

Creative Support Limited

# Creative Support - Trafford Supported Living Service

## Inspection report

3 Washway Road  
Sale  
Manchester  
M33 7AD

Tel: 01619731928  
Website: [www.creativesupport.co.uk](http://www.creativesupport.co.uk)

Date of inspection visit:  
17 September 2018  
18 September 2018

Date of publication:  
27 November 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 17 and 18 September 2018 and was announced. We gave Creative Support – Trafford Supported Living Service, 48 hours' notice to advise we would visit, as we needed to ensure someone would be available at the registered office and to prepare people supported by the service for our visit. At our last inspection of this service in September 2016, we found the service to be good in all areas. At this inspection, we found the service remained good in all areas.

Creative Support – Trafford Supported Living Service provides care and support to people in 'supported living' settings to enable people to live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Creative Support – Trafford Supported Living Service supports people with learning and physical disabilities and autism. At the time of inspection, there were 35 people receiving personal care living across ten properties situated in the Trafford area.

There was a registered manager in post. 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 on the Health and Social Care Act 2008 and associated regulations about how the service is run.

People received their medicines safely. Staff received training and had their competency to administer medication checked. People were supported to administer their own medicines if deemed safe to do so.

Risk assessments were person centred and highlighted how risks should be managed. Risks where people may become challenging, were clearly recorded with actions for staff to take to prevent people's anxieties from escalating. Staff were knowledgeable about how to manage each person's anxieties.

Staff confidently explained their responsibilities in safeguarding vulnerable adults from abuse. Staff had full confidence in the management team should they raise an allegation. Staff received training in safeguarding vulnerable people.

Staff were recruited safely. The service completed robust checks to ensure new staff were suitable to work with vulnerable people.

Property safety checks were regularly completed.

The service worked in line with the Mental Capacity Act 2005 and people had their capacity assessed if required. Where people did not have capacity to make a specific decision, decisions were made in people's best interests which included family and / or professional involvement. Best interest's meetings were clearly

documented.

People received support with their health needs. The registered manager had worked with local learning disability teams and primary care providers to ensure people had access to health support services quickly and when required.

Staff received training appropriate for their job role. Where people had specific care needs, staff received training to enable them to support these needs. Staff had the opportunity to pursue additional qualifications to enhance their knowledge.

People were supported to receive healthy and nutritious diets. Staff could describe the types of diets people required. Menus were devised with people based up on their personal likes and dislikes. Where people were at risk of malnutrition, weights were monitored, and any concerns reported to health professionals promptly.

We observed staff treating people with dignity and respect. Caring interactions were seen throughout our inspection and staff supported people with complex needs in a calm and supportive manner.

The service ensured people who identified as lesbian, gay, bisexual or transgender (LGBT) had their characteristics protected. LGBT was championed throughout the service with people being able to support local PRIDE events.

Confidential information relating to people was stored securely.

Person centred care was at the heart of the service and care was wrapped around each person to ensure they were at the centre of the care and support given. Person centred care plans were in place and reviewed. The plans captured people's needs, choices, preferences and goals. People and their families were involved in the plans.

Care plans were clear, and staff could describe in detail the care needs each person required support with. Care plans were regularly reviewed.

People were supported to access activities in and away from the home. Creative Support organised a number of activities at the registered office. This was to engage people they supported to integrate into the community. A theatre workshop had been a popular event to build people's confidence.

Complaints were responded to in a timely manner with outcomes recorded and shared.

People were supported to make dignified decisions about the care they wanted to receive at the end of their life.

There was a theme of continuous improvements across the service. The management team continually monitored and reviewed what they offered to ensure they provided a quality service. Improvements made to access to health care services for people were seen throughout our inspection.

The service engaged with families to keep them involved in the lives of the people supported.

The wider management team had worked at the service for a number of years and could describe the needs of each person they supported. We observed at ease interactions between people and the management

team and they clearly knew each other well.

The staff team were very positive about the management team in particular the registered manager and the chief executive officer. The staff team were well supported and were guided to provide person centred care to people. Staff received regular, supervision and appraisal and the opportunity to attend staff meetings.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Creative Support - Trafford Supported Living 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.

The inspection took place on 17 and 18 September 2018 and was announced. The provider was given 48 hours' notice because the location provides personal care and support to adults in different supported living settings. We needed to be sure somebody would be available at the registered office to talk with us and to inform people supported by the service that we would be visiting. There were two inspectors from the Care Quality Commission (CQC) in attendance on the first day of inspection. One inspector returned for the second day of inspection.

The inspection was partly prompted by an incident which had serious impact on a person using the service. This had indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, we did look at the associated risks. Further information relating to this can be found in the body of the report.

Before the inspection we looked at the evidence we already held about the service including notifications the provider had sent to us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority to obtain their views. The local authority had completed unannounced spot checks at the service and found everything to be in good order. Prior to a planned inspection, we use information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As we brought the inspection forward, we did not request the PIR.

During the inspection we visited the registered office and five properties. We spoke with the registered manager, the chief executive officer, two supported living managers, seven staff members and four people who used the service. We reviewed five peoples care files, including care plans and risk assessments. We reviewed four staff recruitment files, training and supervision records. We looked at records relating to how the service was managed including medicines, quality assurance and policies and procedures. We looked at how people were supported with wellbeing, independence and choice.

# Is the service safe?

## Our findings

At our last inspection of this service in September 2016, the service was safe, and we rated it as good. At this inspection, the service continued to be good.

Staff members were aware of safeguarding policies and procedures and how to report any concerns they had. Staff could describe signs of abuse and were confident the management team would act on any concerns. Comments included, "I would have no hesitation to report any concerns I had", "Absolutely I would report anything I wasn't happy with" and "We report any concerns immediately, [registered manager] would fully take it on board."

Where concerns were identified, they were raised with the local authority promptly. The service provided a document to staff and people called Code Red. Code Red gives guidance on reporting concerns within the organisation as well as making people aware that they can raise concerns via the staff team, registered manager, family, professionals, the local authority and the Care Quality Commission. Staff were fully aware of the document which had been discussed in supervision and team meetings. Concerns could be reported using the organisations whistle blowing policy. This was embedded in the staff handbook and part of the induction procedure for all staff members.

There were processes in place to protect people from receiving care and support from staff who were unsuitable. We reviewed four staff personnel files and we saw that each staff member had the required pre-employment checks in place, including two written references and a Disclosure and Barring Service (DBS) check. A DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

Medicines were safely managed. Staff working at the service were responsible for the safe administration of medicines. Staff attended theory and practical training and received three medication observations before they were deemed competent to administer medication. Annual competency checks were then completed, to ensure staff had retained skills. Any concerns raised in relation to the safe administration of medicines, resulted in the staff member receiving supervision and additional training and observations to re-check their competency.

Medication administration records (MAR) charts were fully completed including photographs of the person on the front. We checked the boxed medicines of three people and found stock levels reflected the numbers recorded on the MAR.

People who were unable to communicate their needs had protocols in place for the safe administration of "when required" medicine. When required medicine is a medicine such as Paracetamol or medicines to assist people in periods of anxiety, which is not routinely required. The protocols gave guidance to staff for the signs and symptoms people may display when in need of this medication.

Where people displayed challenging or self-injurious behaviour, there were setting, events, action and

response monitoring (STAR) records in place. This gave detailed information on the event that occurred, what triggered the event, what the action was and what the response was. The document was used as a monitoring tool to assist in preventing future occurrences of challenging and self-injurious behaviour, as staff could recognise when people were becoming anxious and de-escalate the situation before challenges occurred.

Staff members were responsive to supporting people during periods of anxiety and were able to describe techniques to reduce people's anxiety from increasing. In the event of behaviours that challenged, the staff team were trained in break-away techniques. Where this technique was used, a detailed report was completed confirming the behaviour and the type of response used. Incidents were analysed and shared to prevent future occurrences.

Risk assessments to support people were detailed, highlighted risks and gave information to manage each risk. This included considering any behaviours that may challenge and any barriers against the risk such as mobility. Risk assessments were regularly reviewed to ensure they reflected current support needs.

Incidents and accidents were recorded and reviewed for analysis. Analysis of the accidents and incidents were recorded, and any outcomes were documented and learning from such concerns were shared with staff members. The service looked for patterns and themes and identified what actions could be taken to prevent similar accidents or incidents from occurring again.

The service had an infection control policy in place which gave guidance to staff members on how to minimise the spread of any infection. Staff members had received training in infection control and we were told and saw there was plenty of personal protective equipment readily available for staff to use.

The health and safety of each property was regularly monitored, and any concern reported promptly. Daily and weekly fire checks were undertaken which included checking escape routes, firefighting equipment, fire alarms, and emergency lighting. Regular fire drills took place to ensure people understood what to do in an emergency. People had personal emergency evacuation plans in place which gave directions on how to evacuate each person safely.

Regular required safety checks by competent contractors were completed. This included gas and electrical safety, portable appliances and fire equipment. Concerns identified were raised with the landlord of the property.

There were enough staff members on duty to support people with their assessed needs. Staffing levels fluctuated to ensure people could be supported at the times suitable to them, for example to support an activity. We were told by staff members and rotas reflected that further staff members could be brought in to support people if required.

# Is the service effective?

## Our findings

At our last inspection of this service in September 2016, the service was effective and we rated it as good. At this inspection, the service continued to be good.

We brought the inspection forward as an allegation has been made that the service had failed to support a person with a primary health need. We looked at information about the allegation, discussed the concern with the service, the staff team, the family of the person and health and social care professionals. We also looked at other people's health care records to assure ourselves that primary health needs were being met for all people supported. We were satisfied that people received primary health care support promptly and that actions were taken to assist in the prevention of a similar concern being raised again. Records of health professional support were clearly documented.

People received initial assessments to ensure the service could meet their needs. The assessment looked at the person diagnosis, communication skills, health and social care history, environmental needs, behaviours that challenge, medication needs, physical health needs and social skills.

Staff received regular training appropriate for their job role. The service had access to the wider organisation's training academy and staff members told us they could access additional courses on request and were able to undertake diplomas in health and social care. Copies of training records were kept in staff members' personnel files and a training matrix also highlighted where training had been completed or was due.

Staff members received an induction to the service and were able to shadow more experienced staff members while they got to know people. Staff new to care also completed the care certificate. The care certificate is a qualification setting out the knowledge, skills and behaviours expected from care workers. If agency staff were used, they received a thorough induction and regular agency staff supported the service when required. Agency staff told us they were able to read care files and get to know people before they fully supported people.

Staff received regular supervision and annual appraisals to enable them to discuss their job role, their progression and identify goals to work towards.

People were supported to have a healthy and nutritious diet. We observed home cooked meals being cooked and menus were devised weekly with input from people at each property and by staff being aware of people's likes and dislikes. Snacks and fresh fruit were available when people wished to have them. Staff could describe how to support people with alternative dietary needs such as a soft diet or when receiving food using a percutaneous endoscopic gastrostomy tube, detailed care plans were in place to support this type of diet or regime. Staff told us and we saw they had received training to manage these types of diet.

People at risk of malnutrition were monitored and where it was evident that someone was losing weight, they were weighed weekly and referrals to their GP were made.

Each person being supported by the service had a Health Action Plan (HPA). An HPA is a document that highlights what people need to do to keep a vulnerable person healthy. This includes details of regular medical reviews and tests and signposts to the correct professional if there are any problems with their health.

Hospital information packs were available which gave details to hospital staff in the event of someone requiring admission to hospital. The pack contained information about the person, what support they need, like and dislikes, if they wear glasses or dentures and what is important to the person or what support they needed to communicate.

The service ensured the health and welfare needs of people were met and continued to be met in the event that the person required hospital treatment. We saw one person had required to be supported after a diagnosis of a life-threatening illness. There were detailed processes in place to support the person to attend treatment and follow up appointments which included details of what to expect at the follow up appointments. Meetings and reviews were held to ensure the person, the family, the staff team and the hospital were continually kept up to date with the person's progress or any side effects. Clear directions for medicines were documented for staff to follow which included guidance on giving the medicines, timings, expected side effects and contact numbers for advice. A clear log of communication was kept between the service, the family and the hospital in the best interests of the person. The service had liaised with the local authority to increase staffing levels to enable the person to return and be cared for in their home. A review of the process was completed to ensure a seamless hospital admission and after care process was followed.

People were able to attend tenant's meetings and minutes documented where people or the staff team had identified where properties were not suitable or where work needed to be done to improve the property. Information was promptly passed to the landlord to be addressed and where properties became unable to meet the needs of people, an alternative property was sought with input from people and their representatives.

Handovers between shifts were thorough to ensure staff were aware of any changes to people's support. Handovers were completed at the start and end of every shift and included the checking of any appointments, personal monies and petty cash, the completion of monitoring forms and health and safety checks. A communication book was also used to record any messages about people being supported by the service.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty. We checked whether the service was working within the principles of the MCA.

The service worked in line with the five principles of the Mental Capacity Act and people had their mental capacity assessed as part of their initial assessment, when there was a change in someone's mental health or a specific decision needed to be made.

People consented to receiving support with personal care and contributing to and holding house hold accounts. Where people could not consent, best interest's meetings were held to clarify what was in the person's best interests. These meetings were fully documented with outcomes.

People were supported to transfer to new services should it be identified as part of their progression. We saw a detailed case study of a person who had been supported to move to a more independent living setting which did not have 24-hour staff support. The support included viewing a number of properties to ensure suitability, further work to develop the person's management of finances and reinforcing the person's understanding of risks and how to protect themselves from abuse.

Information was passed to the new service provider which included personal profile, support plans and risk assessments with particular attention paid to the person's vulnerability. The service supported the person on the move-in date and visited them in the first few days and ensured they were settled and comfortable.

# Is the service caring?

## Our findings

At our last inspection of this service in September 2016, the service was caring and we rated it as good. At this inspection, the service continued to be good.

Staff were observed to be caring towards each person. We observed staff speaking to people in a kind, dignified manner, promoting choices and ensuring people were treated with respect. The atmosphere at each property was positive and full of jokes and laughter.

Staff knew people well. Friendly and positive interactions were observed at each property we visited. Staff adjusted their language to speak to people using communication the person understood. People who did not verbally communicate were encouraged to develop their own sign language, use photographs or objects.

People were supported to retain relationships with their family and friends. Visits to family and friends were prominent in most people's lives and visits to the person's property was also encouraged. For one person, we saw the service had organised a visit from a pen friend who the person has been writing to for over 30 years and had never met.

People could have the autonomy and independence to self-administer their medicines. One person had been identified to be able to do this. Staff worked with the person to ensure they could recognise their medicines and times of the day they were due. Photographs were available to direct the person how to follow the process, for example, locate the key, open the cabinet, look for the correct day and pop the medicine from the box.

The service was pro-active in encouraging a culture of respect for everyone regardless of their sexual orientation or identity. People and staff had recently taken part in the PRIDE celebrations in Manchester City Centre to celebrate lesbian, gay, bisexual and transgender (LGBT) communities on a huge Creative Support float. Creative Support -Trafford Living Service provides training to staff in equality and diversity and LGBT network groups were operating, to ensure people and staff who identified as LGBT were safely supported and could gain information and assistance if required.

Personal information relating to people using the service was safely locked away in an office to prevent breaches of confidentiality. The service worked to protect people's personal information and produced information governance leaflets for staff and others on how the service kept information safe. This information was distributed to staff through staff meetings and supervision and gave guidance such as sending encrypted information via email and not leaving personal information around where it could be easily accessed. Staff also received regular training on information governance.

## Is the service responsive?

### Our findings

At our last inspection of this service in September 2016, the service was responsive and we rated it as good. At this inspection, the service continued to be good.

People and their families were supported to transfer to the service. This including reviewing the transition process as well as reviewing how people lived together to ensure compatibility. Examples in reviews meetings described the support given to people's parents once a person began being supported. This included regular updates of each person's wellbeing and supplying photographs of activities people had joined in.

Person centred care plans (PCP) were a large part of the planning process to ensure people's care was totally wrapped around the person. The person, along with their relatives, friends and health professionals contributed to the plan, to ensure a holistic service was provided. Person centred care plans identified goals and aspirations for people to work towards, reviewed what had worked well for each person and what could have gone better. Each goal and aspiration set, gave details of the support needed to achieve the goal. Goals achieved included people going on holiday abroad, a person being able to access employment and people learning daily living skills.

The service worked to ensure peoples hopes and aspirations were clearly recorded and acted upon. A person-centred newsletter was distributed to staff members. The newsletter highlighted training available to staff such as person-centred practice reviews. These reviews were used to identify opportunity, choice and wellbeing and action interests and future goals and aspirations. We saw this included one person being supported to work in a local shop and another person to access their dream holiday to Disneyland.

Staff supported people to develop their own scrap books of photos, drawings and information of positive aspects of their lives. We saw scrap books with holidays in the UK and abroad, favourite days out, birthday and Christmas celebrations. The scrap books were reviewed as part of the PCP reviews to enable family and professionals to see the progress and enjoyment of the person. Additionally, some PCP reviews were held with a continuous slideshow in the back ground while people and their relatives discussed what had gone well and identified future goals.

The registered office was a central meeting place for activities. A number of sessions were run from the office for people supported by the organisation and the wider community. This included relaxation sessions, art competitions, drop in services and celebration events.

The service had provided people they supported the opportunity to attend theatre workshops. This was a 12-week workshop which ended with a performance for people's friends and family. The workshop allowed people to engage with others and learn about each other's experiences and develop their communication skills. Comments from people watching the performance included, 'It was great to hear people's hopes for the future as well as finding out everyone's interest' and 'Amazing to see the confidence of these individuals shine. They are a real inspiration and I'm so honoured to see this.' Photos of the event were available at the

registered office and each person looked happy to be involved.

People joined in group activities and were supported to access activities both in and away from their home. Some people received regular body massages and reflexology by qualified professionals. People accessed community activities such as swimming and using the gym. Activities were central around people's choices and staff work around the needs of people.

Positive behaviours were championed. People had positive behaviour support plans in place. The plans discussed positive indicators of wellbeing and confirmed the proactive support needs people had. For example, one plan said if a person was becoming anxious and in order not to exacerbate behaviours, staff should remain positive, engage the person in using their tablet to play games and ensure the person is involved in their day to day life.

People were involved in developing their care plans to reflect current needs. Care plans ensured people's choices, likes and dislikes were documented, confirmed what was important to the person, what they enjoyed doing and how best to keep them safe.

All care plans we viewed were reflective of the needs of people being supported and staff could clearly describe each person's care requirements in detail. Where a specific care need required competently trained staff to support the need, staff were appropriately trained in this area.

Care plans were reviewed and updated when changes occurred. Staff told us changes to people's care were always communicated to them verbally and in writing and they were able to read the records at any time.

To give the staff team or professionals a quick overview of people and their needs, a one-page profile document was in place for each person, which contained information about what others liked and admired about the person, what is important to the person and how staff can support the person to stay safe and healthy.

Information could be passed to the police or health professionals by staff accessing the grab and run sheets in place within the care file. This included a recent photo of the person, a full description of any distinguishing features, allergies and medicines they may require.

There were processes in place to resolve any complaints made. The service had a complaints policy in place and we saw complaints had been responded to promptly and outcomes shared with the complainant and the staff team for learning.

People had detailed documents in place to support them at the end of life. Currently called "When I die", the document was being reviewed to be named "The perfect send off." People had been involved in a discussion about where they wanted to be supported at the end of their life, the type of funeral they would like and who should be informed. We saw evidence people had asked for particular flowers or songs to be played, if they wanted to be dressed in a particular outfit and how people wanted to be remembered, for example, a headstone or remembrance book. Where people did not have the capacity to discuss their plans, we saw a best interest's decision had been made involving family, health professionals or advocates.

## Is the service well-led?

### Our findings

At our last inspection of this service in September 2016, the service was well-led, and we rated it as good. At this inspection, the service continued to be good.

Following the learning from an incident where a person was not supported with a health care need, the registered manager had introduced a system of review to ensure all primary health care needs were met promptly. This system highlighted when reviews were due and ensured appointments are recorded in a diary and the diary is reviewed daily. Appointments were planned in advance to ensure staff availability to support each person. As part of learning, there was a particularly strong emphasis on continuous improvement in the service and the registered manager had linked in with the community learning disability teams and primary health care providers to ensure people had equal access to health care support.

People being supported by the service could receive monthly awards to promote their confidence for trying new activities, being active in the community or accessing training or education. This was also documented in a monthly newsletter.

Updates on the service were held at regular coffee mornings for families and friends to attend. These events gave updates on the service as well giving family members the opportunity to meet the staff team and other family members. Some of the comments from the coffee mornings were recorded as 'Great opportunity to meet with the staff and managers for an informal catch up' and '[Name] has so many more activities than I have, they are so settled, I do not have sleepless nights anymore.'

The wider management team held regular leadership conferences which gave the opportunity to review recruitment, training, performance and learning. Information sharing was a key part of the conference. For example, where one service may have struggled to recruit, another manager may have used other strategies and these ideas were shared.

The management team had been working at the service for many years and had progressively grown with the service as it developed. Each member of the management team knew each person they supported well, right down to finer detail such as people's likes and dislikes, how to respond to each person in times of anxiety or elation and had their own quirky relationships with each person. We observed the registered manager using a person's own sign language to communicate and the person responding at ease.

We observed the registered manager to be a prominent figure across the service and staff told us they felt supported and respected by them. They registered manager had worked for the organisation for many years and one staff member told us, "[Registered manager] is so helpful, we can go to them with anything, they will listen, understand and advise." The registered manager spoke passionately about taking over the Trafford Supported Living Service after it was commissioned by the local authority and the work that had taken place to monitor and improve the service to what it currently offered.

The chief executive officer (CEO) was actively involved in the organisation and the staff team spoke highly of

the support they received from the CEO. Our observations were the CEO also knew people well and on a personal level and the staff team felt well supported by them. Comments received included, "[CEO] never stops, they know each person we support, right down to the last detail", "They are amazing, it's so nice to be known by the CEO" and "The CEO knows my name, I have never had that before."

We saw comments made about the service from family members and professionals. The comments included. 'We want to express our thanks and gratitude at the speed, professionalism and service at which [supported living manager] and the staff members have transitioned [name] into his new home.' A health professional commented, 'It appears a consistent staff team and structured approach is helping [name] to settle down. The staff team should be commended on their effort.'

The service was proactive in reviewing what it offered and looked for ways to improve in the best interests of people they supported. Away days were held with the staff time which gave opportunity to review the care and support provided in each property. The days included reviewing what was working well and what could improve at each property, relationships with families and stakeholders, goals for the future and outcomes achieved. We saw for one property, it was identified the garden needed some improvements and, in another property, it had been identified the property was no longer fit for purpose due to the condition. The goal became to improve on the garden and a new property. At one property, it had been identified a long-standing staff team was in place to support people and the goal identified was to provide more staff who could drive to enable people to have wider community access.

Information was distributed to staff members promptly to keep them up to date. There were monthly staff meetings held for staff members and the senior team. We saw meeting minutes gave leadership feedback to the wider staff team and staff were able to contribute to a set agenda. The agenda covered health and safety, the finding of inspections and audits, health and wellbeing of staff members and service users and paperwork such as risk assessments.

There was an overwhelmingly positive response to feedback from people and their relatives. Respondents to questionnaires highly rated the service.

Each property had managers checklists in place, this was to ensure certain documents were up to date including staff supervisions, health and safety checks, tenant's meetings, care plans and risk assessments had been reviewed and were reflected of people's needs.

A robust quality assurance system was in place. The registered manager ensured the safety of people using the service, this included health and safety, audits of medicines, supervision audits and financial audits. These audits linked with the Care Quality Commission (CQC) Regulations and were used to ensure that the service was responsive to the areas they covered. We saw audits were completed regularly and where any concerns were highlighted, an action plan was put in place to improve the concern.

The service completed a quarterly audit which looked at people's support plans, any goals identified and achieved. The audit identified if care needs were changing and this could be fed back to the local authority to increase or reduce funding hours. The audit also looked at the compatibility of people living together to ensure people were not impacted by complex or challenging behaviour.

The service had developed a Key Lines of Enquiry (KLoEs) file. This was linked to the Care Quality Commission (CQC) KLoEs and identified how they service met each key question of safe, effective, caring, responsive and well-led. We saw in the safe domain, the service had identified they were working to keep people safe by introducing positive risk assessments and supporting people to weigh up risks and in the

responsive domain, the service ensured people received regular person-centred care reviews. This information was corroborated in the care plans of we viewed.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given; this is so that people can be informed of our judgements. We found the provider had shared their last rating which was displayed in the service and on their website.