

Creative Support Limited

Creative Support - Leicester Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection that took place on 14 July 2016.

Creative Support (Leicester) provider social care services for people with learning disabilities, autistic spectrum disorders, and mental health needs. It is registered as a domiciliary care service and a supported living service.

At the time of our inspection there were 48 people using the service.

The service has a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe using the service. Staff were trained in safeguarding and the provider had safeguarding policies and procedures in place to help ensure staff protected people from abuse. However these hadn't always been followed and the provider hadn't always notified us of serious incidents involving the people using the service.

There were enough staff employed to meet people's needs and support them to go out into the community and take part in activities. Staff were safely recruited and people using the service took part in interviewing prospective staff members to help ensure they were suitable to work at the service.

Staff had access to a wide range of training courses to help ensure they had the skills and knowledge they needed to support people effectively. Records showed that good practice and developments in learning disability care were discussed with staff with a view to making ongoing improvements to the quality of the care provided.

People told us the staff were caring, looked after them well, and were kind to them. They told us staff encouraged them to be independent and respected their privacy. One person said they had their own keys to their house and this made them feel happy. Another person told us about the skills they had learnt since using the service.

Care plans were personalised and included individual profiles to help staff get to know people and understand their needs. A number of people using the service communicated non-verbally and staff used a variety of methods, for example pictures and symbols, to help ensure they had a say in how their support was provided.

People took part in a range of activities in their houses and in the local community. The service also put on events, for example an art competition, to get people together and create a sense of community. People's

family members and friends were encouraged to visit people in their houses and attend social occasions.

People were encouraged to make their views known if they had any concerns about the service. We saw that when a complaint had been made this was dealt with promptly, action taken as necessary, and the complainant made aware of the outcome and what had been done to put things right.

The culture of the service promoted personalised support and involved people in how it was run. The registered manager and service director knew the people using it by name and had a good understanding of their abilities and needs. The service centred on people's well-being and enjoyment of an active life.

People using the service, relatives, and staff were asked for their views at one-to-one and group meetings and through regular surveys. The provider listened to people and took action to make improvements where necessary. They also carried out audits to help ensure the service was providing quality care and support.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff had not always followed the provider's safeguarding procedure.

Staff supported people to manage risks whilst also ensuring that their freedom was respected.

There were enough staff employed to meet people's needs and enable them to take part in activities.

Medicines were safely managed and administered in the way people wanted them.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff were appropriately trained to help ensure they supported people safely and effectively.

People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Good ●

Is the service caring?

The service was caring.

Staff were caring and kind and treated people as unique individuals.

Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and involved in

Good ●

decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to be independent and lead active lives.

People were listened to if they weren't happy with any aspect of the service and action was taken to put this right.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The provider had not always notified us of serious incidents involving people using the service.

The service had an open and friendly culture centred on the involvement of the people using it.

The provider welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Creative Support - Leicester 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 14 July 2016 and was unannounced.

The inspection team consisted of two inspectors 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. Our expert by experience's area of expertise was the needs of people with learning disabilities.

Before the inspection we reviewed the 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 the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We visited the service's offices. We also visited two private addresses where people were being supported. We spoke with four people using the service, the registered manager, service director, administrator and four care workers.

We observed people being supported in the communal areas of their own homes. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Is the service safe?

Our findings

Following a serious incident involving a person using this service we looked at how staff protected from bullying, harassment, avoidable harm, and abuse. We checked accident and incident documentation to see if staff had responded appropriately when accidents and incidents involving safeguarding had occurred.

The provider's safeguarding procedure instructed staff to notify their management and, where appropriate, social services, CQC, the police, and their head office. However we found two occasions when staff had not followed the provider's safeguarding procedure.

The first occasion was in August 2015 a staff member failed to report a safeguarding incident to management for three days. The provider investigated this and concluded 'Timescale in which incident was reported was not acceptable.' As a result the staff involved were re-trained in safeguarding, which records confirmed, to help ensure they understood their responsibility to report safeguarding issues in line with the provider's procedure.

The second occasion was in June 2016 when another safeguarding incident occurred. Records showed there appeared to be a delay of five days in reporting this to the registered manager. This meant that the registered manager and provider did not have the opportunity to take prompt action to help ensure the person concerned was safe. However staff at the person's house did report the incident to the person's social worker when they visited the person on the day following the incident.

We discussed this with the registered manager and they told us they were reviewing the most recent incident with a view to ensuring staff were aware of their responsibility to report any allegations of abuse immediately to their management. The director of service and registered manager said that if any staff needed further training and supervision this would be provided.

People told us they felt safe using the service. One person said made sure the front door of their home was locked at night and encouraged them to check the doors and windows were locked before they went out or went to bed at night. They told us staff organised a weekly fire drill which also made them feel safe "Because I know what to do in case of a fire in my home. This keeps me safe."

Another person said they felt "really safe". They told us "Staff support me when to cook my meals so that I do not burn myself and do not burn my food. This makes me feel safe." They also said staff talked to them about keeping safe when out in the community which included being aware of 'stranger danger' and road safety.

Another person said, "It does feel safe here when I come home." They told us that every time they went out, taking their mobile phone with them, staff checked that it was charged. They said that if they ever felt unsafe they would tell the registered manager or their social worker.

One person told their mobile phone was broken and waiting to be mended. They said this meant that when

they went out in the community independently they could not ring staff to let them know they were safe. We discussed this with the registered manager who said they would look into this and take action as necessary to help ensure this person was safe.

Safeguarding information was made available to the people using the service in an 'easy read' and DVD format to help ensure they understood their rights and what to do if they experienced or witnessed abuse. However the registered manager told us due to communication difficulties some people would not be able to report abuse. To address this staff were made aware of the signs of abuse so they could advocate for people if they had concerns about their wellbeing.

Records showed that all staff were trained in safeguarding when they began working for the service and this was followed by annual refresher training. In addition, the provider had introduced annual safeguarding supervisions when management checked staff were competent in this area. Safeguarding was also discussed at staff meetings. For example, minutes showed that the theme of 'Safe' was on the agenda at the June 2016 seniors and team meetings, when staff looked at what they were doing to protect people using the service.

This showed that the provider had appropriate safeguarding policies and procedures and training schedules in place to help ensure, if they were followed and understood, that staff protected the people using the service from abuse.

We looked at how the service managed risk so that people were protected and their freedom was supported and respected. Processes were in place for this. Staff used forms supplied by the provider to assess risk to the people using the service. Risk was assessed in conjunction with the person themselves, their family, and health and social care professionals as appropriate. Records showed that risk assessments were regularly reviewed and updated and changes discussed in staff handovers, meetings and supervisions. This helped to ensure staff were up to date with how to keep people safe.

We looked in detail at four people's risk assessments. These contained instructions to staff on how to support people so as to minimise risk. For example, one person had been assessed as being at risk of choking. They were referred to the SALT team (speech and language therapists who work with people with swallowing difficulties) who advised staff on how best to support this person. The resulting risk assessment told staff how to assist this person to eat and drink safely.

Another person was assessed as being at risk in the community due to a history of behaviours that might cause distress. As a result they had been prescribed PRN (as required) medicines for use in an emergency. Their risk assessment instructed staff to ensure the person did not go into the community without this medicine in case it was needed.

Another further risk assessment identified that a person was at risk of going into other's rooms at the house where they lived. To reduce the risk of this happening key pads were fitted on all bedroom doors so only the occupants, or those who had the permission of the occupants, could enter them. If people were unable to manage the access codes staff let them in and out of their rooms on request. This meant risk was reduced without other people using the service being subject to unnecessary restrictions.

Prior to our inspection the provider submitted written information to CQC on how they responded to risk. This included staff using PPE (personal protective equipment) and specialised equipment (for example hoists) when supporting people. Staff were trained in the use of safe physical interventions in the event of a person become distressed. Environmental risk assessments were completed to identify specific risks in

people's houses such as slips, trip and falls in order to protect people and staff from harm. These measures showed the provider had systems in place to manage risks to people using the service and staff.

At one of the houses we visited a person using the service told us they said they couldn't go out that afternoon because their house was short staffed. We looked into this and found that the house was fully staffed but the person didn't have any 1-2-1 hours that particular afternoon. The registered manager explained that 1-2-1 hours were agreed with the local authority and that staff supported the person to understand this.

At another house we visited another person told us they were satisfied with the amount of support staff they had. They told us "If you want staff they're always here." We observed staff spending time with people on a one-to-one basis and encouraging them with domestic chores and activities.

Each person using the service had their allocation of staffing hours and these were determined by the service in agreement with the local authority they contracted with. The registered manager told us that when a person was referred to the service staff assessed their needs to determine how many staffing hours they needed. This ranged from 20 hours a week people who were relatively independent, and full-time staffing, with two staff at some times, for those who needed more support.

The registered manager said that if it appeared a person needed more or less than their allocated hours a review meeting would be held. This would be attended by the person themselves, their representatives, and the local authority. The registered manager said changes would only take place if the meeting agreed this was safe for the person using the service.

The registered manager used a spreadsheet to record staff hours across the service and compare it with the hours the local authority had commissioned. This was subject to a weekly and monthly audit and records showed that changes were made as necessary, in conjunction with the local authority, to help ensure staffing levels were safe.

Staff were safely recruited. The provider obtained information to check new staff were of good character before they started work at the service. References were obtained from previous employers and criminal records checks were carried out. Staff did not start working for the service until these checks had been successfully completed.

The registered manager told us people using the service were involved in recruiting staff. They took part in interviewing prospective staff members and their feedback from this process formed part of the final recruitment decision. This helped to ensure that the staff recruited were suitable.

We looked at how people's medicines were managed so they received them safely. One person told us they kept their medicines securely in an identified place. They said staff supported them to take their medicines at the correct time and checked daily to ensure there were no medicines missing.

Records showed staff were trained in the safe administration of medicines. This was followed by three competency checks when management observed them administering medicines to ensure they were doing this safely. The provider had a medicines policy in place and this was supplemented by individual policies for each house where people lived. The registered manager said this was because there were local variations in community medicines procedures due to the use of different contract pharmacies.

People using the service had care plans so staff knew how to administer their medicines in the way they

wanted. For example, one person's care plan stated they liked to take their medicines while sitting on their bed in their bedroom. The instructions to staff were, 'I like to take my meds off a spoon with a tumbler of cool water so please run the tap for a while as the water first comes out warm. Once I have swallowed my medication I will go back downstairs.' This showed a personalised approach being used.

Staff responded promptly if there was a medicines error. For example, records showed that in April 2016 staff discovered a small amount of medicine missing. They immediately reported this to the local authority, the police, and social services. They completed an incident log and the registered manager undertook an investigation. Following the incident the registered manager wrote to all the staff concerned reminding of their responsibilities to manage medicines safely and of the provider's procedural guidance. This was an example of the registered manager and staff taking appropriate action to help ensure medicines were managed safely.

Is the service effective?

Our findings

People told us they were satisfied with the way staff supported them. One person said the staff were well-trained and knew what their support needs were. Another person told us, "I get really good care here from the staff."

Records showed staff had an induction and ongoing training to help ensure they had the skills and knowledge they needed to support people effectively. This included the completion of the nationally-recognised Care Certificate followed by diplomas in health and social care. Staff told us they were satisfied with the training provided. One member of staff told us, "The training here is very good, very thorough. It makes you feel more confident about how you support people."

The home's training records showed that staff completed a range of standard care courses, for example, health and safety, personalised care, and communication. They also did courses that were specific to the support of individual people. The registered manager said this training was needs-led and dependent on the skills and knowledge staff required. For example, community nurses had trained certain staff in administering epilepsy medication to one person using the service.

The registered manager told us staff observations and supervisions were used to help ensure staff were competent in their roles and to identify any further training needs. Records showed that good practice and developments in learning disability care were discussed at staff meeting with a view to continually developing staff member's skills and knowledge. One staff member said, "We're learning all the time. This organisation is excellent when it comes to training and support."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When 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 were encouraged to make choices about how their care and support was provided. One person said knowing this made them feel happy. Another person was being supported to make a decision about whether or not to have a medical test. Staff and the community nurses were working with them to help ensure they understood reasons for the test and whether or not a 'best interests' decision needed to be made.

A small number of people using the service were subject to restrictions on their freedom, for example they were unable to safely go into the community without staff support. The registered manager told us that following the decision in the 2014 Cheshire West case (a landmark ruling with regard to the MCA) the provider put new processes in place to assess people's capacity and determine what if any restrictions were being applied to them. Records showed that those subject to restrictions had been referred to the local authority to see if applications to the Court of Protection were required to legitimise the restrictions. By

referring people to the local authority for assessment staff at the service demonstrated they were following MCA legislation and guidance.

Staff had extensive training in the MCA including external courses provided by a legal firm to help them understand this legislation. Staff records showed this training was followed up in team meetings and supervision sessions to help ensure staff understood their responsibilities with regard to the MCA. To help them communicate effectively with the people using the service and support them to make decisions staff used a range of aids including the Picture Exchange Communication System (PECS), DVDs, and Makaton (a language programme using signs and symbols).

One person told us they could choose what they wanted for their meals because there were no set menus at her house and meals were decided on a daily basis. Another person said they could always use the kitchen at their home and could have what they wanted to eat including snacks and drinks.

Staff worked with dieticians and SALT (speech and language therapists) to support people with their eating and drinking. Care records showed that staff implemented and followed the plans developed by dieticians and SALT. These included risk management plans to help ensure people could eat, drink and maintain a balanced diet in a way that was safe and effective.

Staff told us menus were planned in conjunction with the people using and service and based on their likes and cultural preferences. Meals were balanced to promote a healthy diet. Staff and people both confirmed that food and drink was readily available and provided throughout the day so people could choose when to have their meals and snacks. One person said, "I can go to the kitchen and can have what I want at anytime."

We spoke with one person about how staff supported them to maintain good health. They told us staff assisted them to make a GP appointment if they were unwell or needed a check-up. They said staff also reminded them to attend regular opticians appointments.

Records showed that people's health needs were assessed and care plans and health action plans put in place to advise staff how to meet their needs. Health appointments and health outcomes were clearly logged in health action plans. These included routine appointments such as visiting the dentist and specialist appointments, for example with learning disability consultants. This showed that people's healthcare needs were identified and met.

Is the service caring?

Our findings

People told us the staff were caring, looked after them well, and were kind to them. One person said, "I get on really well with all the staff. They are all nice and kind here. I know [the team leader at their house] and she is very nice and if I need to speak to her she will sit with me and listen to what I have to say." Another person said, "I do get on with [the team leader] and can talk to him if I have any problems. They [the staff] are all caring here."

One person said the staff knew their support needs because, "They have been here since the home opened and from when I moved in." This was an example of a person benefitting from continuity of care. The registered manager told us that staff allocations took into account staff member's personal characteristics and those of the people using the service to ensure as good a match as possible. He said that consistent staff teams meant people working at the service developed experience and knowledge of individuals which they could pass on to new staff as part of their induction. This also helped to ensure that people had the opportunity to build positive relationships with the staff who supported them.

During our inspection all the staff we met were caring, dedicated to their roles, and wanted the best for the people they were supporting. We observed them working closely with people, assisting them to live as independently as possible, and supporting them to make choices about their lives. This was always done in a caring manner.

One person told us they had plenty of freedom at their house as they could come and go when they wanted to without having to ask permission. They told us they could use the kitchen when they wanted to and could get up and go to bed at any time without the staff telling them. This was an example of a person being given the freedom to make their own choices.

People told us they had monthly 'keyworker' meetings with staff to discuss their progress. One person said, "Anything I'm not happy with I bring up in this meeting." Another person said staff sat with them to go through their care plans and update them if anything had changed. They said they opened their own mail but if they needed support to read it staff provided this.

A number of people using the service communicated non-verbally. They were supported by staff who used a variety of methods to ensure people were involved in making decisions about their own care and support. For example, staff used pictorial care plans to enable people to identify what was going well and what needed improvement in their lives.

While we were talking with the registered manager and one of the people using the service they asked why they couldn't have their weekly money all on one day. The registered manager reminded them this was their choice and they had decided to have their money on a daily basis after discussing it with staff at the service and their social worker. The person was satisfied with this explanation and agreed that the arrangement worked for them.

People told us staff respected their privacy and treated them with dignity. One person said they had their own keys to their house and this made them feel "very happy". Another person commented, "Staff speak to me nicely and they are respectful to me. They always knock on my bedroom door before they come in."

The registered manager told us staff were trained in privacy, dignity and respect. Themed months, when staff at the service focused on particular areas of good practice, had included a 'dignity challenge' when information about promoting privacy, dignity and respect was used to raise staff awareness to help ensure people were supported in the way they wanted to be.

Is the service responsive?

Our findings

All the people we spoke with said staff encouraged them to be independent. One person told us that since coming to the service they had gained a number of skills. They said, "When I first came here I couldn't cross the road. Now I can go into town on my own catching three buses." They said had learnt to cook, cross the road safely, and use public transport. They told us that eventually they would like to move into their own flat and staff were supporting them to do this.

Another person told us the staff prompted them to have a shower and attend to their own personal care which is what they wanted. The registered manager showed us feedback from a relative who complimented the service on supporting their family member to go out with staff on public transport. They said they 'were amazed' at how much their family member's life had changed for the better since being at the service.

Care plans were personalised and included individual profiles to help staff get to know people and provide support in the way they wanted it. These included information on 'What is important in my life', 'What is important for me to be happy' and 'What do people like and admire about me'. They provided insight into the person's character and personality and gave an introduction to their needs, likes and dislikes.

These were followed by a set of detailed care plans. These were written in a personalised and user-friendly way and included specific guidance for staff on how best to communicate with and understand the people they supported. They included people's preferences with regard to waking up/going to bed times, the gender and number of staff required for personal care, brands of toiletries, clothing choices, and activities. Staff told us they found people's care plans provided them with the information they needed to support people in the way they wanted.

People told us staff supported them to take part in various activities in their houses and in the local community. One person told us they needed one-to-one staff support when they went out. They said they enjoyed going for walks, shopping for their house, and attending a local disco and the cinema.

We talked with other people about activities. One person said they enjoyed going out and meeting their friends, going shopping, and visiting the cinema. They also said they had one-to-one time with staff on days out and they liked this. Another person also said they like going out and also helping in the house. They showed us they had mown the lawn that day and were pleased with the result.

The registered manager told us a good range of activities was central to the service. He said events, for example an art competition, were held to get people together and create a sense of community. He said each house produced a piece of art to show their involvement. The registered manager said that people's family members and friends were encouraged to visit people in their houses and attend events such as BBQs and birthdays. When we visited one of the houses we saw that one person living there had a friend visiting and staff were supportive of this.

One person said they would speak out if they had any concerns about the service. They told us, "[If I had a

complaint] I'd tell [the registered manager] or the staff of course." Staff said people were asked every day if they were happy and staff knew from their care plans how to tell if they weren't and would take action to address this. Record showed that people and relatives were always asked at review meeting if they had any concerns which gave them the opportunity to say if they were unhappy with any aspect of the service. Information on advocacy was made available to people and relatives if they needed support to make a complaint.

The service had an easy read complaints policy that was shared with people using the service, relatives and professionals. A DVD was also available to show people what to do if they had a complaint. The registered manager told us the provider reviewed complaints and compliments data on quarterly basis information so that any trends could be identified and addressed. He said if there were any learning outcomes these were shared across the service so staff could learn from them.

We looked at complaints records for 2016. We saw that when a complaint had been made senior staff had investigated it and taken action where necessary to put things right. For example, following an incident when staff were accidentally locked out of one of the houses when they took the rubbish out, a key safe was fitted to the door to prevent this happening again. The complainant was informed of this in writing so they knew staff had responded to their complaint properly.

Is the service well-led?

Our findings

All care providers must notify CQC about certain changes, events and incidents affecting their service or the people using it. This must be done 'without delay'.

When we looked at the service's accidents and incidents book we found two recent occasions when CQC had not been notified of serious incidents affecting the people using the service. These had both taken place at the same house.

The first occasion occurred in June 2016 when there was a serious police/safeguarding incident involving a person using the service. This was not reported 'without delay' to CQC as a notification. The second occasion was also in June 2016 when a further serious police/safeguarding incident occurred. Again this was not reported 'without delay' to CQC as a notification.

By failing to report these incidents CQC did not have the opportunity to take action, as necessary, to help ensure the people concerned were safe.

This is a breach of the Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents. The provider failed to notify CQC 'without delay' of two serious incidents relating to two people using the service.

When we brought this to the attention of the registered manager and service director they reported these incidents to us as notifications. They told us these incidents had not been reported as there had been confusion about what constituted a 'police' or a 'safeguarding' incident. We acknowledged that this service normally did notify us of any serious incidents that occurred and we had records to show that.

We looked at the culture of the service and how it promoted person-centred support and involved people in how it was run. One person told us, "This is a good place. I'm happy here." Another person said, "[The registered manager] asks me what I think all the time about everything."

Throughout our inspection we noted that the registered manager and service director had a detailed knowledge of the people the service supported. They knew them by name and had a good understanding of their abilities and needs. The service's offices were decorated with people's artwork and photographs of them, and newsletters and posters showing the activities people were taking part in. This reflected how the service centred on people's well-being and enjoyment of an active life.

People using the service were involved in how it was run in a number of ways. These included daily consultations with staff and team leaders and meetings with the registered manager and the director of service when they visited the houses. They were also asked for their views during their care and support reviews which were attended, where relevant, by relatives and health and social care professionals.

In addition people could attend the provider's regional consultation meetings and annual quality forum. We

looked at the report of the 2015 quality forum and saw that communication, training, activities, support, housing and complaints and suggestions had been discussed. The provider's 'You Said ... We Did' report that followed showed that had been action taken based on what people had said. For example, with regard to communications, people had asked for 'more easy-read documents and help for non-verbal clients'. The provider had responded by updating and improving leaflets and issuing DVDs to better communicate information to people.

Relatives and staff were also involved in how the service was run was by the use of quality assurance questionnaires. We looked at the results of the most recent 2016 surveys.

The relatives' survey showed that 94% of the respondents were satisfied that Creative Support (Leicester) met people's needs, provided personalised support, and understood people's wishes. Some feedback indicated that relatives were unclear what was meant by 'personalisation' and 'changes in the service'. In their feedback to relatives the provider said they would better explain these terms in future.

The staff survey showed that 89% of respondents felt supported by management, 95% said they received regular supervision, and 89% said they attended regular team meetings. When asked if they were given training relevant to their roles 100% said yes. At the end of the survey some staff suggested ways in which the service could be improved. The registered manager said these had been recorded and would be discussed at staff and management meetings.

The registered manager told us the management team had an open door approach and staff could contact them at any time to raise concerns about the service. However if staff for any reason felt they could not speak directly to management they could follow the service's whistleblowing procedure. This helped to ensure that any concerns staff had would be dealt with externally if staff felt this was appropriate.

The registered manager made regular quality assurance visits to the houses where care was provided to monitor staff member's care practices. Seven of these visits were carried out in the 12 months prior to our inspection. Records showed the registered manager observed staff members individual practice and gave them feedback as necessary. He also carried out quality audits to help ensure information and processes were correct and up to date. In addition the team leaders at each house had regular supervisions with the registered manager to help ensure they were supporting their staff to provide quality care. The registered manager, or another senior member of the provider's management team, was on call 24/7 and staff told us they were always able to get advice and support when they needed it.

At provider level a quality auditing team oversaw the delivery of the service at operations level. This was used to bring about improvement where necessary. For example, when issues arose with one of the houses the provider intervened and a senior manager took over the day to day running of the house and introduced an action plan. As a result a new team leader was employed and records showed that the action plan was followed and a programme of continuous improvement put in place.

We noted that one of the houses we visited was in need of some improvement to the premises. Although this was not the direct responsibility of the service, we discussed it with the registered manager and director of service. They agreed to address this with the management company responsible for maintenance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider failed to notify CQC 'without delay' of two serious incidents relating to two people using the service.