Dimensions Somerset Sev Limited

Dimensions Somerset Frome Domiciliary Care Office

Inspection report

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Date of inspection visit:
26 June 2018
27 June 2018
11 July 2018

Date of publication:
10 August 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

We carried out a comprehensive inspection of Dimensions Somerset Frome Domiciliary Care Office on 26 and 27 June and 11 July 2018. This was the first inspection since the service was registered with us. This was an announced inspection.

Dimensions Somerset Frome Domiciliary Care Office is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults who have a learning disability, autism or complex needs. It is operated by Dimensions Somerset Sev Limited, part of a national not for profit organisation providing services for people with learning disabilities, autism and complex needs.

This service provides care and support to 96 people living in 14 'supported living' settings, so they can live in their own home as independently as possible. Many of the people using the service required 24-hour support from staff due to their care needs. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection only looked at people's personal care and support.

The homes people lived in were located in Somerset. Some people lived on their own; some had multiple occupation. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. There were offices and sleep-in rooms for staff in some of the homes.

Not everyone using Dimensions Somerset Frome Domiciliary Care Office received a regulated activity. CQC only inspects the service where people were provided with personal care. This included support with eating, drinking, medicines and community access.

The care service has been developed and designed in line with 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. Registering the Right Support CQC policy.

There are two registered managers in post. Each is responsible for a number of supported living services. 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.

We spoke with people who used the service. Some people spoke about their service in some detail. Other discussions with people were limited, so we also used our observations and our discussions with people's relatives and staff to help form our judgements.

People and their relatives told us the service promoted people's welfare and safety. One person said, "Yes, I feel safe; very much so." Staff understood how to recognise signs of abuse and knew who to report it to. When accidents or incidents occurred, systems were in place to learn from them.

Medicines were managed safely. Risks were well managed which enabled people to retain their independence and receive care with minimum risk to themselves or others.

Staff had developed close, trusting relationships with people. One person told us, "Staff are kind, fantastic. I love them." People and their relatives were happy with the care and support provided by staff.

The provider was currently consulting on a restructure to the organisation. Relatives and staff both spoke about their anxiety if this resulted in changes to the staff team. Both relatives and staff felt this would adversely affect people. Consultations were still ongoing so it was not clear at the time of our inspection if the provider's proposals would be adopted or what the impact may be.

Staff were well trained and had the skills and knowledge required to support people effectively. One person said, "Yes, the staff are well trained. The staff know me very well." People interacted well with staff.

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 protected from abuse and avoidable harm. Risks were identified and managed well.

People were supported by sufficient numbers of suitably trained staff to keep them safe and meet their individual needs. Staff recruitment was safely managed.

People were supported with their medicines in a safe way by staff who had been trained.

There were effective systems in place to review and learn from accidents and incidents which occurred.

Is the service effective?

Good

The service was effective.

People made decisions about their lives and were cared for in line with their wishes and choices. People's legal rights were upheld.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and patient. They treated people with dignity and respect.

People, and those close to them, were involved in decisions about their care and the service more generally.

People's diverse needs were known and met.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They were part of their community and were supported to follow and develop their personal interests.

People, and those close to them, shared their views on the care they received and on the service more generally. Their views were used to improve the service.

Is the service well-led?

Good

The service was well-led.

The aims of the service were clear. There was accountability and responsibility at each level within management teams.

People's views were sought on the quality of their service. Relatives were also consulted. Their views were valued and acted upon.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were effective quality assurance systems in place to make sure that people received high quality care and any areas for improvement were identified and addressed.

Dimensions Somerset Frome Domiciliary Care Office

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 checked 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 26 and 27 June and 11 July 2018 and was announced. This was because we needed to arrange to visit people in their own homes in advance. It was carried out by one adult social care 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.

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 the information in the PIR and at other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We visited three homes which accommodated 16 people in total. During these visits we met eleven people who used the service, read seven people's care records, spoke with two team managers and six staff members. We also visited the office base for the provider to speak with both registered managers. During the inspection we looked at staffing rotas, a selection of policies and procedures, staff training records, complaints and compliments, one investigation report, team manager meeting records and quality

monitoring audits.

During the course of the inspection, the expert by experience contacted four people who used the service (who lived in two different homes) and five relatives (whose family members lived in three different homes) by telephone to gain their views on the quality of the service.

Good

Is the service safe?

Our findings

The service was safe. People who used the service told us they felt safe and were treated well by staff. Comments included: "Yes, I feel safe; very much so", "Yes, I do feel safe at (name of home), I have got staff here" and "Staff are always with me. They make sure I'm safe." People told us they knew who to speak to if they did not feel safe at any time.

We spent time with people during our visits to their homes and observed the support provided to them. The positive and friendly interactions between staff and people indicated they felt safe and at ease in their homes. People engaged with staff without hesitation for assistance, advice and reassurance throughout each of our visits.

People's relatives told us they had no concerns about the safety of their family members. Each thought the service promoted people's welfare and safety. Relatives would be happy to talk with staff if they had any worries or concerns. When asked if they thought their family member was safe, comments from relatives included: "Yes. He is always well cared for with staff always around to support him. He is very happy, even when I am not there he rings me to tell me he is happy", "Oh yes, I thoroughly recommend it, it is a marvellous place" and "Oh yes, it is the best place he has ever been. It is very good at (name of home)."

Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. Each member of staff told us they thought the service was safe for people. One staff member said, "Yes, it's definitely safe. If I ever had any concerns I would report them straight away. There's lots of information about who to report any concerns to."

The provider had just completed an investigation following a concern which had been raised about people's safety in one home. We read this report and saw the issues had been taken seriously and investigated in a fair and thorough way. No issues regarding people's safety had been found, but there were some minor areas for improvement, which had been acted upon immediately. The PIR stated the provider had "An internal safeguarding panel which reviews all safeguarding incidents." This additional check helped to ensure people remained safe.

People told us they were supported by enough staff to ensure their safety. One person said, "Yes, there is enough staff to look after me day and night. We have night staff that come in." Another person told us, "Always someone there if I need them." Each home had specific staffing requirements dependent on the needs of the person or people who lived there. For example, some people had one to one or two to one staffing at times; others shared staff who were on duty. Rotas in each home were planned in advance to ensure sufficient staff with the right skills were on duty.

The PIR stated the service employed 214 staff. Staff generally worked in one home, which ensured consistency and meant staff and people got to know each other well. There were current vacancies in staff teams; staff recruitment was ongoing. Vacant hours were covered by permanent staff working additional hours, by the provider's bank of staff or by agency staff. Discussions with staff and the rotas confirmed that regular bank and agency staff were used whenever possible. This helped to ensure people were cared for by staff they knew and understood their needs.

There were safe staff recruitment and selection processes in place. Recruitment was handled centrally by the provider. Each staff member had to complete an application form, provide a full employment history and attend a face to face interview. Thorough checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable people. Staff were not allowed to start work until satisfactory checks and references were obtained. New members of staff were on probation; if this was completed successfully, they were offered a permanent contract. This ensured staff were suitable to work for the service.

There were comprehensive systems in place to learn from adverse events. Staff completed a report for each event, when an accident or incident occurred. The relevant team manager read and reviewed each report. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate. Reports were entered onto the provider's computer system. This meant the registered managers also carried out a further review and discussed incidents with the relevant in house team, such as the health and safety team or the behavioural team. This helped to identify any patterns or trends and ensure appropriate action had been taken.

People spoke with us about risks they faced. One person said, "The staff are helpful and supportive; they would help me get out if there was fire." Another person told us, "It's better here than where I lived before. That was on a main road, very dangerous to cross. It's nice and quiet here but I can still walk to the shops on my own. I'm a diabetic, so I wear this wristband. This tells other people about that just in case anything happens to me." Relatives thought risks were well managed. One relative said their family member, "Is not safe to go out on his own, he has no hazard perception. He is mobile but needs support as he is vulnerable." Another told us their family member was supported by staff because "He has no road sense, he doesn't understand the risks."

We read risk assessments relating to each home and people's individual care. All risk assessments were up to date. They were reviewed regularly or when risks to people changed. Any potential risks were identified and steps taken to reduce, or where possible, eliminate them. Risks were managed in a way that supported people to remain safe, but limited the impact on their freedom or independence. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

There were plans in place for emergencies. People had their own plans if they needed to be evacuated in the event of a fire or if they needed to be admitted to hospital. Each home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. Team managers or deputy managers were 'on call' each day. Staff could also contact the registered managers if they needed to. This meant staff had extra support or advice in an emergency.

Most people had medicines prescribed by their GP to meet their health needs; some people did not take any medicines. People spoken with told us they always had their medicines on time and had some

understanding of why they took them. One person told us, "I'm a diabetic. I can't have any sugar. That's why I'm on tablets." Each person told us they had a safe place to keep their medicines and we saw some people's storage arrangements. People looked after their own medicines if they chose to. One person said, "I take my medication myself."

Staff helped other people with their medicines. One person said, "Yes, the staff give it to me." Relatives told us their family members had the right medicines and these were given on time. One relative said their family member, "Takes medication and they (meaning staff) ensure he takes it every day. They make sure it is the correct medication, they are quite particular."

Each person had a care plan which described the medicines they took, what they were for and how they preferred to take them. There were clear guidelines to follow when people needed 'as and when required' medicines such as painkillers. Their use was monitored to ensure they remained within safe limits.

Staff received medicines administration training and had additional checks before they were able to support people with medicines. This was confirmed in discussions with staff and in the staff training records. Medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacies for safe disposal when no longer needed.

Team managers and both registered managers helped oversee medicine safety. Action was taken if errors occurred. This included retraining staff or changing a procedure to ensure the error did not recur. The provider was actively promoting the reduction in the use of medicines to support people with learning disabilities. It was clear some people had already started to benefit from reductions in the medicines they took.

Good

Is the service effective?

Our findings

The service was effective. People and their relatives told us staff were well trained, understood people's care needs and provided the support people needed. One person said, "Yes, the staff are well trained. The staff know me very well." Another person told us, "They know about me." When asked if staff had the right knowledge and skills, one relative said, "Definitely permanent staff. The key senior support workers, they definitely are (well trained) and the other general staff." Another relative told us, "They seem to be (well trained). The ones (staff) he has got really seem to know what they are doing."

Staff had training which helped them understand people's needs and enabled them to provide people with the support they needed. New staff received a thorough introduction to the service and 'shadowed' experienced members of the staff before they supported people on their own. All staff received basic training such as safeguarding, first aid, fire safety, infection control and food safety. Staff had also been provided with specific training to meet people's care needs, such as caring for people with a learning disability, epilepsy, autism and those living with dementia and how to move and handle people safely using specialist equipment. Staff were very positive about the training they received. One staff member said, "Training is good. It covers everything you need to know."

Staff told us they were well supported. They usually worked in, or were based in, one home. There was lots of informal support available to them, such as day to day discussions with their peers, individual team managers or with senior staff. Staff had regular formal supervision (a meeting with a senior member of staff to discuss their work) and annual appraisals to support them in their professional development. There were also regular meetings of staff teams who worked in each home and a verbal and written handover of important information when staff started each shift. One staff member said, "We have supervisions every four to six weeks. Team meetings are usually monthly. You can talk about anything you want, just put in on the agenda. Lots of our discussions are informal though. You discuss things every day as they come up. It's good; it works."

People said they were able to make many of their own decisions about their care and support as long as they were given the right information, in the right way and time to decide. People told us staff discussed their care with them and they could decide what care they wanted or did not want. One person said, "Yes I discuss it (my care) with them (staff)." Another person told us, "They (staff) take time to talk to me (about their care)."

Some people were not able to make all decisions for themselves and we therefore looked at how the Mental Capacity Act 2005 (MCA) was being applied. The 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 were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. They knew who should be consulted if a person could not make a decision for themselves. We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. People close to them had made the decisions in their best interests if the person lacked capacity. One relative said, "Yes, I am involved. I go to the doctors with (name) and a member of staff."

People said their health care was well supported by staff and by other health professionals. One person said, "Yes, they (staff) always ask me how I feel. If I was poorly they would get me a doctor." Another person told us, "Yes, if am not well I go to the doctors or dentist." Relatives told us their family member's health care support was good. Comments included: "Oh yes, he has one or two things and they (staff) always take him to the doctor pretty rapidly. He has eye tests and everything is alright as far as I know. I think he is well catered for", "They (staff) organise his medical appointments and dental and chiropody appointments" and "Oh yes, they (staff) are very good at that."

People's care was tailored to their individual needs. Each person had a detailed health care plan, which was up to date. This described each person's health needs and any risks to their health. People saw their GP, dentist and optician when they needed to. People had annual health checks if they chose to. People had specialist support, such as from an epilepsy nurse, psychiatrist, learning disability nurse and speech and language therapist to help ensure they remained in good health.

People's health care was kept under constant review by staff. Staff knew people well and often picked up on small or subtle changes in a person's mood or behaviour which may indicate people could be in pain or unwell. People's health plans explained how a person may show they were unwell if they were unable to communicate this verbally, such as how they may behave. One relative said, "If they are concerned at all they get in touch."

People told us staff helped them chose the meals they wanted and helped them with food shopping. One person said, "I like salad, I eat healthy meals. I get to choose what I eat, I go shopping for food Monday or Tuesday." Another person told us, "I do choose what I have to eat from my menu folder." Staff encouraged people to have a varied and balanced diet. They monitored people's food and drink intake to ensure each person received enough nutrients every day. One relative told us, "Yes, they (staff) make sure he has balanced meals. They have meal planning and make sure he has plenty of fruit and veg."

Some people needed help to eat or drink or were at risk of choking; they needed their meals and drinks prepared in a way which reduced this risk. Staff understood how to prepare these for each person; this was in line with their care plan. A relative said, "They (staff) liquidise everything", to reduce the choking risk to their family member.

Good

Is the service caring?

Our findings

The service was caring. People said staff were kind, patient and caring. They liked the staff who cared for them and trusted them. Comments included: "Staff are kind, fantastic. I love them", "Staff are very kind, very helpful", "All of the staff are kind" and "Staff are very nice. Any worries, I can talk to them." When asked if staff were kind and considerate, relatives commented: "Yes they are", "Oh yes, I have no problem with them" and "Oh yes, everyone seems to be very happy. They (staff) are quite fond of (person's name)."

During our visits to people's homes we saw they looked happy and settled whilst on their own or in the company of staff. There was a calm and homely atmosphere in each home we visited. There was lots of joking, laughter and friendly banter between people and staff. One person said, "The staff make me laugh. I love some of them." Another person told us, "We all have a laugh. I love it here."

Staff had built close, trusting relationships with people often over a long period of time. The provider was currently consulting on a restructure to the organisation. Relatives and staff both spoke about their anxiety if this resulted in changes to any of the staff teams. Both relatives and staff felt any changes may adversely affect people. One relative said, "I am worried now as I worry about do they know what (person's name) needs." Another relative told us, "There are a lot of changes. I think they (people supported) need staff who know them well enough to look after them. I am worried. Do they know what (person's name) needs? They come in and then someone else comes in; the staff keep changing." Consultations were still ongoing so it was not clear at the time of our inspection if the provider's proposals would be adopted or what the impact might be.

Staff were aware of and supported people's diverse needs. People had a wide range of needs across the fourteen homes supported by staff. Some people had specific interests, hobbies, religious or cultural needs; others had specific dietary needs or allergies. These were understood and met by staff. One person said, "I go to church on Sundays." A relative told us their family member went to, "Faith and light; a church activity." Another relative told us their family member loved cars. "They bought my son a car. It doesn't go anywhere, but he goes and sits in it. It is his own personal space and he loves it."

Staff showed concern for people's wellbeing in a caring and meaningful way, and were observed responding to people's needs quickly. One person said, "If I ever need more help I just have to ask." Staff knew how to support people as care was well planned and they had been provided with the training they needed. Staff were very positive about the care they provided; they thought about each person and treated them as an individual. Comments from staff included: "Really good care here. People have the life they deserve", "There is a very high level of care here. We all have people's best interests at heart" and "This is a lovely house for people to live in. They all seem very happy here. They would tell you if they weren't."

People told us they were encouraged and supported to be as independent as they could be. Comments included: "I go out on my own, usually every day. It's fine. I cook for myself and try to keep my flat tidy", "I get

up and I can have a shower and get dressed on my own. Staff just need to help me with my tablets and with cooking", "I go for a walk, tidy my room and I help with the cooking." Some people did things which may appear small to others but could be significant for that person, such as helping to make their own drinks or help prepare meals. People's relatives said staff were good at supporting people's independence. One relative said, "Oh yes she (their family member) does everything for herself, accessing the community. She is very independent."

The PIR stated, "We ensure that dignity and respect is at the heart of service delivery." During our visits to people's homes, we saw staff treated people with dignity and respect. Staff addressed each person by name and spoke with them in a calm, respectful way. People chose what they wanted to do and how and where to spend their time. When we asked each person if staff respected them and the decisions they made they said, "Yes, they do."

People's privacy was respected. People spent time in their own flats or bedrooms when they wished to. When staff provided personal care, they made sure bedroom and bathroom doors were shut. Staff knocked on people's doors before they entered their flats or rooms. Staff gave people privacy when they had visitors but were available to provide support if needed. People who shared homes used communal parts of the home, such as the lounge, kitchen and gardens, when they wished. We saw people did this during our visits.

People told us they kept in touch with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished. Some people visited or stayed with their relations regularly. One person said, "I have a sister, a niece and my nephew who I see. They come here and I go to them sometimes." Another person told us, "My family come to see me and I go to see them."

Good

Is the service responsive?

Our findings

The service was responsive. People told us they participated in the assessment and planning of their care as much as they were able to. Others close to them, such as their relatives or other professionals involved in their care, were also involved. People and their relatives were encouraged to visit one or more homes before they moved in to decide if it was the right place for them. One person said, "I came for lots and lots of visits. I came for meals and to meet other people here and the staff. I decided I liked it and moved in. I love it here." A care professional involved in this person's care commented they had been impressed with the "Positive approach, person centred practice and effective communication to see if this move is right for them."

We looked at seven people's care records. One person said, "Yes, they have a file in the office (their care plan) they talk to me about." Care plans included people's routines, interests, likes and dislikes, communication and specific care needs. Plans were detailed; each part of a person's plan described the support they needed and identified any risks. All of records were kept up to date and reflected people's current needs. Staff were changing all paperwork from the old provider's format to the new provider's. One staff member said, "Been a good process really. It's given us a bit of time to really look at the care people need and the risks to people. It's been a lot of work, but really useful."

People attended regular care review meetings with their relatives, a social worker and staff. Each person shared their views. One relative said, "Yes they have an annual review with (person's name) and the staff. I couldn't make it, so we did it face time." Another relative told us, "My daughter goes to (review) meetings as I can't go. We just get the odd questionnaire and we did telephone surveys." Relatives felt staff understood people's needs and adapted care and support if needs changed over time.

People and their relatives told us people were well supported in choosing and attending work placements, social groups, activities and trips they enjoyed. Comments included: "Sometimes I go to the theatre or cinema; they (staff) go with me. I have a day at the seaside coming up and going out for lunch. I work at a playgroup. I look after the toy library in a school on Tuesday morning", "I do bingo on a Monday, Tuesday I go to a disco, Wednesday we do storytellers, Thursday office skills, Mencap Friday. Have a rest Saturday. Sunday we just chill" and "I do volunteer group, book club, access a gym on my own every week, drama, storytelling and arts and crafts." One relative told us, "They take her (their family member) out. She goes swimming most weeks if she wants to. She likes to go shopping and to a café. They take her to various things around. She goes to the day centre three times a week and they took her to see Mama Mia."

People had a wide range of communication needs. Staff communicated effectively by speaking with people, using sign language, pictures, objects and interpreting people's responses or body language. People's care plans explained how each person communicated. Where people used non verbal communication, plans were very detailed. We saw staff were confident in using non verbal methods of communication.

People told us they could complain if they were unhappy with their service. Some people were able to use

the complaints procedure independently; others would rely on staff to help them. If people showed they were unhappy through their behaviour, this was monitored closely. One person told us, "If I'm worried about anything or upset I talk to the staff. They always help me." Another person said, "If I'm not happy I know I can complain. I would tell the staff." When we asked if people had needed to make a complaint, every person spoken with said "No." Relatives knew how to complain. One told us, "I haven't made any complaints, apart from his (their family member's) taste in buying clothes, really insignificant stuff." Another said, "I am going to (complain) about the staff situation and the way they are being treated."
The PIR stated, "We log any complaints, concerns and compliments on our system and we respond to these within the appropriate timescales." We looked at the complaints the provider had received since their registration with us. This showed each had been taken seriously and investigated in line with the provider's policy. The complainant had been informed of the outcome. When complaints were upheld, action was taken to try to ensure the issue did not recur.

We reviewed the provider's approach relating to people's end of life care wishes and preferences. They had an end of life policy and were having conversations with people, and those close to them, to find out their wishes. These would then be added to people's care plans. Conversations were carried out sensitively, as they were not always easy to have. One registered manager told us these had not been "fully rolled out" across the organisation, but was "high on our agenda." Some staff members had been trained in the Gold Standards Framework, to support this process. This standard aimed to optimise care and support for all people approaching the end of their life in care settings.

Good

Is the service well-led?

Our findings

The service was well led. There was an established management structure with clear roles and responsibilities at each level. There were two registered managers in post; they were called 'Area Directors' within the organisation. Each was responsible for specific supported living services. One relative said, "There are two managers and they come out and just turn out to do spot checks on things." Another told us, "I do know who the managers are. I have been to meetings, when Dimensions took over. They talked to us at small groups in the day centre."

Discussions with both registered managers showed they were experienced in their roles, understood their responsibilities and were committed to providing each person with good quality care. They said they were well supported and "worked really well together" as a management team. There was a good flow of information to and from each of the homes. The registered managers oversaw team managers, who managed one or more of the supported living services on a day to day basis. Team managers were supported by deputy managers and/or senior members of staff within their own staff teams.

People spoke highly of the team manager of the home they lived in. Comments included: "The manager is (name), I have talked to him. He is nice", "It is (manager's name), and (deputy manager's name) is the deputy. Yes, I can talk to them" and "(Manager's name) she is nice; I can talk to her." Relatives said team managers were known to them and were easy to talk to. One relative said, "Yes, we know her as (name). We feel we can talk to her; she is listener." Another told us, "One phoned me immediately and asked how my son was and I told him it couldn't be better."

Relatives and staff both spoke about their anxiety of potential changes in the management teams and staffing in the homes, which they felt may adversely affect people's care and the service more generally. One relative said, "Everything is fine. I know those people (the staff) who have been there a long time. They care, so why change everything?" Another relative told us, "I feel sorry for the staff. They are under so much pressure. The trouble is it may be the most experienced staff that go." One staff member told us, "It's all really worrying. People get good care, but that is now. What sort of care will they end up with?" Consultations were still ongoing so it was not clear at the time of our inspection if the provider's proposals would be adopted or what impact this may have.

The aims and objectives of the service were clear. The provider stated in their literature, "Our Mission. To provide high quality personalised support for people with learning disabilities and autism, helping them to be actively engaged with, and contribute to, their communities." The provider had effective quality assurance system to monitor the effectiveness of their 'mission', the quality and safety of the service and to identify any areas for improvement. The PIR stated, "The Area Director will meet with the Team Manager monthly to review the service, problem solve, identify a plan of action, provide feedback, share ideas and ensure minimal standards are being met." The team managers completed monthly audits of the services they managed, which focused on quality and safety. These then fed into the provider's auditing systems.

The registered managers visited people's homes, both formally and informally. They told us they wanted to be "visible." Formal quality and compliance audits were carried out. Actions plans were developed where areas for improvement were identified. Registered managers told us they spoke with people, relatives and staff, observed care and support, toured the homes and reviewed records. This enabled them to maintain an overview of all aspects of people's care and their safety as well as more general areas, such as staff morale and recruitment. They held monthly group meetings with team managers. This enabled managers to receive training, support each other and share good practice. The provider had a number of roles or teams within the organisation which helped to assess, maintain or improve the quality of the service. These included a best practice manager, performance coaches and behavioural support team.

People told us they shared their views on the service. One person said, "Sometimes we have tenant's meetings and we say what we think about things." Another person told us, "We have tenant's meetings once a month." People spoke with staff informally each day. Some people's behaviour and reactions to events was monitored closely as they would often show their views in this way. People's relatives were consulted and they said they were listened to. One relative told us the manager of their family member's service, "Yes definitely (listened to me). If he is on duty when I go there he will meet with me and will also come in if I need to see him, even on his days off." Another relative told us, "I know her (the manager's) first name. I talk to her regularly. We have a chat most weeks and she tells me what he (their family member) has done and what the staff says."

People's relatives were happy with the service their family member received. Comments included: "The staff are the best thing. She (their family member) can come home each week for a few days. It is a lovely house with lovely residents and when you go there you feel very welcome" and "The feel of the place (was the best thing). He (their family member) is so happy."

The provider kept a record of any compliments they received. They had received a number of compliments from a wide range of people including relatives, members of the public and health and social care professionals involved in people's care. Comments included: "(Person's name) seems to be in good spirits, and I want to thank you and the team for your dedication in looking after her", "Thank you for everything everyone does for (person's name)" and "(Person's name) is cared for by a very caring, kind, professional and dedicated team of staff."

People said they were part of their local communities. People in one home we visited kept chickens; they sold eggs to their neighbours. People used lots of community facilities such as social groups, clubs, day services, shops, supermarkets, cafes, leisure centres, gyms and banks. People went out with staff during our inspection visits. One person said, "I go out every day. I'm well known in town. All the people in the town and shops know me as I've lived in the town for so long." Another person told us, "I go to Slimming World and I go to disco's as I like dancing. I go to drama group; were practicing for a show at the moment."

Staff worked in partnership with other health and social care professionals. Staff told us they had developed good links, such as with GPs, community nursing teams, epilepsy nurses and speech and language therapists. The provider also employed some care professionals, such as behaviour specialists, who supported people. This enabled people to access specialist support to meet their needs, reduce risks and staff to access guidance on current best practice.

There were systems to continually learn and improve. The provider was a large organisation and therefore

there was regular input into the service from senior managers, finance and human resources departments. Accidents, incidents and near misses were checked by team managers, registered manager and others such as the health and safety team. There was a thorough system to review incidents and prevent recurrence. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.