

Creative Support Limited

# Creative Support - Wigan Service

## 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

We carried out a comprehensive inspection of this service on 06 January 2016. Creative Support – Wigan Service is coordinated from business premise in Leigh town centre. The service specialises in providing personal care and support to people living with learning disabilities, physical disabilities and/or mental health conditions. At the time of our inspection, 23 people who used the service were living in eight supported houses dispersed across the Wigan borough. Housing management was provided by a registered social housing landlord.

We last inspected this location on 14 January 2014 and found the service to be compliant with all regulations we assessed at that time.

At the time of our inspection visit there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service maintained a corporate safeguarding policy and associated procedures which were complimented by 'easy read' safeguarding documentation with pictorial representations. This meant people who used the service were able to access safeguarding information in a format which was accessible and easy to understand.

We looked at recruitment and selection procedures and found safe recruitment practices were in place. This was evidenced through our examination of employment application forms, job descriptions, people's proof of identity, two written references, and Disclosure and Barring Service (DBS) checks. These helped ensure potential employees were suitable to work with vulnerable people.

Accidents and incidents were recorded and monitored appropriately. Where necessary, we found preventative measures had been put in place to minimise identified risks. A variety of individual risk assessments had been

Health and safety records relating to buildings and premises were complete and up to date. Fire equipment was maintained and checked monthly and weekly fire alarm tests and means of escape were undertaken. Emergency lighting was checked monthly, as was the first aid kit. Fire drills were undertaken on a six monthly basis. Gas certificates were up to date in each of the properties we visited. The service had a business continuity plan to be implemented in the event of an emergency such as flood, fire or loss of power. This included guidance for staff and emergency contact numbers.

Financial management records were maintained for each of the supported houses and we found these to be

up to date. External audits of financial records were also completed on a regular basis

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate. Medicines were checked according to need. Some individuals were able to self-medicate and their medicines were checked on a weekly basis. Others were checked daily, as administered.

People's care plans included a range of up to date and relevant health and personal information. Risk assessments were complete and up to date. A holistic assessment was in place for each individual. A hospital passport was included in each file, which contained health and other relevant information to help provide consistency of care.

The induction programme was robust and included mandatory training, orientation and direct observations of practice before new employees were deemed competent to work alone. New workers were given an employee handbook and information on policies and procedures and health and safety. There was a probation period with regular reviews and supervisors were required to 'sign off' new starters once they were deemed competent.

Staff supervision sessions were undertaken on a regular basis and issues discussed included personal development and training, person-centred planning, communication, equality and diversity and safeguarding.

Training was on-going for all employees and staff we spoke with told us they were able to access training courses relating to specific subjects as well as the general training. For example, one person told us they had been on a course regarding a specific, quite rare physical health condition and this training had been accessed from an outside source as the company had no provision for this particular subject.

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. We checked whether the service was working within the principles of the MCA and found the service had an appropriate MCA policy and associated procedures which included an assessment flow chart, example capacity test and guidance for staff.

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. The application procedures for this in care settings are called the Deprivation of Liberty Safeguards (DoLS) and can be legally authorised by the local authority. However, people who used the service at Creative Support – Wigan are considered 'tenants' within supported living accommodation. This means any decision to deprive a person of their liberty within supported living accommodation must be legally authorised by the Court of Protection.

Where people who used the service were the subject of a DoLS, or other forms of restrictive practice, we found the service had discussed matters relating to restrictive practices with the local authority and had completed all the paperwork required by law. This included the completion of the local authorities own 'restrictive practice screening tool' and a 'restrictive practice monitoring tool.' Both of these restrictive practice tools had been developed by the local authority using a number of key indicators as set out by the Supreme Court to ensure best practice in DoLS and restrictive practice assessments.

We looked at the how service supported people with their nutritional and hydration needs and found that staff demonstrated a good understanding of people's likes and dislikes, dietary preferences and personal requirements. Staff we spoke with also clearly understood the importance of encouraging people who used the service to maintain a healthy balanced nutritious diet whilst acknowledging that some individuals were able to make their own choices.

People who used the service told us staff were kind and caring. Some had lived in supported accommodation with Creative Support for many years and knew the staff members well and considered them friends. Three people proudly showed us their rooms and told us they had been involved with choosing the decorations and furnishings.

Information within the individual care records was produced in easy read format, with pictorial representations. This made it more accessible to the people who used the service and helped them participate fully in reviews of their support if they wished to.

We saw that the service sent out service user satisfaction surveys on a twice yearly basis. Not many had been returned, but those that had were positive about the experience of the people who used the service.

The registered manager told us that tenants meetings did not take place at all the properties in the service. This was dependant on whether the people who lived there were able to participate and whether they wished to do so. The properties we visited did have regular tenants meetings on a monthly basis and we saw notes of discussions. These included activities and outings, service user issues, falls and finances. Key worker meetings, between the key worker and the person who used the service also took place on a monthly basis and any issues or changes in support needs were discussed in these forums.

People who used the service told us they enjoyed a variety of activities and were taken out regularly by staff, this included going out for pub lunches, daytrips to local attractions and trips out to do clothes shopping. We also saw a social calendar of events which included a trip to the imperial war museum north, a film and pizza night and social meeting for members Creative Support's own 'breakthrough' group which met regularly in Manchester city centre.

People's care and support plans were well written, organised and easy to read. Support plans were highly person-centred and individualised with information about what was important to people, what they liked to do, what people liked about them and important people in their lives. There was information about what support workers would need to know to support people best and the best communication methods to use, including guidance for staff on how to understand facial expressions, gestures and body language.

Regular staff meetings took place which were evidenced by meeting minutes and records of agenda items. There were also regular seniors meetings where staffing issues, rotas and supervisions were discussed and at one of the properties we visited staff told us they also had regular Monday morning catch up meetings with all the staff.

Staff and people who used the service, along with their relatives, all agreed the service was well-led and that the registered manager was friendly and approachable.

## 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.

The service had systems and procedures in place which sought to keep people safe and protect them from harm.

Recruitment and selection of staff was robust and the service followed safe recruitment practices.

Medicines were administered, stored, ordered and disposed of safely with clear guidance provided.

### Is the service effective?

Good ●

The service was effective.

New members of staff received a comprehensive induction.

Access to training and opportunities for continuous professional development was good.

Supervision was effective and completed on a regular basis.

People were supported to ensure their nutritional and hydration needs were met.

### Is the service caring?

Good ●

The service was caring.

People who used the service and their relatives told us they thought the service was caring.

In each supported house we visited, we found the atmosphere was calm, welcoming and very homely. People who used the service had been involved in choosing the decorations and furnishings for their own room.

Staff demonstrated a genuine caring ethos and people who used

the service clearly responded well to this.

### Is the service responsive?

Good ●

The service was responsive.

The service had a social calendar of forthcoming events and people who used the service told us they enjoyed a variety of activities and were taken out regularly by staff.

Support plans were person-centred and individualised with information about what was important to people, what they liked to do, what people liked about them and important people in their lives.

The service had an appropriate complaints policy and information was readily available throughout the service about how to raise concerns. Complaints were managed well and responded to in a timely manner.

### Is the service well-led?

Good ●

The service was well-led.

The service benefited from a well-established manager who had been in post for many years and knew the service well. This was reflected in the positive feedback we received when we asked people if they thought the service was well-led.

Staff told us they felt valued, respected and involved in wider decisions about how services should be delivered.

Strong links had been forged with the local community and the service worked regularly with a local town councillor to source charitable funding for an annual community event which takes place in collaboration with a community group for older people.

# Creative Support - Wigan 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.

A comprehensive inspection of this service was carried out on 06 January 2016. We gave the service 48 hours' notice of our inspection visit. This was because people living at the locations we wanted to visit are often out during the day, therefore we needed to be sure they would be in.

The inspection team consisted of two adult social care inspectors from the Care Quality Commission.

As part of inspection process, we reviewed all the information we held about the service including statutory notifications and safeguarding referrals. We contacted external professionals from Wigan Council and NHS community services.

As part of our inspection we spoke with:

- Five people who used the service;
- Five support workers;
- Two managers;
- Four relatives; and,
- Four health care professionals;

We looked in detail at:

- Six care plans and associated documentation;
- Seven staff files including recruitment and selection records;
- Training and development records;

- ☐ Audit and quality assurance;
- ☐ A variety of policies of procedures; and
- ☐ Safety and maintenance certificates.

# Is the service safe?

## Our findings

We spoke with five people who used the service at Creative Support – Wigan and each person told us they felt safe. One person who used the service told us, "I feel very safe and happy here". Another commented, "[Member of staff] always looks after me and keeps me safe." One relative told us, "My [relative] has been living at the Wigan service for many years now. I feel reassured knowing they are safe and well looked after." Another relative commented, "Without doubt my [relative] is safe. I have absolutely no concerns in that way."

We looked at how the service aimed to protect people against abuse and found the service had appropriate corporate safeguarding policies and associated procedures. These were complimented by an 'easy read' safeguarding document with pictorial representations. This was given to each person who used the service to help ensure they were able to recognise abuse and to report any concerns. However, we found this document required updating to include the current contact details for CQC. We spoke with the registered manager about this and reassurance was given this would be updated.

There was up to date guidance for staff on how to raise an safeguarding concern with the local council, a poor practice guidance document and lessons learned log. The service's safeguarding log was up to date and complete and we saw that protection plans were put in place and documented where required.

We looked at the care and support records of seven people who used the service and found there was a range of risk assessments in place to keep people safe from harm. These included, falls, personal care, managing behaviours that challenge and moving and handling. Staff were aware of the risks to people and what action was required to keep people safe from harm. For example, one person who used the service could present with behaviours that challenge but the service had completed a thorough risk assessment, made appropriate referrals to other agencies and communicated information effectively amongst staff about how to manage the challenging behaviour.

The service had a corporate whistleblowing policy which also included a more localised whistleblowing flow chart that gave clear guidance on how to raise concerns. Staff told us they were confident in raising concerns and felt confident these would be taken seriously and acted upon.

There was a restrictive practice tool used by the service and this was evident within some of the care plans we looked at. This meant that the level of restrictive practice used for each individual was documented and helped ensure restrictions were kept to the minimum.

We found accidents and incidents were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of such events occurring in the future. The service also displayed an incident reporting flow-chart which gave clear guidance for staff on actions to take in the event of an incident.

In the event of an emergency or untoward event occurring out of hours, the service maintained an effective

on-call system which included access to Creative Support's own dedicated 24 hour contact centre. This was complimented by local on-call management arrangements.

The service had a corporate medicines policy which included self-medication, storage, disposal, ordering, administration and recording. There were also more localised procedures for the safe administration of medicines and staff we spoke with had a good working knowledge of the safe management of medicines. The service also maintained a record of staff who had been assessed and deemed competent to administer medicines. Some people who used the service were able to self-medicate and their medicines were checked on a weekly basis. Others were checked daily, as and when administered.

The service did not use a formalised method to assess people's dependency and use this to inform staffing levels. However, we looked at the staffing rota covering the previous three months before our inspection and three months ahead and found the rota to be stable with sufficient numbers of staff to meet people's needs. The registered manager further explained that the deployment of staff was flexible between each support house and could easily be adapted to meet a change in people's individual needs. We were also told the service had been successful in reducing the use of agency staff and that the permanent workforce was now more stable than in previous years.

We looked at recruitment procedures and found robust and safe recruitment practices were in place. This was evidenced through our examination of employment application forms, job descriptions, people's proof of identity, two written references, and Disclosure and Barring Service (DBS) checks. These helped ensure potential employees were suitable to work with vulnerable people.

Health and safety records were complete and up to date. We saw that the service carried out daily safety checks at each of their properties and monitored fridge temperatures daily and water temperatures weekly. Fire equipment was maintained and checked monthly and weekly fire alarm tests and means of escape were undertaken. Emergency lighting was checked monthly, as was the first aid kit. Fire drills were undertaken on a six monthly basis. Gas certificates were up to date in the property we visited. The service had a business continuity plan to be implemented in the event of an emergency such as a flood, fire or loss of power. This included guidance for staff and useful contact numbers.

We looked at how well people were protected by procedures for the prevention and control of infection. We found the service had a corporate infection prevention and control (IPC) policy with associated local procedures. Both of the supported houses we visited during our inspection were visibly clean and tidy and maintained to a good standard. Records of cleaning schedules were also maintained at each location.

# Is the service effective?

## Our findings

One person who used the service told us, "My [support worker] is always around when I need them, I just have to ask'. Another person we spoke with said, "The staff help me to do things that I enjoy every day which makes me happy." One health care professional we spoke with over the telephone told us, "Staff in each of the supported houses I visit are very good at getting in touch for help and advice before problems develop. I feel reassured about this".

We looked in detail at four care plans and found they included a range of up to date and relevant health and personal information. A holistic assessment was in place for each individual. A hospital passport was included in each file which contained health and other relevant information to help provide consistency of care.

The staff induction programme for new starters was robust and included both a corporate induction, and a more localised programme for the Wigan service. For example, the local induction programme included topics such as expectations arounds conduct and behaviour, time keeping, professionalism at work, organisation of activities for people who used the service and food and menu planning. New workers were also provided with an induction handbook and underwent a probationary period before being signed off as competent by the person's line manager.

Staff supervision sessions were completed every four to six weeks and appropriately recorded. We saw that issues discussed included personal development and training, person-centred care planning, communication, equality and diversity and safeguarding.

We looked at training and development and found the service demonstrated a good ethos around continuous professional development and opportunities for staff to access training were readily available. Examples of training courses provided included person centred planning, safeguarding, emergency first aid, autism awareness, medication awareness, mental health and risk assessment. The service maintained comprehensive training and development records which included a training and skills matrix. We looked at a sample of training records and found that 91% of staff had a nationally recognised qualification in care to a minimum standard of NVQ level two.

Staff we spoke with told us they were able to access training courses relating to specific subjects as well as general core training. One member of staff told us they had recently been on a course regarding a specific, quite rare physical health condition that a person who used the service was living with. This training had been sourced from an external training provider as Creative Support had no provision around this particular subject area. After completing the course, the member of staff was able to cascade the learning to other members of the team which meant the person who used the service was able to receive the appropriate level of care and support which met their individual needs.

Another member of staff we spoke with said, "The opportunities for training are really good. I'm always going on courses which keep me interested and help the people I support." A third member of staff told us,

"We go on courses which are mandatory but if there is anything extra that might benefit the people we work with, the manager tries to accommodate this as best they can. However, one health care professional we spoke with over the telephone told us that the service may benefit from improving access to training and development opportunities centred on the understanding of more complex needs. We were told that some staff working across the service appeared to lack underpinning knowledge of how to manage complex care and support needs.

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. We checked whether the service was working within the principles of the MCA and found the service had an appropriate MCA policy and associated procedures which included an assessment flow chart, example capacity test and guidance for staff.

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. The application procedures for this in care settings are called the Deprivation of Liberty Safeguards (DoLS) and can be legally authorised by the local authority. However, people who used the service at Creative Support – Wigan are considered 'tenants' within supported living accommodation. This means any decision to deprive a person of their liberty within supported living accommodation must be legally authorised by the Court of Protection.

Where people who used the service were the subject of a DoLS, or other forms of restrictive practice, we found the service had discussed matters relating to restrictive practices with the local authority and had completed all the paperwork required by law. This included the completion of the local authorities own 'restrictive practice screening tool' and a 'restrictive practice monitoring tool.' Both of these restrictive practice tools had been developed by the local authority using a number of key indicators as set out by the Supreme Court to ensure best practice in DoLS and restrictive practice assessments.

We saw one example of the service participating in a multi-agency best interest meeting involving a number of health and social care professionals. This was to discuss techniques to address an individual living within one of the properties who displayed behaviours that challenged the service. It was clear from the documentation that the service had made every effort to ensure decisions were made with as much involvement as possible of the individual, and in the person's best interests. Staff we spoke with also had a good working knowledge of this subject area and clearly understood the principles of the MCA.

We looked at the how service supported people with their nutritional and hydration needs and found that staff demonstrated a good understanding of people's likes and dislikes, dietary preferences and personal requirements. Staff we spoke with also clearly understood the importance of encouraging people who used the service to maintain a healthy balanced nutritious diet whilst acknowledging that some individuals were able to make their own choices.

# Is the service caring?

## Our findings

As part of our inspection we visited two supported houses. In each house we found the atmosphere was calm, welcoming and very homely. Staff demonstrated a genuine caring ethos and people who used the service clearly responded well to this.

People who used the service told us staff were kind and caring. Some had lived within the service for many years and knew the staff members well and considered them friends. One person who used the service told us, "I'm well cared for and very happy here." Another person commented, "[My support worker] is very caring." A third person told us, "I love living here, the staff are nice and caring and nothing is any trouble."

We contacted a number of relatives by telephone. One relative told us, "The staff are all very caring. The manager is really good. If I'm worried I know I can just phone and nothing is any bother." A second relative told us, "The staff often go above and beyond. They are very caring. I've no worries." A third relative said "[My relative] lives some distance away now so I mostly keep in touch by phone. The manager is always very kind and regularly keeps in touch with me." An NHS health care professional told us, "The staff are wonderful at [Supported house]. They do an amazing job and people really are cared for very well. [Supported house] is a unique place and a pleasure to visit."

During our inspection we looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through good person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the help and support they needed to lead fulfilling lives which met their individual needs. The service had a comprehensive range of equality policies and associated procedures which included 'advocacy for people we support', 'charter of rights', 'dignity in care and support', and 'empowering clients and promoting independence.' These policies were complemented by mandatory equality and diversity training for all staff. Staff we spoke with demonstrated a good working knowledge around equality and human rights and its practical application in adult social care.

Three people who used the service proudly showed us their rooms and told us they had been involved with choosing the decorations and furnishings. Each room was personalised with people's individual items and were very homely and welcoming. In one supported house we visited, people had their own independent living space and each person had a key to their own front door. We observed staff being respectful of people's private spaces whilst maintaining a supportive and caring presence within the house.

We found Information within individual care plans was produced in easy read format, with pictorial representations which made it more accessible to the people who used the service and helped them understand the support and care being provided, and to participate fully in reviews of their support if they so wished.

We saw that the service sent out service user satisfaction surveys on a twice yearly basis. Not many had been

returned, but those that had were positive about the experience of the people who used the service. The registered manager told us that residents meetings did not take place at all the supported houses in the service. This was dependant on whether the people who lived there were able to participate and whether they wished to do so.

The supported houses we visited did have regular meetings on a monthly basis and we saw notes of the discussions. These included planning for activities and outings, individual service user issues, and home finances. Key worker meetings, between the key worker and the person who used the service also took place on a monthly basis and any issues or changes in support needs were discussed in these forums.

## Is the service responsive?

### Our findings

People who used the service told us they enjoyed a variety of activities and were taken out regularly by staff, this included going out for pub lunches, daytrips to local attractions and trips out to do clothes shopping. We also saw a social calendar of events which included a trip to the imperial war museum north, a film and pizza night and social meeting for members Creative Support's own 'breakthrough' group which met regularly in Manchester city centre.

We saw that people were encouraged to follow their preferred pastimes and hobbies, for example, one person was busy doing cross stitch when we visited their home. One person who used the service told us "I go out with my [support worker] and I enjoy walking round the shops and buying new things for my room." Another person spoke very fondly about their recent visit to the theatre.

When we last inspected this service in 2014, the service managed its own on-site café and community space at its offices in Leigh which was used regularly by people who use the service. However, during this inspection visit we were disappointed to find that this project had been discontinued. We spoke with the registered manager and regional manager about this and was told there were plans to look again at the feasibility of restarting this scheme or something similar.

We looked at how new referrals to the service were assessed before people who used the service were accepted. The registered manager told us they personally screened all new referrals and completed all the pre-acceptance assessments to ensure the service could meet people's individual needs. We also saw evidence of how the service worked with people to transition smoothly between services which included opportunities for people to have familiarisation visits to the service or staff from the service would visit people individually to get to know them before moving into Creative Support – Wigan.

During the inspection we spoke with a community health care professional who told us about how responsive the service had been to a particular situation. We were told how staff had responded well to one person who used the service that could present with behaviours that challenge and who had previously been through the criminal justice system. We were told how the service had worked with this person to develop strategies to manage their behaviour and to set boundaries and limitations to reduce the likelihood of relapses in behaviours that challenge. It was reported to us this this person who used the service was now doing 'very well' and that the service had 'gone above and beyond' in seeking ways to engage.

We looked at a sample of six care and support plans and found each one to be well written, organised, and easy to read. Support plans were highly person-centred and individualised with information about what was important to people, what they liked to do, what people liked about them and important people in their lives. There was information about what support workers would need to know to support people best and the best communication methods to use, including guidance for staff on how to understand facial expressions, gestures and body language. Information about the person's ability to make decisions and support they may need was also included. We saw documentation about what made a good or bad day for each individual, the kind of support worker they preferred and their dreams and aspirations.

We looked at how the service managed complaints and concerns. We found the service had an appropriate corporate policy and leaflets and information about how to make a complaint was readily available. We looked at the complaints file and found a low number of complaints had been recorded but these had been managed and dealt with appropriately and in a timely manner.

# Is the service well-led?

## Our findings

At the time of our inspection 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 the registered provider, 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.

Creative Support – Wigan benefits from an established manager who has been in post for a number of years and knows the service well. This was reflected in the positive feedback we received when we asked people if they thought the service was well-led.

Staff told us they felt valued, respected and involved in wider decisions about how services should be delivered. One staff member said, "As a company they are very supportive. You can voice your opinion and they listen". The staff member felt that, if an issue occurred at any of the properties, the company would learn lessons and put measures in to help minimise the risk of issues re-occurring. Another member of staff commented "The manager is great, very supportive and highly visible." Another member of staff told us, "[The manager] comes to visit the house at least once a week, if not more, and is always really supportive". A relative told us, "I think it's a real bonus [The manager] has worked there for so long. [The manager] really knows [Our relative] well and we have every confidence in them." One health care professional told us, "[The manager] is very competent, they are really involved in every aspect of the service and know each person well."

We saw evidence of regular team meetings via minutes. Agendas included items such as quality audits, training, staff appraisals, service user consent forms, medication, MCA, dignity and duty of candour. There were also regular seniors meetings where staffing issues, rotas and supervisions were discussed and at one of the properties we visited staff told us they also had regular Monday morning catch up meetings with all the staff. The views of staff were also sought from management through the use of a 'management and leadership feedback' form.

We found the service demonstrated a commitment to quality assurance and self-improving systems through a recently introduced corporate audit tool which was based on CQC's five key questions of safe, effective, caring, responsive and well-led. We looked at financial management records maintained by the service which were kept at the main office for each of the supported houses and found these to be accurately completed and up to date. Regular independent audits of financial records were also completed. We also saw evidence to support that both the registered manager and regional manager were undertaking regular 'spot check' quality assurance visits.

We found the service had also forged strong links with the local community and worked regularly with a local town councillor to source charitable funding for an annual community event which takes place in collaboration with a community group for older people.

There was a free, confidential counselling service which could be accessed by any staff member for work or

personal issues without going through their manager. One staff member told us this was a very useful resource. The company also ran an "I Quit" smoking cessation scheme. They supported both staff and people who used the service to give up smoking and a bonus was given to those who successfully completed the programme.