Creative Support Limited

Creative Support - Bedfordshire Service

Inspection report

Red House Court
Clarke's Way
Houghton Regis
Bedfordshire
LU5 5BH

Tel: 01582865002
Website: www.creativesupport.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Creative Support – Bedfordshire Service provides personal care and support to people who live in extra care housing schemes across three locations; Redhouse Court in Houghton Regis, Lavender Court in Ampthill and St Georges Court in Leighton Buzzard. At the time of our inspection they were providing a service to 53 people.

This inspection took place on 4, 5 and 6 October 2016, and was announced. At the last inspection in October 2015, we asked the provider to take action to make improvements to the number of staff on duty and the completion of mandatory training for members of care staff. This action had been completed.

The service has a registered manager in post that was present throughout our inspection. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe and were supported by consistent, reliable staff. Staff understood their responsibilities with regards to safeguarding people and they had received relevant training. There were systems in place to safeguard people from the risk of possible harm.

Accidents and incidents were reported promptly, analysed by senior staff and action taken to reduce reoccurrence. Personalised risk assessments that gave guidance to staff on how individual risks to people could be minimised were completed and updated regularly.

The service had robust recruitment procedures in place. There were sufficient staff on duty to meet the care and support needs of people and an effective system to manage the rotas and schedule people's care visits in each of the schemes.

There were effective systems in place for the management of medicines. People were supported to take their medicines as prescribed, where assessed as required.

Staff were skilled and competent in their roles and were supported by way of spot checks, supervisions and appraisals. These were consistently completed for all staff and used to improve and give feedback on performance.

People were complimentary about the catering services provided at the schemes and the support they received at mealtimes. People were supported to maintain their health and well-being and accessed the services of health professionals.

Staff were kind, caring and friendly. They provided care in a respectful manner and maintained people's dignity. People were involved in making decisions about their care and their consent was sought. Positive

relationships existed between people and staff.

People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided. Each person had a detailed care plan which was reflective of their needs and had been reviewed at regular intervals. Staff were knowledgeable about the people that they were supporting and provided personalised care.

People, their relatives and staff knew who to raise concerns to. The provider had an robust process for handling complaints and concerns. These were recorded, investigated, responded to and included actions to prevent recurrence.

There were effective quality assurance processes. Feedback on the service provided was encouraged and action plans had been developed to address any issues raised within audit processes and surveys, with a view to continuously improve the service.

There was positive leadership at the service and people, staff and relatives spoke highly of the registered manager. Staff felt valued, motivated and were committed to providing quality care.

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 told us that they felt safe.

There were appropriate systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

There was sufficient staff to support people and meet their needs.

Robust arrangements were in place for the safe management of people's medicines.

Is the service effective?

Good

The service was effective.

Staff training, supervision and support from senior staff equipped staff with the knowledge and skills to provide the care and support people required.

People were asked to give consent to the care and support they received and were supported in decision making.

People were supported to access the services of health care professionals to meet any on-going healthcare needs and to ensure their well-being.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, helpful and friendly.

Staff were aware of people's preferences and knew the people to whom they provided care. Positive relationships existed between people and staff.

Staff protected people's privacy and dignity and demonstrated

respectful behaviour.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning of their care and received a personalised service.

People were involved in the assessment and planning of their care. Detailed care plans were in place which reflected individual needs.

The provider had a robust system to manage complaints.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager and their management of the service.

Staff told us they felt supported and valued by the senior staff and the registered manager. Staff were motivated and committed to provide quality care.

There were effective quality assurance procedures. Senior staff completed regular audits to monitor the quality of the service provided and took action where it was identified as required.

Creative Support - Bedfordshire Service

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 4, 5 and 6 October 2016. We visited each of the three extra housing schemes and also made telephone calls to people and their relatives to obtain their views and experiences of using the service. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and therefore had to give permission before we could speak with them. We also needed to be sure that senior staff would be available on the day of the inspection and that records would be accessible.

The inspection team was made up of one inspector and two experts 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 experts by experience used for this inspection both had experience of family members using this type of 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 also reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with 11 people and seven relatives of people who used the service. We also spoke with seven care workers, three team leaders and the registered manager. An area manager and director from the provider organisation were also present at times during our visits to the schemes.

We looked at 11 people's care records to see if they were reflective of their current needs. We reviewed six staff recruitment files, reviewed the staff duty rota and care call scheduling systems in each scheme and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed to drive future improvement.

Good

Is the service safe?

Our findings

When we inspected the service in October 2015 we found a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that there were insufficient members of staff on duty in the service and one of the schemes, Lavender Court, was consistently understaffed. We asked the provider to take action to make improvements to the staffing of the service, and this action has now been completed.

During this inspection we found that there were sufficient numbers of staff on duty in the schemes to provide the required care and support for people. People that we spoke with told us that staff were reliable, that they had consistent members of staff and they were supported for the amount of time they were allocated. One person told us, "It's the same team of carers that come. They are always around if I need them." Another person told us, "It's really good. They all know me and I know them. On time, when I need them. Just as it should be." A relative told us, "[Name of person] has them call up to four times a day. It's a reliable service."

All of the staff we spoke with told us that they thought there was sufficient staff to provide the care required. One member of staff told us, "I work with the same people on my shifts and the team is working really well to deliver the care to people. There is always enough of us on duty." Another member of staff told us, "There's plenty of us to cover the calls. The visits are planned well and we know our schedules. We work together as a team to ensure we meet the needs of our clients." However, at St Georges Court, members of staff expressed some concern regarding vacancies in the staff team. One member of staff told us, "Everyone is doing their best but the delays in the recruitment process means we haven't got a full team yet so we pick up extra shifts or use agency." We saw that there was an effective system to manage the rotas and schedule people's care visits in each of the schemes. We reviewed rotas and found there was consistently the required number of staff on duty.

There were effective recruitment procedures in place. We reviewed the recruitment files for six staff and found the provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

The registered manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service in each scheme. There was an ongoing recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required support from the service.

Everyone we spoke with told us that the service and the staff that visited made them feel safe. They had no concerns about the conduct of staff or their ability to provide care safely. When asked if they felt safe a

person told us, "Yes, I feel very safe with staff. At ease with them." Another person told us, "It's very good here safety wise." A third person told us, "I've had no accidents with staff. I feel very safe." A relative told us, "They make sure [Name of person] is safe and that makes me much more reassured."

Staff we spoke with had a good understanding of safeguarding procedures and were able to confidently describe what they would do should they suspect abuse or if abuse had occurred. They told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One member of staff told us, "I have no concerns that would require whistleblowing or reporting as a safeguarding but I know exactly what I need to do if I did." Another member of staff told us, "We can have open conversations with senior colleagues so can always talk through any of our concerns but we are also made aware of the local team and Care Quality Commission (CQC) who we know we can raise any worries about people with."

We looked at staff records which confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding people was displayed in the each of schemes. This included guidance for staff on how to report concerns and the contact details for local agencies. Records showed that the service had made relevant referrals to the local authority where required and had appropriately notified the CQC of these.

A record of all incidents and accidents was held in each scheme, with evidence that they had been analysed by the team leader or registered manager, and appropriate action had been taken to reduce the risk of recurrence. Records showed that incidents had been reported by staff in a timely manner. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these, so that they continued to have care that was appropriate for them.

Care and support was planned and delivered in a way that ensured people's safety and welfare. Detailed personalised risk assessments were in place for each person which identified the risks associated with individual care and support needs and gave guidance to staff on specific areas. These included risks in relation to health issues, medicines, nutrition and hydration, mobility and where people were at risk of falls. The risk assessments provided information about the risk, the control measure in place and the action that staff should take to reduce the risk of harm. We saw that risk assessments had been reviewed and updated regularly to reflect changes in people's needs.

There were effective systems in place to administer medicines to people safely. People told us that they received their medicines as prescribed. One person told us, "They are always on time and complete their paperwork." Another person told us, "Everything is always in order with my tablets." Staff were aware of who required their medicine to be administered, who required prompting and who was able to administer their medicines without support so as to maintain their independence.

The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. Member of staff we spoke with described the processes involved in the safe administration of medicines and the training they had received. One member of staff told us, "We can only administer medicines for people once we have completed the training and we are monitored, and supported, in our practice. The competency checks make sure that the right care is given and our methods are correct."

A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted. Where issues with medicines had been identified by staff they

had been reported promptly with appropriate action taken and recorded. We found that monthly quality audits were completed by the registered manager to check the accuracy of the administration and documentation of all medicines and action was taken to rectify any discrepancies. The findings from the audits were seen to be shared with members of staff during supervision and team meetings.
When we inspected the service in October 2015 we found a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that there were insufficient members of staff on duty in the service and one of the schemes, Lavender Court, was consistently understaffed. We asked the provider to take action to make improvements to the staffing of the service, and this action has now been completed.

During this inspection we found that there were sufficient numbers of staff on duty in the schemes to provide the required care and support for people. People that we spoke with told us that staff were reliable, that they had consistent members of staff and they were supported for the amount of time they were allocated. One person told us, "It's the same team of carers that come. They are always around if I need them." Another person told us, "It's really good. They all know me and I know them. On time, when I need them. Just as it should be." A relative told us, "[Name of person] has them call up to four times a day. It's a reliable service."

The staff we spoke with at Redhouse Court and Lavender Court told us that they thought there was sufficient staff to provide the care required. One member of staff told us, "I work with the same people on my shifts and the team is working really well to deliver the care to people. There is always enough of us on duty." Another member of staff told us, "There's plenty of us to cover the calls. The visits are planned well and we know our schedules. We work together as a team to ensure we meet the needs of our clients." However, at St Georges Court, members of staff expressed concern regarding vacancies in the staff team and the recruitment of new staff. One member of staff told us, "It's a lovely place to work but it's hard to cover the shifts some days." Another member of staff told us, "Everyone is doing their best but the delays in the recruitment process means we haven't got a full team yet so we pick up extra shifts or use agency." We saw that there was an effective system to manage the rotas and schedule people's care visits in each of the schemes. We reviewed rotas and found there was consistently the required number of staff on duty. However, vacancies in the staff team at St Georges Court meant that on a number of occasions, agency members of staff were used to ensure there was sufficient staff deployed on the rota.

There were effective recruitment procedures in place. We reviewed the recruitment files for six staff and found the provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

The registered manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service in each scheme. There was an ongoing recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required support from the service.

Everyone we spoke with told us that the service and the staff that visited made them feel safe. They had no concerns about the conduct of staff or their ability to provide care safely. When asked if they felt safe a person told us, "Yes, I feel very safe with staff. At ease with them." Another person told us, "It's very good here safety wise." A third person told us, "I've had no accidents with staff. I feel very safe." A relative told us, "They

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We looked at staff records which confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding people was displayed in the each of schemes. This included guidance for staff on how to report concerns and the contact details for local agencies. Records showed that the service had made relevant referrals to the local authority where required and had appropriately notified the CQC of these.

A record of all incidents and accidents was held in each scheme, with evidence that they had been analysed by the team leader or registered manager, and appropriate action had been taken to reduce the risk of recurrence. Records showed that incidents had been reported by staff in a timely manner. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these, so that they continued to have care that was appropriate for them.

Care and support was planned and delivered in a way that ensured people's safety and welfare. Detailed personalised risk assessments were in place for each person which identified the risks associated with individual care and support needs and gave guidance to staff on specific areas. These included risks in relation to health issues, medicines, nutrition and hydration, mobility and where people were at risk of falls. The risk assessments provided information about the risk, the control measure in place and the action that staff should take to reduce the risk of harm. We saw that risk assessments had been reviewed and updated regularly to reflect changes in people's needs.

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documentation of all medicines and action was taken to rectify any discrepancies. The findings from the audits were seen to be shared with members of staff during supervision and team meetings.

Good

Is the service effective?

Our findings

When we inspected the service in October 2015 we found a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. We found that two members of staff had not received training on how to move people safely. We saw both members of staff using hoist equipment and task allocation sheets showed that they had been assisting people to move. We asked the provider to take action to ensure that staff completed the training required to enable them to complete tasks safely within their roles, and this action has been completed.

During this inspection people we spoke with and their relatives felt that staff had the necessary skills to provide support and were happy with the care received. One person told us, "The staff here are fantastic; they know what they are doing." Another person told us, "They are very good at what they do." A relative told us, "[Name of person] is very well looked after. His needs are high and they have been marvellous in meeting them."

Staff told us the registered manager had a positive attitude towards training provision and that they were kept up to date with the skills relating to their roles and responsibilities through regular training. One member of staff told us, "There is really good training available to us and we are kept up to date." Another member of staff told us, "Training is updated frequently and [Name of registered manager] encourages us to develop ourselves through training." Staff training records showed that staff had completed the required training identified by the provider and further courses were available to develop staff skills and knowledge. The registered manager and team leaders monitored the training needs of the staff teams in each scheme and when refresher courses were required.

A comprehensive induction was completed by all staff when they commenced employment with the service. Staff told us that all new staff completed mandatory training courses followed by a period of shadowing experienced team members during which time their competency was assessed. Records confirmed the training programme followed by each member of staff and the assessment of their performance during the induction period through observations of task completion, medicine administration and the completion of spot checks by the team leader.

Staff received formal supervision at regular intervals and told us that they had regular contact with senior staff. One member of staff told us, "The support here is great. We get frequent supervisions and are constantly provided with feedback on our performance through spot checks or competency checks. It's really supportive." Another member of staff said, "We get good supervision. We get feedback from audits and observations and have a chance to speak up about any concerns or problems that we might have." All of the staff we spoke with expressed that they could speak to the registered manager or a senior member of staff if they needed support. We saw evidence of meetings in the records we looked at and saw that they were used as opportunities to discuss performance, training requirements, staff well-being and any other support measures that the member of staff may require.

In addition to formal supervision, senior staff undertook various spot checks to ensure that staff were

competent in their roles and that they met the needs of people appropriately. These checks included an evaluation of the care workers' performance with regards to task completion, the skills used, attitude shown and the timeliness at care visits. We noted that these records were discussed with members of staff and an action plan completed to address any issues found in the assessment.

People we spoke with told us they were supported to make their own decisions and confirmed that staff would always ask them for consent before they provided them with care or support. One person said, "They [staff] take their time with me and only help me where I need, or want, it. They give me the choice. The girls ask me all the time if they can do something for me or if I need help and the like." During our observations we saw members of staff consistently seeking consent from people prior to providing them with support and obtaining their permission to enter their properties. We saw that consent forms were present in people's care records which they or a relative had signed on their behalf to show they agreed with the care and support package provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us that they had received training on the requirements of the Act and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support.

People were provided with meals at Lavender Court and St Georges Court as part of their care package with a catering service available at Redhouse Court should people wish to have a main meal provided. People's needs in relation to food and fluids were documented in their care plan and they told us they were supported with preparing meals and to eat and drink sufficient amounts by the care staff, where they needed help. One person told us, "The lunchtime meals here are lovely. The carers then only help me with a light breakfast and a small supper." Another person told us, "My family help me with the little amount of shopping that I need. The lunches here are very enjoyable and filling." A relative told us, "Lunch is a real social occasion if people want to have their meal together. [Name of relative] really enjoys the food and the company of others. I think it helps with her appetite." Staff we spoke with told us that they were aware of the different support people required in relation to their food and drink and were aware of the people assessed as high risk of not being able to adequately meet their nutritional needs without support. Staff confirmed they would report any concerns with regards to a person's nutrition or hydration to the senior member of staff on duty. Records we viewed showed that staff recorded the meals that they prepared for people and, where required, they recorded the dietary intake of people identified as high risk for monitoring purposes.

People were supported to maintain good health and were supported to access health care services. One person told us, "Staff have called my GP when I've not been well and let my family know." Another person said, "Having someone around 24/7 is reassuring when you're ill. Knowing that someone will call in and check you're ok or call the doctor if you need them." A member of staff told us, "Some people are able to manage their own health appointments or they are helped by their families but, as we see people every day, we can recognise if someone is unwell even if they haven't told us. We make sure to call in to people more often when this is the case and encourage people to contact their GP or family." A visiting health professional to Redhouse Court told us that they received "very good referrals" from the service and that the team were "very clued up with regards to the clients." All members of staff we spoke with told us that they

sought advice from the senior member of staff on duty if they had concerns over a person's well-being, called the person's GP or contacted emergency services if required. We noted from the care records that people had accessed the care of other health care professionals, such as dietitians, occupational therapists and physiotherapists. This had occurred either during their assessment or when required in managing an ongoing health concern.

Good

Is the service caring?

Our findings

People spoke positively about the caring attitudes of staff and told us that staff were kind, helpful and friendly. One person said, "They are lovely, very polite and friendly." Another person told us, "They are all lovely, very good." A relative told us, "The carers are all excellent. [Name of person] is so content and happy with the care." Comments from the most recent satisfaction survey included, "Staff are friendly and helpful", "Staff are kind, easy to talk to" and "Nothing is too much trouble, so caring and kind." We saw that people had developed relationships with other people living in the schemes and with staff members and these relationships were evident from the warmth in the interactions we observed.

Staff were positive about working at the service and the relationships that they had developed with people. One member of staff told us, "I love my job and coming to work here." Another member of staff said, "We build relationships with everyone. The teamwork is really good and I enjoy working with my colleagues. I love working with the people who live here. There's a real sense of community that we are all part of."

Staff knew the care preferences of people they supported. All the staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported. Through the care plans, and visiting people frequently, staff were aware of people's life histories and backgrounds and used this information to build relationships with people.

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person told us "I am very happy with the service. I'm asked regularly if my visits meet my needs and can make changes as I want." Another person told us, "It's very flexible here. I'm able to do a lot for myself but if I'm not feeling well they help me more, as much as I may need or ask for." Members of staff explained to us the flexibility available in the scheme and were able to accommodate changes and additional requests for support on a day to day basis.

People confirmed that they had been involved in developing the care plans that they had and knew what they were for. Records showed that people had been involved in the assessment of their care needs and deciding the care they wished to receive and had been provided with a range of information to enable them to decide if the service was right for them prior to moving in.

Care plans were regularly reviewed and updated whenever there was an identified change. We looked at 11 care plans and saw they were individualised to meet people's specific needs. There was evidence of people's, and their relative, involvement in the assessment and planning of their care and signatures of people to confirm that they agreed with the content. Regular meetings were held with people, their relatives and the registered manager to monitor and evaluate the care being provided and to review the care package in place. We saw any changes agreed at these meetings were reflected in the care plans and signatures of people to evidence their involvement and agreement were present.

People told us that care workers were respectful and treated them with dignity and took care not to rush

when helping them. One person said, "It's very friendly but respectful. Yes, the care is always done with dignity." Another person said, "They take their time to help me, it's lovely." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people. We saw that policies were in place to ensure that all staff respected the privacy and dignity of people and this was promoted within the staff team.

Good

Is the service responsive?

Our findings

People we spoke with confirmed that they or their relatives were involved in planning their care and felt they received a personalised service. One person said, "It's perfect for me. Support is there when you need it. They ask you before you move here, or take up their services, what you want from them each day." Another person told us, "They know what is required. I've told them." Relatives described a comprehensive assessment process and regular reviews of the care provided with the participation of people.

People and their relatives told us how a member of staff from the service, and a representative from the housing provider, visited to complete an assessment prior to them receiving a service or moving in to the accommodation at the schemes. The registered manager told us that comprehensive assessments were completed prior to a care package being provided to a person. Information from the assessments was used to ensure that the service could meet the needs of the person and, once a package was agreed, used to develop the care plan.

Staff were knowledgeable about people they supported. During our conversations it was evident that they were aware of people's hobbies and interests, family backgrounds as well as their health and support needs. One member of staff told us, "The care and visit plans are really detailed so you know exactly who you are caring for, all about them as a person and how you need to support them. Also the staff communication really helps with extra detail and knowledge which enables us to make the difference and deliver quality care." Staff told us that they were kept informed of changes in people's needs at handovers, during team meetings or by reading updated care plans. Staff confirmed there was always a senior member of staff available to ask for clarification if they were unclear about any changes in people's needs or the information within people's records.

People using the service and their relatives were aware of the complaints procedure or who to contact in the scheme if they had concerns. One person told us, "It's very good. I have no complaints but I'd speak to any of the staff. They'd know what to do." Another person told us, "I'm happy with the standard of service received. I'm always listened to and know I would be even more so if I did ever have a complaint." The complaints procedure was displayed in each scheme with information displayed encouraging people to share their views on the service. A copy of the complaints procedure was also issued in the information pack when a person began using the service.

There was an effective system for managing concerns and complaints. We saw that where issues had been raised and had been identified as a 'low level concern' they were recorded along with the action taken to resolve them. Where formal complaints had been made they were logged and an investigation completed. For all recorded complaints, there was also a response to the complainant and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation. This demonstrated how the registered manager used complaints as opportunities to make improvements to the service.

People were also asked about their views on the service through care plan review meetings and via an

annual survey. The registered manager explained how people, and their relatives, were offered at the time of a review the opportunity to give feedback specific to their care they received.

The annual survey was conducted by sending questionnaires to each person who used the service to determine how the service was performing. All of the responses seen were positive with many complimentary comments with regards to the staff, the care received and the quality of the service provided. The positive results did not result in an action plan being completed however we saw that a response had been compiled and shared with people, relatives and staff. The registered manager was able to explain how the results would be used in the formation of an action plan and contribute to the overall service development plan should any areas for improvement be identified in future surveys.

Good

Is the service well-led?

Our findings

There was a registered manager at the time of this inspection. The registered manager explained to us how they managed each scheme and divided their time between them with the support of the team leaders. Staff told us that the registered manager, and their respective team leader, provided them with consistent support and guidance and were a positive, active influence in the running of the service.

People knew who the registered manager was and confirmed that they were visible in the service. One person told us, "[Registered manager] is lovely. She's often around and always stops for a chat." Another person told us, "[Registered manager] is very good. She puts the hours in and makes a difference."

Relatives had confidence in the registered manager and senior staff and found them to be open and approachable. All of the relatives we spoke with said they would be comfortable about approaching the registered manager with any questions, concerns or issues they may have and knew that they would be listened to.

Staff told us there was positive leadership in place from the registered manager. One member of staff told us, "[Registered manager] is really supportive and has brought us all together as a team." Another member of staff told us, "[Registered manager] is incredibly supportive. She wants us to do well and encourages us to be at our best." When speaking about the team leaders staff comments included, "We get really good support from [Name of team leader]", "[Name of team leader] is lovely, very good at her job" and "[Name of team leader] is a great role model in the team." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the registered manager. We found staff to be motivated and committed to providing the best possible care.

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally, in team meetings and supervision, and informally through discussions whilst on shift. Staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the schemes. They confirmed that they were given the opportunity to discuss any concerns at these meetings. Recent meeting minutes showed that topics discussed included safeguarding, feedback from people and their families, communication, recruitment update and goals desired by the team for the coming month. Information was also available to support staff through the provider organisations internal systems and via newsletters.

There were effective quality assurance processes in place. Senior staff undertook spot checks to review the quality of the service provided and these were consistently completed for all staff. The registered manager also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This included the review of medicine administration records (MAR) and daily visit records. Where gaps were found in records or errors noted, an explanation was given and the actions taken recorded. We also saw action plans that had been completed by the registered manager following comprehensive internal audits and external audits completed by the local authority. This demonstrated how the registered manager used feedback and information from a variety of sources to drive future

improvement in the service.

During our inspection we saw that members of staff were relaxed. We observed positive communication amongst the staff on duty and saw the senior members of staff working together to meet the needs of people and enhance the experiences of the staff on duty. We saw frequent, positive conversations between members of staff and these opportunities were used to actively share information about people and their care. The registered manager encouraged open conversations with staff to share information, asked questions about their work and personal well-being and responded positively to any concerns that were raised.

We saw that records were held securely in the offices of each scheme and that any computers used were password protected. This meant that people's information was protected from unauthorised access.