

Creative Support Limited

# Creative Support - Reading Services

## 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 9 and 16 August 2017. This was an announced inspection as Creative Support Reading is a Domiciliary Care Agency (DCA) and supported living service and we needed to be sure someone would be at the office. A DCA is a provision that offers specific hours of care and support to a person in their own home. The service was broken into two main areas of support – learning disabilities and older adults. The latter was a recent acquisition whereby four locations were added to the original registration that catered solely for people with learning disabilities, who shared one home. These additional locations consisted of four complexes of privately rented flats, for older people. Across Cedar Court and Oak Tree, 54 people were supported by Creative Support Reading. Whereas Chimney Court and Corner Stones, had a total of 49 people supported by the service. These additional four complexes would eventually be registered independently to Creative Support Reading, however were at the time of the inspection under this registration.

At the time of the inspection a registered manager had been in post since July 2016. 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.

Staff knew how to keep people safe by reporting concerns promptly through the safeguarding procedure that was taught as part of the induction process. This was further followed through as a topic of discussion within team meetings and in individual supervision meetings. Systems and processes were in place to recruit staff who were suitable to work in the service and to protect people against the risk of abuse. There were sufficient numbers of suitably trained and experienced staff to ensure people's needs were met. Staff were matched to meet people's needs as per experience, knowledge, age and general personality, where possible. This was particularly noticeable within the service catering to support people with a primary diagnosis of a learning disability.

People using the service said they were very happy with the support and care provided. People and where appropriate their representatives confirmed they were fully involved in the planning and review of their care. Care plans focussed on the individual and recorded their personal preferences well. They reflected people's needs, and detailed risks that were specific to the person, with guidance on how to manage them effectively. The care plans within the older adults services were going through a process of being updated to similarly provide information as that seen within the learning disabilities service. This included information on why people liked to have support in a particular way and how this made them feel.

People told us communication with the service was good and they felt listened to. Communication methods were employed by the service that ensured people were able to be kept up to date with their support plans and with general information on the service. Where necessary these methods of communication were used to inform decisions made by the service, including recruitment of staff.

People we spoke with said they were treated with respect and staff preserved their dignity at all times. We did receive a concern about one member of staff that was passed on to the registered manager. We were kept abreast of the action taken against the member of staff that included disciplinary action and informing the local safeguarding team.

People were supported with their medicines by suitably trained, qualified and experienced staff. Medicines were managed safely and securely. People who could not make specific decisions for themselves had their legal rights protected. People's care plans showed that when decisions had been made about their care, where they lacked capacity, these had been made in the person's best interests.

People received care and support from staff who had good skills and knowledge to care for them. All staff received comprehensive induction, training and support from experienced members of staff. Staff reported feeling supported by the registered manager and said they were listened to if they raised concerns. The quality of the service was monitored regularly by the registered manager, and the regional director. A thorough quality assurance audit was completed annually with an action plan being generated. Feedback was encouraged from people, visitors and stakeholders and used to improve and make changes to the service. We found evidence of compliments and complaints that illustrated transparency in management.

Comprehensive audit systems were employed by the registered manager to ensure that all regulations were met.

## 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 were safeguarded from abuse and staff understood how to report any concerns they had. Procedures were available in the office for quick reference and generally all safeguarding concerns were reported promptly.

The provider had a strong and robust recruitment procedure in place. People were kept safe with the current staffing ratios, and the matching of staff skills to people's needs.

Medicines were managed safely, with staff signing and monitoring medicines appropriately.

### Is the service effective?

Good 

The service was effective.

Staff received regular supervision, training and competency checks.

People and their relatives were involved in making decisions about their care. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with legal requirements and safeguards.

People were supported with meals and drinks of their choice that met their dietary needs and when necessary people were supported to eat and drink.

People received timely support from appropriate health care professionals.

Communication within the service was effective in ensuring all appropriate information was shared.

### Is the service caring?

Good 

The service was caring.

Staff worked in a caring, patient and respectful way, involving people in decisions where possible.

People's dignity and privacy was maintained.

Staff knew people's individual needs and preferences well. They gave explanations of what they were doing when providing support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Care plans reflected people's needs and were reviewed regularly. People's views were listened to and acted upon.

There was a system to manage complaints and people and relatives felt confident to make a complaint if necessary.

The service was responsive to people's changing needs.

Staff responded to people's needs, going above and beyond their agreed hours of support and care. If they felt this was required during a visit, and when responding to a person's aspirations.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff, relatives and professionals found the management approachable and open.

Effective processes were in place to monitor the quality of the service.

Audits identified where improvements were required and action was taken to improve the service.

# Creative Support - Reading Services

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 9 and 16 August 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be able to give us access to files and documentation. This inspection was carried out over two site visits with two inspectors completing day one, and one inspector day two, which included visiting people and speaking with staff. In addition, a third day was used to complete telephone calls to professionals, relatives and any stake holders.

Prior to the inspection we referred to previous inspection reports, local authority reports and notifications. Notifications are sent to the Care Quality Commission by the provider to advise us of any significant events related to the service, which they are required to tell us about by law. As part of the inspection process we also look at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had received the PIR for Creative Support - Reading, however this was out of date given the provider had acquired four additional services and registered these at the location. Two of the services were acquired at the end of March 2017 whilst the additional two were taken on by the company in July 2017. The provider advised us that these four services were in the process of completing registration with the CQC to become two independent locations. Each location would comprise of two services each. However, given this process was in its infancy, at the point of inspection, all areas were inspected equally. The service originally provided the regulated activity – personal care to people with a primary diagnosis of learning disabilities and/or autistic spectrum disorder. However, with the recent acquisitions personal care is also being provided to older adults, with dementia and/or associated health needs.

During the inspection we spoke with eight members of staff, including the registered manager, the regional director, one team manager, two team leaders and three care staff. We spoke with five people who use the service and three relatives of people who were authorised to speak with us on their behalf. In addition we spoke with three professionals from the local authority.

Records related to people's support were seen for 12 people. In addition, we looked at a sample of records relating to the management of the service. For example staff records, complaints, quality assurance assessments and policies and procedures. Staff recruitment and supervision records for 12 of the staff team were reviewed.

## Is the service safe?

### Our findings

People were being kept safe, by robust recruitment procedures implemented by the service. This included obtaining references for staff in relation to their character and behaviour in previous employment and a Disclosure and Barring Service check (DBS). A DBS enables potential employers to determine whether an applicant has any criminal convictions that may prevent them from working with vulnerable people. The registered manager had ensured that staff that were employed within the newly acquired services had been risk assessed whilst new DBS checks had been requested. New photographs had been attached to files, and issued on new ID cards to ensure the requirements of schedule 3 were met by day two of the inspection.

People were kept safe by staff with the use of appropriate risk assessments, to ensure least restrictive options were used and proactive plans implemented as necessary. One member of staff provided us with an example of a successful risk assessment that enabled the person to go on holiday with their family and staff – something they had wanted to do for a very long time, and had never been successful in achieving. The risk assessment was written to establish what potential risks could occur on the holiday, if staff did not accompany the person. This determined the most appropriate management strategy was for staff to go with the family and the person. Therefore ensuring both the family and the person were kept safe at all times. The person reported that this made them "feel great". They went on to tell us that this was the beginning of several other holidays that were being arranged. They said this made them feel able to do things that they wanted to, however had been restricted to do previously. We saw the person smiling continually when showing us photographs from the holiday. This was an example how a simple risk assessment had a significantly positive outcome for the person. The impact of which had not only kept the person at minimal risk of harm but also enabled the person to engage in activities of their own choice.

Staff were able to describe different types of abuse and how they would manage these if they suspected something. We were told of the local authority safeguarding policy and how this was reflected in practice. The registered manager had ensured that staff were kept abreast of any changes to the safeguarding policy by keeping training refreshed for all staff. Posters detailing advice on what to do should abuse be suspected were posted in the communal areas of the facilities visited by staff. Staff told us that they were aware of the whistleblowing policy and would not have any qualms to use this, should the need arise. Appropriate notifications were received by CQC of any alleged abuse. Whilst there was a noticeable increase in notifications over the last four months, it was evident this was linked to the acquisition of additional services. The registered manager assured us that the issues were known to the local authority prior the acquisition taking place, and were historical issues that had not been reported previously to CQC. We spoke with the local authority safeguarding team who confirmed that the issues were linked to two of the acquired locations only, and not associated with the other services. These issues were reportedly on-going and something the management of Creative Support Reading were trying to resolve since acquiring the services. We were reassured that the management team were taking all necessary precautions to keep people as safe as possible from the risk of harm or abuse.

On day two of the inspection we spoke with one person from the older adults service who informed us of a complaint they had made to the senior on duty the previous week. The details of the complaint raised, met



the criteria of safeguarding. The senior, although able to describe details of what constitutes abuse, had not alerted the registered manager to the incident in question. Upon exploration of the incident it was felt that this was due to human error. The senior was with a family when the person entered the office and raised the concern. It was documented and subsequently filed to be dealt with after completing the meeting. However, the senior staff had then progressed onto another duty without raising the concern. We raised this with the registered manager who immediately followed protocols and alerted the local authority. In addition changes were made to the complaints document, to include a prompt for staff to consider whether the concern constituted abuse, and to minimise the potential of a similar incident occurring. We were satisfied that this was not linked to any malicious actions on the part of the senior staff, and accepted the immediate actions of the registered manager.

We saw records of recent disciplinary action, and on day two saw the outcome of a disciplinary meeting. The member of staff associated with the disciplinary spoke favourably of the management and procedures followed. We were told the appropriate approach and measures had been taken to ensure both people and the member of staff were kept safe. The member of staff continued, "They [management] did everything right. I feel comfortable with the decisions made and how this was reached." We noted that there had been a significant increase in disciplinary proceedings since the acquisition of the older adult services. We spoke with the registered manager regarding this and were advised that it was essential that all staff adhered to the policies and procedures of Creative Support and the importance of regulating and monitoring staff. The outcome of this for several people had been disciplinary action, that the service felt was appropriate.

Staff administered medicines for people who required support with this. These were signed off on a medication administration record (MAR) sheet. Whilst this was not checked frequently by the registered manager, part of the senior staff remit was to ensure that medicines were administered appropriately by care staff. Where applicable any concerns were raised immediately with the registered manager or on call. This was an effective way of safe medicine management. The registered manager told us that staff had reported when medicines had not been correctly administered or had been missed, allowing this to be discussed with the staff who were responsible. The senior staff completed on site observations and checked records to ensure staff were correctly carrying out medicine management. This included the need to document when people were prompted to take medicines. If errors were noted, where required re-training, spot checks or if repeated errors occurred, disciplinary procedures following an investigation were implemented to keep people safe.

Incident and accidents were monitored, although none had been reported since implementation of these records. Systems were in place for trends to be noted, which would then alert the registered manager to complete written guidance to prevent the likelihood of similar incidents occurring; for example a person not being picked up from day services. Whilst there had been an increase in safeguardings, the service was dealing with these separately and putting into place actions to minimise the probability of similar occurrences.

A business continuity plan was in place and provided guidance in dealing with emergency situations such as staff sickness. It also contained details on how to support people, should they report concerns related to the building. The service was not responsible for the accommodation, however the management reported they felt it was essential that where possible people were supported in all aspects of care. This included maintaining a record of numbers for people to call should they need assistance with the building. Staff practiced emergency drills and each individual had a personal evacuation plan.

## Is the service effective?

### Our findings

People were cared for by a team of staff who underwent a comprehensive induction and training process. This included completion of mandatory training and additional training that would be supportive to their role. For example, staff working with people who had dementia completed training in this area as this was relevant to the people they supported. Before commencing work they shadowed experienced staff until they felt confident to work independently. The training matrix showed that 100% of all required and suggested training had been completed or was booked. Systems were employed by the service that alerted the manager in advance to when training was due to expire. This was effective in ensuring that staff knowledge and skills were continually updated. The registered manager told us that she checked the competency of her staff team following training within meetings and supervisions. This would be topic related for example, safeguarding and abuse. This allowed her to be confident staff were able to put into practice the learnt theory, and therefore ensure staff knew how to deliver effectively.

The service further offered "open office" for staff where they asked them to come in and to share their experiences with one another to illustrate how they worked effectively with people. This enabled the registered manager to put forth employee of the month to the wider organisation, allowing staff to be recognised for their achievements. A "digni-tree" had been created in the office as a visual reflection of skills used by staff that had been effective and assisted people in maintaining their dignity at all times. This was used as a learning tool for all staff to adopt and utilise successful skills and strategies.

Supervisions took place within the service on a frequent basis. These, depending on the service and client group varied between six supervisions to four annually. Staff reported that these were more frequent should they feel the need to have any additional supervision or seek guidance. We were told that this was "a good time for me to learn what I am doing well, and what I can improve on... I find it very useful". In addition the strong management presence meant that different approaches could be offered and guidance from senior staff with different strengths could be exploited by staff. One staff member said, "We can approach [name of Regional Director], she's approachable and happy to offer any guidance too."

We saw written evidence in the care plans of the importance of seeking consent by asking people before doing something and giving appropriate explanations. These stated that staff were to give the person the choice before completing a task. All staff were able to give examples of how choice was to be offered. One said, "I will ask before I do anything. If they don't want me to do something at that time, I will ask again a little later". Staff were able to describe examples of best interests decisions, for example whether a person should be using specialist equipment, if they did not have the capacity to make the decision. They could tell us who had been involved in best interest meetings and the importance of involving people who knew the person well to help make a decision. This was evidenced within the care files for relevant people, with a specific document that illustrated when and why a best interest decision had been made.

Care plans clearly indicated where people needed support with food and drink, and how this support was to be carried out. In addition people told us, "She will leave a drink for me – here [pointing to table near the chair person was seated on]" another person said, "Oh they always makes sure I have some snacks or a

drink – and healthy ones too!"

Each person had nutritional and health information in place. If a person had dietary requirements for medical, cultural or religious reasons, these were catered for, as required. Where necessary documents were prepared and used through multi agency working with the local speech and language therapist (SALT) or a dietician. This meant a thoroughly comprehensive care plan had been prepared. We found an example of how information from a health plan had been used very well to effectively help a person manage their physical health. In this example this person had been diagnosed with diabetes. They did not want to take any medication to manage this. Staff had worked with the person to help them lose weight, a goal they had wished to achieve, whilst managing their diet and exercising frequently to stabilise the diabetes. The results of this were exceptional for the person. They reportedly felt better physically, the diabetes was under control and they were used as a positive example in the company as a person who had achieved their goals through the support of the staff. This was documented in an "I reached my goal" document.

A health passport was also kept on each person's file, for staff to provide to health professionals should the person require hospitalisation. This detailed information on the person's diagnosis, medication, how they preferred to be communicated with, who was important to them and any additional support mechanisms that could be offered during their hospital admission.

Communication within the service with both staff and people receiving support was noticeably good, and had reportedly improved within the newly acquired services. The service took into consideration people's communication needs and designed methods of communication based around this. For example we found that for one person, the majority of their file had been created in a format that was understandable to them. This was maintained and managed by the key worker, who took the responsibility of this. The file was presented in picture format. This allowed the person to have an understanding of what the written paperwork used by the service meant, and allowed them to make any suggestions to amend this accordingly. The service met the Accessible Information Standards (2016), which is a new legal framework under the Equality and Diversity Standard. This legislation focuses on the need for all modes of communication being offered to a person to be in a format that is understandable to them. The service needs to ensure the principles of this standard are applied to both people using the service and the staff. Therefore making certain that all information is available to them within a format that they understand. We were assured that the service had taken the appropriate measures to ensure that this regulation was applied across all the locations that received support. The service issued monthly newsletters that detailed what people had achieved and wished to do in the future, this was used as a positive reflection on effective support people had received, whilst communicating information within the wider organisation.

On speaking with staff we found that they had an understanding of the principles of the Mental Capacity Act 2005 (MCA). Training was delivered to all staff employed by the service, with any new staff or those that had come across with the acquired services being booked on training in the MCA. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

## Is the service caring?

### Our findings

We found the service was caring towards the people they supported. People told us, "They are ever so polite and kind". One person reported, "If they come in when my family are here, they are quick or offer to come back later. If I'm on the phone, they will go away and return after a little while." People reported that they were treated with dignity and care. One person said "The girls are generally very good." We found during conversation with senior management, this was an important part of the induction ethos. Induction training reinforced the importance of treating people in a caring manner. It also covered how the service specifically catered to help people retain their dignity by remaining in their own environment, whilst staff went in to support.

People were encouraged to make as many decisions as possible related to their care. A key worker system had been implemented within the service – specifically within the domain of learning disabilities. This meant that one member of staff held primary responsibility to ensure that all documentation related to the care the individual received, was in line with their needs. The care plans were reflective of this, for example we found that where appropriate these were written in the first person, with "I would like staff to help me with..." The care plans were also reviewed with the individual where possible, during reviews, and earlier if there were changes to the person's needs. Care plans for people with learning disabilities were more detailed than those within the older adults sector. However, we found that changes were being implemented to ensure consistency across the entire service. The care plans were more person focused in the learning disability service. These did not focus on just the level of personal care support a person required but also looked at how staff could assist them in reaching their personal goals or aspirations.

It was evident that staff had read the care and support plans for the people they supported. Staff were given the responsibility of keeping these up to date. A list was retained on the computerised system that highlighted the staff who were involved in each individuals care. This information was then generated as rotas for staff. All records were kept securely in a paperless computerised system, with restricted access, but were also available as paper copies in the office and within people's homes.

We found evidence that staff had gone above and beyond their duty whilst supporting people. In one case we noted in records and compliments, that if a person requires support out of their agreed hours, this is provided, if it is deemed necessary. For example, a person required additional support following on from a hospital stay that had not yet been agreed with the local authority. This was provided, as the person's needs were seen as most important. In another case we found evidence that staff had encouraged and motivated people to complete tasks independently, this helped to maintain their skills and independence for as long as possible. People reported that they valued their relationship with the staff team, especially as they had been reported as "going the extra mile" when supporting. One person said "[name] is a lovely girl, always smiling... They always make me laugh and leave laughing".

The service provided people with a "Local Area Guide: Reading", that provided information to people on support and activities; advice; sports and wellbeing; theatres; places to eat; how to use trains / taxis; hospitals and health centres; as well a map of Reading town centre, for them to use independently. This

booklet, created specifically by the service, aimed to give people all necessary information to increase and maintain their independence safely.

People told us that they were shown respect and staff were able to describe how they maintained this. They told us they addressed people in their preferred manner, i.e. by their chosen name and always took note of what people wanted. For example, one member of staff told us, "We just have a banter, some people don't have any visitors." Another said, "I try and make them feel special. The way I would want to be [treated]." One person told us the staff were, "Always respectful." One member of staff told us that "It was a privilege to work with [name]". However, we noted that two people we spoke with raised concerns about one particular member of staff, from one of the acquired services. They raised issues about the staff not being polite or considerate. She was reported as being rude, and unwilling to help. We raised this with the registered manager who assured us that appropriate action would be taken. We were subsequently advised that the member of staff concerned was being taken through the disciplinary procedure, as the service would not tolerate such behaviour and attitude.

## Is the service responsive?

### Our findings

All people receiving support from Creative Support Reading had their needs assessed prior to a support package being offered to them. This involved family members at the request of people, or professionals who know them well. The staff member completing the assessment would compile an initial assessment document that would allow a care plan to be developed. Risk assessments were completed during the initial assessment, with reviews taking place and updates of documents as staff developed relationships with people and began to know further details about them.

Care plans focussed on the individual and were personalised and specific to the person. They contained information such as, their past life history, how they liked things done and how they communicated their everyday care needs. Care plans were amended as required, these were always signed to say they had been reviewed. The registered manager was in the process of rolling out a new care plan format, within the dementia services. This was highly detailed and provided step by step guidance for staff when working with each individual, in a similar way to the details provided for people with learning disabilities and/or autism. This meant that each section of the plan was tailored to the person. For example, the way in which the information was communicated, including the use of pictures and/or symbols, where appropriate. In addition, support plans provided great insight into the reason why people liked things done in a particular way. This therefore gave staff a clearer understanding of the need for consistent support or a particular approach. For example, one person, who received support was on the autistic spectrum, their care plan detailed the need for a specific routine advising why this was important to them, this included set responses to be given at particular times. This gave the person a sense of security as they knew the responses that were to be expected. A profile of each person was also maintained on file as a quick reference point. This was useful for staff to quickly respond to should they need some brief information, for example a diagnosis or important contact.

People advised us that reviews were held either six monthly or annually. They would be involved in reviewing their support plans as far as possible. Relatives were also offered the opportunity to attend reviews and provide any additional input should this be required. If any changes were noted to their health or required assistance, the service would ensure an immediate responsive review of their health and support needs was made. The general consensus of people using the service and that of the staff team was that the service aimed to facilitate a high level of care that catered to the needs of the people. We were told that if a person required a review sooner, due to changes in health, or following a hospital stay, this was facilitated as soon as possible, so to ensure that any documentation and support package was up to date and designed to meet the needs of the person.

There was a complaints procedure in place and people told us they had received information on how to make a complaint when the service commenced from Creative Support Reading. They received a service user handbook that detailed who and what to do if they were unhappy. People and their relatives told us they would not hesitate to raise a concern should this arise. We reviewed the complaints log and noted that complaints had generally been appropriately dealt with. A full investigation was carried out, with the complainant being told of the outcome. People and their relatives were confident that the service would

correctly deal with a complaint. One person stated, "I have no concerns about complaining. I trust them and think they will do what is necessary to resolve the issue." We saw in one of the acquired older adult services that a complaint had not been followed up on appropriately, this was raised with the registered manager who then ensured that the necessary procedures were implemented, including raising a safeguarding.

The service prided itself on aiming to include people within the community. This was particularly apparent within the learning disabilities section of the service, where staff aimed at working with people to include them within daily activities. This included people accessing employment, college and attending medical appointments independently. Staff told us that they devised a comprehensive plan with people on what they aspired to achieve, setting them realistic targets that they would work with them to accomplish. This, for one person for example, included initially accompanying the person to their place of work for the entire day. However, over time, the person had remained at work independently, requiring staff to accompany them only during the journey there and back. This gave the person a great sense of accomplishment, as well as enabling them to maintain and increase their independence.

Staff told us how they encouraged people to make choice, specifically around activities, food and outings. One person who was present during this exchange repeated, "My choice". The member of staff smiled and asked within what context, and was told, "All".

The service responded to people's individual requirements. For example, some people preferred to be supported by staff who wore casual clothes rather than a uniform – this was particularly noticeable within the learning disabilities service. This was clearly recorded in the care plans and the service accommodated people's wishes by requesting staff dressed casually but smartly when supporting them. Similarly if a member of staff supported a person within the older adults service, who objected to a uniform being worn, this was accommodated. Staff would wear the colour scheme of the service, whilst supporting the person.

## Is the service well-led?

### Our findings

At the time of the inspection the registered manager had been in post for just over a year. Within that time positive changes had been implemented within the culture of the service. One member of staff from one of the older adult services reported, "The service is moving in the right direction, she [registered manager] has shown us how to do things the right way." The registered manager had an open door policy. People using the service, staff, relatives or other professionals had the opportunity to raise any concerns or complaints with the registered manager at any time.

Staff told us the registered manager was open and approachable and created a positive culture but was not afraid to speak to staff if they did not perform to the standards expected. Staff reported that the registered manager conducted frequent spot checks, and general observations. This ensured that she maintained a level of control over the management of services, and could gently suggest improvements when she saw something that needed addressing informally. Each service had their own manager who was overseen by the registered manager. This hierarchy and staff tier system allowed the registered manager to be able to oversee multiple sites simultaneously through delegating but overseeing the completion of works. The registered manager completed audits of each location monthly and more comprehensively quarterly. This generated an action plan that was developed and worked on with actions being given a set timeframe for achievement. The registered manager shared this with her line manager so as to ensure all targets were met.

There was an honest and open culture in the service. Staff showed an awareness of the values and aims of the service. For example, they spoke about giving the best care and respecting people. One staff member said, "We try our best", whilst another said, "[name of registered manager] is my role model". Staff and people spoke fondly of the registered manager stating how she was always aiming to better the service. One person wrote to the registered manager stating, "I think you do an amazing job and look after us so well". Another person spoke of the staff and the registered manager as "family".

Formal meetings were held quarterly with managers from the services attending a meeting at the location address, however informal meetings were frequently held at service addresses. The service also sought feedback from people and encouraged them to attend staff meetings and service user meetings to help staff understand what changes needed to be implemented.

People were encouraged by the service to take part in the interview process of staff. Where possible people were asked to sit on the panel and ask potential staff, questions that they felt were of importance to them. The registered manager devised an easy to use pictorial format for people to use when asking potential staff questions. People felt that the registered manager included them in what was an "important decision", especially given they were selecting staff who were going to be supporting them.

Quality assurance audits were completed annually by the service. This sought feedback from stakeholders, people, and staff. This information was then used to create an action plan. The action plan was followed up on and recorded how tasks had been completed. The registered manager noted that it was important to evidence any changes required as a result of the audit. The service showed an example of an audit that had



been completed, and how the information was also shared amongst senior staff.

We found there to be good management and leadership. The registered manager was supported by the service director. She offered on going guidance and support. The registered manager stated that she did not hesitate to ask for assistance to ensure the service was well led. In addition, the service director offered back up on call services for care managers should they need to seek any additional advice. In addition location meetings were held quarterly which enabled registered managers within the Berkshire team to congregate and discuss ways to improve the service and establish organisational changes.