Jigsaw Creative Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 30 October, 3 November and 8 November 2017. Telephone survey calls were made to a sample of people receiving support, their relatives and staff on 30 October. Two of the supported living houses were visited as part of the inspection. We gave short notice of the inspection to ensure the registered manager would be available to assist us. This also enabled the service to prepare people living with Autism appropriately for our visit in order to minimise the risk of causing people distress.

This was the first inspection of the service at its current location. It was carried out by one inspector and an 'expert by experience', who carried out the telephone survey calls and provided a report to the inspector on what they were told.

Jigsaw Creative Care provides care and support to 30 people living in 18 'supported living' settings, so that they can live as independently as possible. People supported have a learning disability. Some of the people supported also have needs within the Autistic spectrum and some may at times need support to manage specific behaviours. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Jigsaw Creative Care Limited receives the regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

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

People and relatives felt people were safe and well cared for. The service had effective systems for staff to report safeguarding concerns. Staff understood and had used these. Where concerns had been raised, appropriate action had been taken to investigate and the service had cooperated with external agencies. Risk assessments had been completed where potential risk had been identified and suitable steps taken to limit risk with the minimum restriction on people's freedom. Staff recruitment was robust and the required checks of the suitability and conduct of potential staff were completed prior to employment. Incidents were monitored and analysed to enable ongoing review of people's support needs. The service had an effective system to manage people's medicines safely.

People's rights and freedom were promoted by staff and the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People's transitions between services were well managed. The process was communicated effectively to people through the use of pictorial and other techniques. The service complied with the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. Relevant documents were presented in a format so as to be as accessible as possible to individuals and staff worked with people to explain them.

People and, where appropriate, relatives were involved in planning and reviewing people's care. Detailed preadmission assessments were completed to ensure the person's needs could be met and were compatible with others they were to live with.

People were treated with respect and their dignity and privacy were promoted. Care and support were provided in a person-centred way, taking account of individual communication needs. Staff provided an inclusive and enabling culture. The views of people, relatives, external professionals and staff were sought and acted upon to develop the service.

Where people needed support to manage their behaviour, this was provided through a nationally recognised system and all staff received regular training to ensure their approach was appropriate and consistent. People's nutritional and healthcare needs were well met.

Staff received a thorough induction and had their practice observed before providing support unaided, to ensure their competence. Effective ongoing training and support was provided to staff.

Management responded positively to concerns and complaints and sought to learn from these to continually develop the service. Monitoring and audit systems enabled the management team to exercise effective governance over the operation of the service.

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 and relatives felt people were safe and well cared for.

Staff understood how to keep people safe and the service responded appropriately when issues arose.

Risks to people were appropriately assessed and mitigated. A robust staff recruitment system helped ensure staff had the right skills and attitude.

Is the service effective?

Good

The service was effective.

People's rights and freedom were protected and their consent sought.

Staff received appropriate induction, training and ongoing support to perform their role.

People's health and dietary needs were effectively met.

Is the service caring?

Good

The service was caring.

People and relatives said the service and staff were caring and people were treated with kindness.

People's dignity and privacy were respected by the staff who treated them as individuals.

People's diverse communication needs were met by staff using a range of techniques and tools.

Is the service responsive?

Good

The service was responsive.

The wishes of people and relatives were listened to and acted

upon and care was provided in a person centred way.

People had access to a wide range of social educational and developmental opportunities to enable a fulfilling lifestyle.

The service worked in accordance with the Accessible Information Standard, and used a range of methods to enhance communication and understanding.

The provider responded positively to and learned from complaints.

Is the service well-led?

Good

The service was well led.

The management team used effective governance systems to monitor and improve the service.

Staff understood the vision and values of the provider and put these into operation through their work.

The views of people, relatives, staff and external professionals were sought as part of monitoring the service and seeking to improve it.

Jigsaw Creative Care limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service had not previously been inspected at its current address.

The inspection took place between 30 October 2017 and 8 November 2017 and was announced. It was carried out by one inspector, supported by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because the location provides a supported living service. We needed to give the service time to arrange the visits to people's houses and to prepare people for them. This included provision of a photograph of the inspector for inclusion in people's daily planners as appropriate.

Telephone survey calls were made by the expert by experience on 30 November, to three people receiving support and eight staff. The inspector visited the offices of the service on 3 and 8 November; and visited two of the supported living houses on 3 November to speak to four people in receipt of support. During the inspection we spoke with the registered manager and provider. We examined a sample of four care plans and other documents relating to people's care. We looked at a sample of other documents to do with the operation of the service, including five recent recruitment records, training and supervision records and medicines recording.

The service had submitted a provider information return (PIR), in August 2017. 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 provided in the PIR and used this to help us plan the inspection. Written surveys were completed and returned by one person receiving support, one relative, four health/care professionals and 16 staff, prior to the inspection. The feedback received is incorporated in the report.

Prior to the inspection we reviewed all the current information we held about the service. This included any notifications that we received. Notifications are reports of events the provider is required by law to inform us about. We contacted representatives of the local authority who funded people supported by the service, for their feedback.

Good

Is the service safe?

Our findings

People and their relatives felt people were safe and well cared for by the service. One relative had raised some concerns via a complaint but the issue had been appropriately managed at the time by staff and the necessary actions taken to ensure the person's wellbeing. People we spoke with told us they felt safe and confirmed the staff were kind to them. People's comments included, "Staff are very kind and gentle and that makes me feel safe," "I feel very safe. I know if something bothers me I can ask a support worker for help," and "I feel safer here than anywhere I've been." Two relatives spoken with were also happy their family member was safe when being supported by staff.

Where safeguarding issues had arisen they had been reported as required and appropriate actions taken to reduce the risk of recurrence. The service had sought to work positively with local authorities to address family-related issues where this had been identified as a concern. Where issues had arisen regarding staff practice, these had been challenged and steps taken in a timely way to address concerns. Staff had received training on safeguarding vulnerable people and the provider's whistle-blowing procedure, in case they have concerns about the care practice of colleagues. Staff told us how they looked after all aspects of people's safety, including their mental health, physical wellbeing and care needs. Staff had contacted the provider and the Care Quality Commission at times, when they had concerns, so it was clear they knew how to raise concerns. Two senior staff were safeguarding 'champions' having attended more advanced safeguarding training.

Detailed individual risk assessments had been completed where a perceived risk was identified. They sought to minimise the risk whilst not being unduly restrictive of the person's chosen lifestyle or wishes. Risk assessments were also in place regarding any potential risks relating to people's premises. Comprehensive guidelines were provided for staff on how to respond to specific behaviours, such as self-injury or aggression towards others. Instances were appropriately recorded and used to inform regular review of the guidelines. Personal emergency evacuation plans were provided for each person, defining the support necessary in the event of evacuation.

Incidents and accidents were recorded, monitored and analysed to identify any patterns or themes and this information fed into reviews of people's positive behaviour support plans and care plans. For example, the seizures of people living with epilepsy were recorded and analysed, to inform discussions with specialist medical professionals. Where other incidents had involved the police, the service had worked to develop a positive understanding with them in support of people's best interests. This meant police would discuss the most appropriate intervention by them, in the light of people's individual needs and behaviours. Staff had been provided with cards to give to the public, should they witness an incident in the community and wish to discuss what they had seen with management.

The service provided specific levels of staff support to people based on their assessed and funded support needs. Some people received 24 hour support from staff while others had staff support at specific times of the day or night. Some individuals were supported two-to-one, for example, when accessing the community or for a specific activity. Some people shared houses with others receiving support, while others lived alone

with the staff supporting them. Sufficient staff were employed to meet the needs of the people supported. At times, turnover had been an issue, due to the need to match new staff to people's needs. The service had sometimes used staff from external agencies but this was reducing at the time of this inspection. The required information was obtained from external agencies, with regard to staff qualifications and skills. Feedback from staff identified staff shortages as still being an issue. One said, "We need more staff. There is just enough bodies to cover the rotas. If someone is ill or on holiday everyone else has to do extra hours."

A robust system was in place for recruiting new staff to ensure, as far as possible, their suitability and skills to meet people's needs. Appropriate records were kept to demonstrate the pre-employment checks carried out. These included a criminal record check and confirmation of identity. Prospective staff were required to provide a full employment history and references were obtained from previous employers. In some cases people who received support, took part in the interview process. Staff were often recruited for their specific skills or interests to help ensure people received effective and safe care from staff with whom they felt some affinity. Where staff had not performed satisfactorily within the service's expectations, appropriate action had been taken in response.

The service had a robust system to support people with their medicines where necessary, using a monitored dosage system. A monitored dosage system is where most medicines are pre-packed by the pharmacy in labelled blister packs for each administration time. Staff received training on the procedure and their competency was assessed prior to them taking on this responsibility. Where medicines errors or omissions had occurred, the service had investigated these and put improvements in place to reduce the risk of future errors. For example, support times had been amended in one service to ensure two staff were available to administer medicines uninterrupted.

People's medicines were stored in locked cabinets within their bedrooms. They were administered in private, in line with dignity principles, except in one case, where a best interest decision had been made to administer at the dining table. The service had queried the appropriateness and risks of this without success, and it was subsequently a factor in a medicines incident. The service planned to seek a review of the best interest decision. Where medicines refusals occurred, staff sought GP or out-of-hours guidance appropriately. Where people were prescribed medicines PRN (as required), detailed guidelines were provided to staff about any strategies to be tried first and what constituted appropriate circumstances for admission. People's guidelines for PRN pain relief medicine described how the individual might express or show they were in pain. This helped to ensure pain relief was provided when necessary. Medicines administration guidelines also identified how individuals preferred to take their medicines.

Good

Is the service effective?

Our findings

People and their relatives felt people's needs were met effectively by the service. People were clear their views and wishes were central to the support they received and talked of their consent always being sought. One person said, "Staff always ask before helping you. Even when they know you well, they still check. My support worker always checks what I want to do each day. It's my choice, not his." Another person said of his relationship with his support staff, "I'm in control. If I don't want to do something, they may try and talk me round, but won't force me to do it." A relative told us, "I know [name] is being well looked after because I get less telephone calls from him." They added that having had a stable staff team that knew him well had been beneficial and meant, "[name] can be alone in the house now." Another relative said the service had been, "Really positive", and added they, "...have never seen [name] so relaxed. A lot of the tension has gone out of him." The relative also felt staff were good at encouraging and motivating their family member to try new activities.

The service protected people's legal rights and freedom. 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 supported and encouraged to make decisions about their care as much as they were able and wished to. People signed to consent to their care and support plans where they were able to do so. One person had declined to be involved in their care plan but had consented for family and an advocate to be involved on their behalf. Care plans were written with due regard to the potential impact on the person, of the language used in them. Where people did not have capacity to make specific decisions, appropriate best interest discussions had taken place to make the decision on their behalf. For example, a best interest decision had been taken with regard to appropriate TV and video viewing for one person where certain types of programme were likely to encourage negative behaviours.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in domiciliary care agencies is via the local authority to the Court of Protection We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met and found they were. DoL authorisation had been applied for via the local authority for most people, with some other applications in process. Where limitations on people's freedom were in place, the least restrictive option was used, consistent with keeping the person or staff safe. For example, rather than using physical intervention to support some people when they began to display physically challenging behaviour, stable doors were used. This provided a physical separation for safety, whilst enabling continued dialogue and observation by staff as appropriate to the person's support plan.

People were supported by regular staff teams. Changes to the staff supporting individuals were only made when absolutely necessary, in order to maintain continuity of care by familiar staff who knew and

understood the person's communication and other needs.

People's transitions between services were well managed and carefully planned. Where necessary, detailed pictorial transition plans had been compiled with people to help them understand the various stages of moving from hospital or another care service. Countdown calendars had also been used and people had chosen their own activities as part of transitioning. Photos and information about people and staff within the service had been provided to introduce the new person to them. Staff had visited the person in their existing placement to get to know them and people had a series of planned visits to get to know the service they were moving into.

Staff received a comprehensive induction and ongoing training programme to equip them with the skills and knowledge they needed. Staff comments included, "We had a very good induction and ongoing online training. We also have annual refresher training," "The induction was really good. This was my first job in care so I needed an in-depth induction, which is what I got," and, "It was a very thorough induction with lots of information and lots of detail." The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period as their induction tool. Observations were carried out and recorded to confirm competence in each standard. In addition to this, new staff completed an eight-day induction to the company as well as shadowing experienced staff for at least 20 hours before taking the lead supporting people. Staff were also encouraged to work towards professional qualification in care and over 57% had attained either an NVQ or diploma in care.

The service used a nationally recognised system, approved by The British Institute of Learning Disabilities, (BILD), for supporting people to manage their behaviour, when necessary. The behavioural support system emphasises early preventive interventions and supporting people to develop their ability to moderate their own behaviours. The service was planning to involve one of the people receiving support in the physical intervention training so staff understood their experience. Physical interventions were used as a last resort to prevent injury to the person or others. All staff received comprehensive training from senior colleagues who had completed 'train the trainer' courses to enable them to teach the interventions. Each person's positive behaviour support plan provided staff with detailed information on how to provide their support, how and when to intervene. All incidents were recorded and analysed to inform regular review of support plans. All incidents were recorded and reviewed to see whether changes were needed to the support plan. Positive reward systems such as star charts were used with some people to record progress and encourage positive behaviours.

Staff received ongoing support through individual supervision meetings with a line manager four times per year, of which one consisted of an annual appraisal of progress. In addition, debriefs took place for staff involved in incidents to provide support, identify any learning and review the effectiveness of current support plans.

Staff had effective communication systems to help ensure important information was passed on between team members to maintain continuity of care. For example, detailed handover records and shift logs were maintained, which included records of specific tasks as well as notes on wellbeing and activities.

People were encouraged to be as involved in planning menus, shopping and preparing meals as they were able and wished to be. Effective support was provided where weight loss or gain was being worked on with individuals and progress was tracked and monitored. People told us staff helped them prepare meals. Where support with cooking skills was part of a person's care plan we saw this was referred to within development tracking records and new positive goals were set upon review of progress.

People had individual health action plans which included details of ongoing health needs as well as medical appointments and records of contact with healthcare specialists. Health plans were subject to regular review. People's medical needs were addressed effectively by the service. For example, the service had obtained epilepsy sensors to alert staff to some people's seizures. They continued to seek more effective detection equipment where people experienced seizures which were hard to detect. Detailed seizure recording took place and records used to inform reviews. Social stories and other techniques were used to help prepare some people for medical appointments. These helped reduce anxiety and increased the likelihood of successful appointment outcomes. One person being supported by the service told us, "When I was ill they called the GP and made an appointment and then came with me because I was nervous." Another person said the same and felt supported by this. Relatives were happy people's health needs were met by the service.

Good

Is the service caring?

Our findings

People and their relatives found the service and its staff to be caring and kind. One person said, "They [staff] are very gentle when I'm nervous. When I get nervous my support worker will speak calmly and get me to take big breaths until I have calmed down." Another person told us, "My support workers are very kind, especially when I get shy and don't want to talk to people. They explain my problems, and gently support me to speak to people." we saw this during the inspection. A third person said, "Staff are very gentle and kind. The last time I was ill they sat with me every afternoon. That meant a lot to me. I really felt cared for."

People were happy staff supported and enabled them to take part in things that interested them. People were involved in the usual household tasks and encouraged to express themselves appropriately. Staff sought ways to ensure that individual disabilities or non-verbal communication were not a barrier to them enjoying a fulfilling lifestyle. Communication with individual people was supported in various ways, where people could not express themselves verbally or had limited verbal language. For example through using social stories, detailed pictorial planners and other methods. Social stories help explain in a series of pictures, about the order of future events so they are broken down into more manageable stages. Touch-screen tablets were also used by some people to enhance communication.

A team leader said, "We use a personalised approach which focuses upon human values so we build gentleness into our care. Kindness is an organisational value." We saw staff demonstrated this when interacting with people. They spoke respectfully to people and involved them in making decisions about their daily lives. We saw evident warmth and appropriate humour and banter in relationships between them. When staff spoke about people, they did so respectfully and it was evident, they knew them and their needs well. It was obvious people knew the senior staff well, sharing humour and friendly exchanges with them.

People's care plans and associated records also indicated and actively promoted an inclusive and enabling culture within which people's individual wishes were prioritised wherever possible. There was a positive focus on what people could do and how they might be supported to do it. People were encouraged to identify and work towards their own goals, using tools such as social stories and other methods to enhance communication where necessary.

People and relatives told us staff respected people's dignity and privacy. One person said, "Staff always take me out of other people's hearing before asking anything private." Another person told us, "I'm always involved in writing my care plan, the majority of things, what I want to achieve, that type of stuff comes from me."

Staff describes the various ways they supported people's dignity and privacy. One said, "I support people's privacy by always knocking before entering their room." Another explained, "To protect people's privacy we never talk about private things in the hearing of other service users. We go to a private room or if the service user is ok, we go to their room." One person specifically confirmed staff used this approach. Where people had a preference with respect to the gender of staff providing their support, this was respected. The

exception being where concerns of staff safety took precedence, sometimes for limited periods.

Good

Is the service responsive?

Our findings

People and their relatives felt involved in planning and reviewing people's care. One person said, "I was involved in writing my care plan and am involved every time it's updated." A relative was happy the service was meeting their family member's needs and said they knew it was, because, "He would complain if he wasn't happy." They and other relatives were happy the service listened and responded to people's wishes and kept them informed of progress.

Feedback from care and health professionals was generally very good. Where problems had been identified the service had responded positively to try to address them. Feedback from local authorities included, "Strong support package which is delivered in a thoughtful, creative and person-centred way. The provider seems to have a good understanding of [name's] needs."

Before the service agreed to provide support an in depth assessment was completed to identify their needs and whether the service was able to meet them. Assessments included consideration of whether the person's needs were consistent with the needs of others already supported, or whether a new tailor-made service was required. Once the service agreed to support someone, a very thorough individual transition plan was completed with their involvement. People were involved in planning their care and identifying their interests as much as they were able and wished to be. The support of people's families and sometimes independent advocates was also sought where appropriate.

The service complied with the Accessible Information Standard, which is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. Written care plans were supported with photographs and other visual methods such as social stories, to help people understand them. People were involved in regular reviews of their care, using pictorial formats to enhance communication where required. One person was able to choose the gender of the staff supporting them and this was facilitated. Staff were referred to as colleagues for one person who had difficulty accepting their need for support.

A variety of systems were used to encourage positive behaviours, including visual reward systems and visual communication systems such as social stories and planners. People's positive behaviour support plans included lots of detail for staff on how to respond to people depending on the level of behaviour displayed. This meant staff responded appropriately and in a timely way.

People's support was enhanced in various ways through the use of assistive technology as part of their care. This included enhancing safety through the use of epilepsy monitors, heart-rate monitors, falls monitors and door sensors. People's communication was enhanced through using touchscreen tablets and social story phone applications to support people's understanding of key issues. One person was also supported to use a recording application to produce a song. Two people used a visual computer messaging system to maintain contact with their families and one used the system to maintain communication with senior managers.

People were supported to attend and take part in activities they wished to enjoy. One person told us, "Staff have been very supportive when I've wanted to try new things. When I wanted to do cooking my support worker came with me to every class." A second person said, "They adapt to what I want, like when I wanted to go to college." One person was encouraged to select their choice of voluntary work and supported to attend until they felt comfortable going alone. Support was delivered so as to respond to individual areas of interest and develop their skills. Plans for one person included support to move into their own flat with some ongoing support. People had access to supported work where they wished, as well as to developmental group sessions provided by the provider to help them develop skills.

The provider also offered a range of other day-service support to enhance people's quality of life through their own 'academy' under the umbrella of 'The Golden Planet Project'. This is a Community Interest Company and 'social enterprise' set up by people with learning disabilities and mental health needs. The academy provided sessions on drama, music, art, karaoke, rock choir, interpretive dance and educational sessions on finance, health and wellbeing. Regular governance meetings take place, to which all academy participants are invited

People understood they could complain if they were unhappy about something. One person told us, "First I'd speak to my support worker and if I was still unhappy I'd ask to speak to a manager. I've done it once and the manager sorted it out." Others said they would talk to staff or a manager about it. Where complaints had been raised they had been taken seriously and addressed appropriately by the service. The management worked hard to try and resolve any issues raised. It had not proved possible to resolve matters to one complainant's satisfaction although the service had followed up the matter thoroughly and taken appropriate action at the time. The issues were part of a complex wider situation involving other agencies.

A range of improvements had been made in response to complaints and other issues raised. Work was being done to challenge 'traditional' male and female care roles within some locations. Improvements had been made in providing positive evidence of people's development to their families. Improvements were being made in the service's response to staff bereavements. Communications books had been introduced in some locations to improve information sharing. Management spot checks of locations had been increased to identify potential issues sooner.

As well as complaints, the service had received a large number of positive compliments from family, advocates and external professionals. These included praise for the thoroughness of work on people's transitions between services and the positive relationships and interactions observed between people and staff. One professional wrote, "I would like to take this opportunity to say a massive thank you for the wonderful support both you and your team have provided for [name], who has presented with significant challenges whilst on this current journey and without the dedication, professionalism and commitment you have all shown we fear he would no longer be able to be supported within the community or even our locality." The behavioural specialist from a local mental health facility commended Jigsaw on the way they have managed one person's psychological needs and behaviours.

Good

Is the service well-led?

Our findings

Relatives felt the service was effectively managed, with the exception of one situation mentioned earlier in this report. One relative confirmed the service was, "Well managed." And confirmed their views about the service had been sought via a survey. Another relative didn't recall having completed a survey but felt they had opportunities to speak to management about anything they wished, during their regular meetings.

People confirmed surveys had been provided for them to express their views. One person said, "I got a survey from [support worker's name] about how happy I was with the service. I was very happy." Another person said, "Yes, I have received surveys from Jigsaw." One person could not recall having received a survey. The service user and relatives survey was issued in May 2017, with an easy read version which was completed with some people when they attended the day service at the "Academy". Feedback from the survey mainly identified the need for improvements in communication and information sharing and activities. Action was identified to address these.

A registered manager was in place as required, for the service. An application was in process for the registered provider to become jointly registered as manager.

Members of the management team visited individual houses regularly to carry out spot checks and people also encountered them regularly at the head office when attending academy activities. It was evident from observation that people and staff knew the members of the management team well. Staff confirmed senior managers provided an on-call service outside office hours. One said, "Senior managers are always available to give advice or support." Staff felt well supported in general through supervision, team meetings and appraisals. One commented, "We also have regular team meetings which give people the chance to [air] their feelings." Another staff member felt team meetings were, "A bit irregular" but said, "I find the team meetings very helpful. It's good to see other support workers that you don't directly work with." Other staff commented positively about the team meetings. One said, "Team meetings are really helpful. It is easy to get isolated working in our own little team and the team meetings make me feel part of something bigger." Excellence was marked by letters of commendation and praise for outstanding work above and beyond expectations. We saw a number of examples, which represented excellent practice. Team meeting minutes addressed local issues within the individual supported living houses as well as wider ones. They were very much focused on the needs of the people supported, as were the handover and shift panning records.

Staff felt the vison and values of the service were clear and were followed. One told us, "There is a Big emphasis on good practice and we are given a lot of supervision on that." A staff member said, "We have a good team of managers, team leaders and seniors, all with lots of experience. So if a support worker has a question or needs support, there is always someone on duty to help them." A survey had been issued to staff to seek their views on the service. The response was low (14%) but the results were analysed and the survey reissued to seek a broader range of views. The issues raised were mainly around further improving communication, improving staff commitment to their roles, improved staffing levels and rostering. The feedback report lists the actions proposed to address staff concerns, some of which had been instigated.

The management team had effective audit systems in place to maintain governance over the service. The governance team met weekly to discuss issues and identify patterns or other concerns arising from audit systems, for example, through in-depth analysis of incident reports. As noted earlier, detailed recording and analysis of incidents was carried out to identify potential learning or necessary improvements to care plans. An in-house traffic light system was used to highlight services where concerns arise, to ensure effective monitoring across the management team. Minutes showed necessary actions were identified and pursued. Senior staff carried out and recorded spot check visits to the houses to monitor practice. These identified any necessary remedial action.

Where performance issues in one location had been raised by the local authority, the service had taken appropriate action to address them, including increased management oversight to ensure changes were embedded.

The service provided detailed notifications for any events where this was required. Management also sought support or guidance informally as and when necessary. Records and care plans were detailed, clear and person-centred and subject to regular review.