyle celebrations, if they gave gifts and who to. They were then supported to celebrate these occasions as they chose. People were accompanied and/or transported to their chosen places of worship and staff were knowledgeable about their beliefs which were respected. Additionally people were supported to attend specific groups which assisted them to accept and embrace their sexuality. One person told us, "I'm happy now. Staff really help me to be myself." A staff member gave an example of a person who had profound physical difficulties being supported to participate in activities such as ice-skating and horse riding. The person had always wanted to participate in such activities so staff found suitable activities, risk assessed each one and facilitated their wishes.

Staff protected people's privacy and dignity at all times. They were able to describe how they did this and provided examples such as, "We only stay as long as we need to when helping people wash their hair, we then leave them alone to continue privately" and, "It's important to ask if they are happy with me helping, we can't just assume therefore always ask." Another said, "Service users can chose staff, if they decide they do not like a certain support worker they can decline them." Three staff told us they attended a workshop based on dignity, values and respect and personal care was role modelled to ensure dignity and privacy was upheld. One staff member said, "Dignity champions have been selected from the support team to ensure this standard is excelled throughout the staff team." One staff member said, "We have many people who wish to have their own space and time alone and this is always respected, risk assessments will be in place

around this and staff will be aware that they are required to follow these at all times and to record any changes that may need to be made." A service manager told us, "Personal care is always done respectfully and the way each person requires. We encourage staff to make this an enjoyable time for each person and to follow support plans, as each individual likes their personal care a different way. To encourage staff to really think about each individual needs before carrying out any tasks."

People were provided with information to ensure they knew what to expect from the service and what their particular responsibilities were. This information was produced in formats designed to ensure people had the best opportunity to understand it. These included easy read, photographs, pictures and simple English. Other relevant policies and procedures, including a list of advocacy groups and individual advocates, were also produced in a variety of people friendly formats.

People's information was kept confidentially in the office and in a place people chose in their homes. Staff had a good understanding of confidentiality. For example one staff member wrote, "All confidential documents and sensitive information is all locked away only accessible to the necessary people."

Good

Is the service responsive?

Our findings

The service offered people extremely person centred care and was highly responsive to people's changing needs. For example people told us how the service had supported them with some health issues by providing more frequent and different types of care in their recovery period.

People's initial assessment was completed with them and /or their families and other professionals, as appropriate. Care plans were developed with individuals and their involvement in the process was clearly recorded. The service worked with people and other professionals, as necessary, to plan and deliver care according to people's individual needs, preferences and wishes.

The highly personalised care plans contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. For example they contained sections entitled, "What do I prefer or enjoy?", "What is important to me", "What do I dislike" and "My routines." Care plans were reviewed, with people, annually as a minimum and whenever their needs changed. People told us they could ask for a review and that they could go to their meeting if they wanted to. People's presence or absence at their review was noted.

The staff teams had various communication methods to ensure they remained up-to-date with people's changing needs. The methods used depended on the nature of the service being offered. For example staff in the community team were kept up-to-date with any necessary information to meet the person's current needs by phone, texts and meetings. In shared houses and schemes with a permanent staff team information was shared by means such as daily notes, handover meetings and regular house meetings. Care plans were changed quickly, as necessary and senior staff would re-assess people's needs when requested to do so.

The service was fully aware of the negative effects of isolation, especially for those people who lived alone and had a limited care package. They had developed a scheme called the, "smile buddy system" which helped people to form a relationship with another person who shared their interests. Staff encouraged and supported the relationship to try to ensure people did not feel lonely or isolated. People told us the service helped them to retain a long term relationships by providing transport and assistance to facilitate visits. They told us how important it was for them to continue with relationships that they had developed, some over a 20 year period.

People were supported, if appropriate and included in their individual care plans, to participate in activities, obtain work placements and/or access learning opportunities. The service provided a variety of opportunities and support for people to increase their experiences and enhance their lifestyle. Additionally activities and events that were not specifically part of care plans were provided by the service to increase people's opportunities to socialise and make friends. These included a "CHOICE (the provider) has got talent" competition and celebrations such as BBQs and seasonal parties. People told us they really enjoyed events and participated whenever they could. People assisted staff to plan events via the "service user party planner committee".

The service encouraged and/or supported people to put forward their views of the care they received. This included using the complaints procedure. People knew how to make complaints if necessary. People said they knew who to tell if they were not happy or were worried in anyway. People behaved confidently in the presence of staff and were willing to approach them to discuss any issues. The service had a robust complaints policy and procedure which they followed when they received a complaint. The complaints procedure had been produced in an accessible version which included photographs pictures and simple English. The service had received five complaints and three compliments since October 2016. Complaints had been recorded in detail and appropriate action taken to resolve any issues.

Good

Is the service well-led?

Our findings

There was an experienced and qualified registered manager who had oversight of the service. However, the day to day management of the care was delegated to the assistant regional director. The registered manager told us the assistant regional director was applying to the Care Quality Commission to take over as the registered manager of the service. The various houses and community provision were supported by service managers with the assistance of a deputy, in some cases. The service and deputy managers worked within the homes or the community teams. They supervised, role modelled and directed the support the staff team provided for the 71 people who use the service.

Staff described the management approach as, "Open, honest and fair "and "Fair, firm and approachable." Additionally, staff told us they received training in values and looking after people well. One commented on the provider's way of working saying, "Very person centred putting the needs of our service users first." Another told us, "… on the whole, staff teams work together with their Service Managers very well and respect each other, support each other with any weaknesses they may have and want the best for the people they support." Additional comments included, "The management is extremely supportive when needed and is willing to allow their employees to grow as individuals within their roles". "We all work as a team and supported. There is always someone available for advice and support" and "there is always management available during office hours and we have a great on call system for emergency support."

People knew who directly managed their house and staff team and knew who the assistant regional director was. They told us they could approach any of the managers (the people in the office) and told us they could particularly talk to the assistant regional director if they had any concerns or problems.

The service had recognised that there was a high staff turnover and the impact this could have on people who they provided care to. They had developed a, "valuing staff strategy" and had initiated a, "Choice care group academy". The academy was an approach to recruitment and training to develop and value staff. The service recognised staff and staff team achievements. These were related to the impact staff had on the lives of people. They included awards for, the most positive outcome for a service user, expert auditor's award, most improved service and made most difference to people's lives award. The service produced a publication called, "Choice News" which was provided to ensure everyone was kept up-to-date with all the activities, developments and projects that were underway or had been achieved. One staff member expressed the views of others when they told us, "I feel very valued as part of a team. I am given ownership responsibilities." However, in the 140 person staff team turnover remained high. The service continually recruited, often recruiting above the staff numbers needed to try to ensure full staffing was maintained.

People and staff were encouraged and supported to put forward their views and thoughts about the care provided. There were various ways people made their views known to the provider. These included service user committees, the "experts" involvement in the equality assurance process and attendance at reviews. Area annual conferences were held for staff. Different groups of staff, such as service managers, had regular meetings which were minuted and were available to everyone. Each service manager set up staff meetings as appropriate to the type of service they managed. A staff member commented, "I know I can talk openly

and have my views heard. I know that if I have an idea it is listened to." Another said, "Staff meetings with management are held monthly and we are always given the opportunity to speak up when necessary."

The service made sure that people benefitted from good quality care which met their individual needs. There were robust quality assurance systems used throughout the organisation, which were completed by the service. These included a number of audits such as, a senior manager 'spot checks' people's homes and observes staff practices approximately once a month and at people's request. Service managers completed an overall audit on their own service one month and another service on the second month. Senior managers completed a random audit, with a few days' notice, of people's homes or the office every two months and additional six monthly 'spot checks' were completed by other senior managers. The provider had a quality team which completed a themed random audit a minimum of once a year. Reports for all quality assurance visits were produced and any issues highlighted to the registered manager for action. Health and safety, medicine and a variety of weekly audits were completed routinely in the different services. Additionally landlords visited properties regularly to ensure the environmental standards remained adequate. One staff member said, "I can see there are always continuous improvements to ensure the safety of the services." Another commented, "We get things done. Proactively and with pride."

People's care was supported by care plans which were up-dated regularly. People's current needs, preferences and any risks to them or others were reflected in their records. Records relating to other aspects of the running of the service, such as staffing records, were well-kept and up-to-date. The management team understood when and why to send any statutory notifications to the Care Quality Commission. Records kept supported the safety and quality of care provided to people who use the service.

One local authority had issues around quality, care practices, record keeping and communication in relation to the support people who lived alone received. There were no issues identified with any of the group living services. The care governance concerns identified resulted in the development of action plans to address them. These included a need to respond more quickly to people's healthcare needs, more thorough documentation and better communication with other professionals. The service had worked with the local authority and resolved the concerns they had identified.