The Wilf Ward Family Trust

The Wilf Ward family Trust Domiciliary Care Harrogate and Northallerton

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The Wilf Ward Family Trust Domiciliary Care Harrogate and Northallerton is a domiciliary care agency. They provide personal care to younger adults and older people. The service specialises in supporting people who may be living with a physical disability, learning disability or autistic spectrum disorder.

The service provides care and support to people living in 14 'supported living' settings so that they can live as independently as possible. In supported living, 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.

At the time of our inspection, there were 38 younger adults and older people using the service. People who used the service lived in a mixture of bungalows and 'houses of multiple occupation' across Harrogate, Knaresborough, Ripon and Northallerton. Houses of multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. Some supported living houses included accommodation for staff who were available to provide support throughout the day and night if needed. The personal care service provided in these supported living houses was managed from offices in Ripon.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

Inspection site visit activity started on 23 November 2017 and ended on 8 December 2017. This was our first inspection of this service since it was registered at a new location in December 2016. The service was previously inspected when registered at a different location and was rated 'Good' in December 2015.

At the time of our inspection, the service had a registered manager. They had been the registered manager since December 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.

During this inspection we found examples where risk assessments required more specific guidance on how risks should be managed. People were supported to take their prescribed medicines. Protocols for medicines prescribed to be taken only when needed did not consistently contain important information to guide staff on when to administer them.

We made a recommendation about developing record keeping in relation to mental capacity assessments and best interest decisions.

We received positive feedback about the skills and experience of staff and saw courses were planned to update gaps in staff training. Appraisals and supervisions (known as 'staff development sessions') had not been consistently completed as frequently as was required under the provider's policies and procedures.

Whilst audits had been completed and continuous improvements plans were in place, work was on-going to address the issues the provider had identified. At the time of our inspection, further progress was needed to address the variations and inconsistencies we found across the supported living services.

People told us they felt safe using the service. Staff understood their responsibilities to safeguard people from abuse or neglect. Sufficient staff were deployed to meet people's needs.

People told us staff were kind and caring. We observed staff provided person-centred care and were attentive to people's needs. Staff supported people to maintain their privacy and dignity. People said staff listened to them and respected their decisions. We observed staff routinely offered people choices and encouraged them to make decisions. Staff promoted people's independence; people were encouraged to participate in activities of daily living.

Staff provided effective support to ensure people ate and drank enough. People were supported to access healthcare services to promote and maintain their health and well-being.

People were supported to engage in activities of their choosing and to pursue their hobbies and interests. The provider had a procedure in place to gather and respond to feedback about the service, including complaints. People told us they felt able to complain and that management were approachable if they had any issues or concerns.

The registered manager had completed comprehensive training and set up a focus group to develop the care they would provide if people who used the service needed support at the end of their life.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service required improvement to be safe.

Risks assessments did not consistently provide sufficiently detailed guidance for staff on how to safely meet people's needs.

Staff supported people to take their medicines. Protocols for medicines prescribed to be taken only when needed lacked important information and detail.

Systems were in place to monitor and ensure sufficient staff were deployed to meet people's needs.

People who used the service were protected from the risks of abuse by staff trained to recognise and respond to safeguarding concerns.

Is the service effective?

Good

The service was effective.

Staff sought people's consent. We made a recommendation about maintaining clear and complete records of mental capacity assessments and best interest decisions.

Staff were very skilled in meeting people's needs. Courses were planned to update gaps in staff training.

Staff provided effective care and support to make sure people ate and drank enough.

Staff supported people to access healthcare services and systems were in place to share information to ensure people received effective care and treatment to meet their needs.

Is the service caring?

Good

The service was caring.

Staff provided kind and caring support to meet people's needs.

Staff supported people to maintain their privacy and dignity.

People told us they were empowered to make decisions and to have choice and control over how they were supported.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and understood how best to support them.

Care plans contained person-centred information about people's likes, dislikes and personal preferences.

Staff encouraged and supported people to maintain their independence, pursue their hobbies and interest and engage in meaningful activities.

The provider was responsive to feedback and had systems in place to respond to complaints about the service.

Is the service well-led?

Requires Improvement

The service required improvements to be well led.

Work was on-going to address inconsistencies in records relating to the care and support provided.

The provider was developing a more robust system of quality assurance.

People who used the service and staff we spoke with provided positive feedback about the service and management.

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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 was 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.

Inspection site visit activity started 23 November 2017 and ended 8 December 2017. It included visits to four supported living houses to speak with people who used the service and staff and to observe the care and support provided. We visited the office location on 8 December 2017 to see the registered manager and to review care records and policies and procedures. We gave the provider five days' notice of the inspection site visits, because we needed to make sure people who used the service would be available when we visited.

The inspection was carried out by one inspector and two experts by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The experts by experience who supported this inspection were specialists in learning disabilities. One expert by experience visited people who used the service to speak with them and observe interactions with staff. Another expert by experience made telephone calls to people who used the service and their relatives to gather their feedback about the care and support.

Before our visit, we looked at information we held about the service, which included notifications. Notifications are when providers send us information about certain changes, events or incidents that occur which affect their service or the people who use it. We used information the provider sent us in the Provider Information Return. 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. We also contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share. We used this information to plan our inspection.

As part of this inspection, we spoke with 10 people who used the service and four people's relatives. We spoke with the registered manager, deputy regional manager, four 'cluster managers' (responsible for managing a small number of supported living services), and six support workers. We looked at five people's care plans, risk assessments and daily notes, medication administration records, three staff's recruitment and training records, meeting minutes and a selection of records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

There were systems in place to support staff to identify and manage risks to the health, safety and well-being of people who used the service. Each person had a care plan and risk assessments relating to their care and support needs. Whilst we found a number of very positive examples of how risks had been identified and managed, we noted inconsistencies in the quality and level of detail included in people's care plans and risk assessments.

We found care plans and risk assessments around bathing did not include consistently clear information about whether staff needed to check the temperature of the bath water or the level of supervision people might require whilst in the bath to maintain their safety. We found examples where risk assessments in relation to nutrition, epilepsy or choking did not contain sufficiently clear information about the level of risk or detailed guidance about how these risks should be managed.

One person's complex needs support plan did not include information about what might cause them to become anxious or upset or how staff might avoid situations which could trigger this behaviour. Another person did not have a risk assessment in place in relation to their skin integrity despite being at risk of developing pressure sores.

We spoke with the registered manager about the importance of ensuring care plans and risk assessments contained sufficiently clear and detailed guidance to support and reinforce consistent good practice. Without this information, people who used the service were at increased risk of receiving inappropriate care.

The registered manager explained work was on-going to review care plans and risk assessments and we saw a number of documents had been annotated to indicate they needed updating. For example, new positive behaviour support plans were being implemented. Where these had been completed, they contained more detailed guidance to support staff to keep people safe. They included information about what might trigger anxious or upset behaviours and detailed information on preventative strategies to help reduce anxiety and reassure people.

Where an accident or incident occurred, a record was kept of what had happened and the immediate action taken by staff in response to the concerns. Staff sent completed reports to the registered manager to review and for their recommendations on any further actions required to minimise risk. We saw this system in action, but found it did not provide a robust and transparent overview of all accidents and incidents and how these were dealt with. We spoke with the registered manager who explained a new system was due to be introduced to better record and monitor accidents and incidents and to support analysis to identify patterns and trends.

People told us they felt safe with the care and support staff provided. Feedback included, "I feel safe here. The staff are nice and I can trust them", "I do feel safe and comfortable with the staff" and "I feel safe with the staff, because they look after me."

Other people demonstrated through their body language or the way they interacted with staff that they felt safe. We saw people responded positively to staff's interactions and were comfortable in their company and confident in their surroundings. This showed us people who used the service felt safe.

The provider had a safeguarding policy and procedure and staff received training to support them to appropriately identify and respond to safeguarding concerns. Staff showed us they understood how to recognise and report concerns. We reviewed records relating to safeguarding concerns and saw these had been referred to the local authority safeguarding team and actions taken to keep people safe.

Recruitment records evidenced the provider completed checks to help ensure suitable staff were employed. New staff completed an application form, had an interview and provided references from previous employers. The provider ensured Disclosure and Baring Service (DBS) checks were completed. DBS checks return information from the police national database and help employers make safer recruitment decisions.

There were systems in place to ensure sufficient staff were deployed to keep people safe and to meet their needs. Each supporting living service had a dedicated staff team and rotas. Staffing levels varied across the supporting living services depending on the assessed needs of the people who lived there and their preferences for when they wanted or needed support. The overall level of support at each service was determined by the number of hours commissioned by the local authority and/or clinical commissioning groups.

Cluster managers and the registered manager monitored the number of care hours provided each week to ensure support was available when needed. We saw how staff from other supported living services assisted where necessary to cover sickness and absences.

We observed sufficient staff were deployed to meet people's needs in a timely manner. People who used the service provided positive feedback about staffing levels, commenting, "There always are staff here and there is someone to help if I need them too" and "I think there's always enough staff around." A visiting healthcare professional said, "There's always somebody about for them." A member of staff told us, "Staffing levels are good, shifts get covered and there are agency staff that come in if needed."

Staff supported people to take their prescribed medicines. One person who used the service told us, "They help me with my medication day and night", and went on to explain how staff were consistent and reliable in the support they provided.

The provider had a medicine policy and procedure to guide staff on how to safely manage and administer people's medicines. Staff responsible for administering medicines received training and the provider ensured competency checks were completed to check staff had learnt and understood what was required.

Staff used Medication Administration Records (MARs) to document the support provided for people to take their medicines. Regular audits and checks were used to quickly identify and address any concerns. Where minor medicine errors had occurred, appropriate action was taken to investigate and address concerns.

Protocols were in place to support staff to administer medicines prescribed to be taken only when needed (PRN medicines), for example, pain relief. The provider had an appropriate policy around the use of PRN medicines, but protocols did not always contain sufficiently detailed information. For example about the maximum dosage allowed within a 24 hour period, whether or not the person would ask for the medicine and/or any non-verbal behaviour or signs which may indicate it was needed. The registered manager agreed to address this.

Staff completed training on how to minimise the risk of spreading infections. Cleaning schedules and rotas were in place in all the supported living services we visited and staff encouraged and supported people who used the service to maintain a clean home environment. Staff wore appropriate personal protective equipment, such as gloves, and followed good hand hygiene practices to minimise the risk of cross contamination.

Appropriate checks and on-going maintenance had been completed to ensure the health and safety of people's home environments. Where repairs were required, these had been reported to the housing provider.

Good

Is the service effective?

Our findings

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 MCA 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. Where people live in their own homes, authorisation to deprive people of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff completed training on the MCA and routinely asked people's permission or gave people choices when providing support. This showed us staff understood the important of consent and people's right to make their own decision.

Where people lacked mental capacity to consent to their care, this was documented in their care plans. We found some evidence of mental capacity assessments and best interest decisions, but noted there was not always a clear and complete record in place regarding who had completed the mental capacity assessment, when and how they had determined the person lacked capacity.

We recommend the provider reviews best practice guidance relating to the Mental Capacity Act 2005.

The registered manager agreed to review this and explained they were in the process of updating people's care plans. Referrals had been made to the local authority where it was identified that a person may be deprived of their liberty.

We reviewed the induction, training and on-going support provided for staff. New staff completed an induction, which included training and practical experience.

Staff completed training on a range of topics relevant to their roles. We received consistently positive feedback about this training and the additional learning opportunities available to staff. Comments included, "I had to learn everything when I started, and the training and management support were really good at making me feel comfortable" and "The training is second to none, if we want something put on, it is sorted."

Records of training completed included training certificates and training matrices for each cluster of supported living services. Whilst there were some gaps in staff training, courses had been planned to address this.

People who used the service provided positive feedback about the knowledge and skills of the staff who supported them. Comments included, "The staff know how to look after me" and "The staff help me when I

need support." Relatives of people who used the service said, "The staff definitely have the skills to care for my relative" and "We are satisfied that staff have the skills and techniques to care for our relative. It is a caring place. They do seem to know them well and to understand their daily needs."

We observed staff were skilled in how they approached and supported people to ensure their needs were met. Staff used their knowledge and understanding of what people liked and enjoyed to positively engage with them and provide reassurance. Care and support was provided in line with guidance on best practice. This showed us staff had the knowledge and skills to effectively meet people's needs.

The provider used 'staff development sessions' to supervise staff's practice and support their continued professional development. Records of staff development sessions showed these had not always been completed as frequently as was required under the provider's policy and procedure. Staff we spoke with told us they felt supported and received the advice and guidance they needed to carry out their roles. Staff said they could speak with their line manager if they had any concerns and these were dealt with. One member of staff said, "You get non-stop support with everything you need to do the job and be confident at it and you can always request training as well."

People who used the service provided positive feedback about the support provided with meals and drinks. Comments included, "There is always enough food and I can get snacks and drinks anytime I want to" and "I get plenty of food and can have snacks. We choose the meals that we want for the week." We observed staff prompted and supported people to eat and drink regularly throughout our inspection. Staff offered people choices and encouraged them to make decisions about what they were going to eat and drink. People were offered a choice of meals or drinks and then supported to prepare these themselves to promote their independence.

Menu plans were in place at the supported living services and people who used the service were involved in planning and shopping for meals according to their preferences. A record was kept of what food was prepared and eaten so staff could monitor and encourage a varied and well-balanced diet. Where people were at risk of malnutrition or dehydration, care plans and risk assessments were in place and monitoring charts were used to record and quickly identify concerns.

Staff provided effective support to promote people's wellbeing and to ensure their health needs were met. A person who used the service said, "If I'm not well, the staff do take care of me." A relative told us, "The staff are very good at picking up on things. I wasn't around last week, but [Name] had a stiff neck and they arranged physiotherapy for them." A healthcare professional explained they had a positive working relationship with staff, saying, "They [staff] are always asking for advice, nothing is left."

Care plans contained information about people's health needs as well as details about any healthcare professionals involved in supporting them. Information was also provided about any support required from staff to promote people's wellbeing and ensure their health needs were met. Records evidenced people were regularly seen by a range of healthcare professionals including their doctor, district nurses, podiatrists, dentists and opticians.

Staff completed 'hospital passports', which included important information hospital staff would need to know about the person in the event of an admission. These records demonstrated a commitment to working closely with other services and organisation to ensure people received effective care, support and treatment.

Good

Is the service caring?

Our findings

People who used the service said they got on well with staff and we received consistently positive feedback about staff's kind and caring approach. Comments included, "I like the staff here. I think they care about me", "They do care for me" and "I like the staff. Everything is perfect and I am really happy here." Other people told us staff were very supportive and kind.

We observed staff were caring towards people who used the service. Staff spoke with people in a kind way and showed genuine interest and concern about their wellbeing. Where people were unable to verbally communicate, they were relaxed around staff or responded positively towards them. This demonstrated staff had established positive relationships with the people they supported.

Although some staff worked across a number of supported living services, each of the houses we visited had a 'core' team of staff who worked there on a regular basis. This system helped to ensure consistency and meant people who used the service were supported by a small group of familiar staff. Staff explained how this regular contact helped them to get to know the people they were supporting and to develop positive working relationships with them.

Staff demonstrated they were aware of people's individual needs and understood how best to support them to maintain their independence. They were proactive in encouraging people to be independent. We observed staff encouraged people to do things for themselves or asked for assistance with tasks. For example, they asked people who used the service to help with preparing and cooking their evening meal.

People who used the service told us staff supported them to make decisions and listened to their choices. Feedback included, "I do get on with the staff. They listen and let me choose what I want to do" and "I choose what times I get up, but some days I have work so I have to get up."

We observed staff routinely offered people choices and encouraged them to make decisions. For example, about how to spend their time or, what to eat and drink at mealtimes. Staff were patient in giving people the opportunity to express their views and listened to what people were communicating.

People's care plans included information about how best to communicate with them. We observed how staff used Makaton and communication aids including pictures and accessible information to share information and support people to make decisions. In one of the supported living services staff had used pictures of different kettles to help the people who lived there to pick a new one. Accessible information was used to present important information in people's care plans and leaflets to further aid communication. This showed us staff were mindful of people's communication needs and supported people to ensure they were involved in decisions.

People's care plans included person-centred information about their likes, dislikes and personal preferences. This demonstrated they had been encouraged and supported to express their wishes and views and involved in the planning of their care and support.

Our conversations with staff showed us they understood the importance of maintaining people's privacy and dignity. Staff said, "Personal care is always done in the person's room with the door shut and curtains closed" and "We cover people up as much as we can and the blinds are always closed." They went on to explain how they made sure people were wearing their dressing gowns if they came out of their room to maintain their dignity.

Staff treated people with dignity and respect throughout our inspection. They spoke with people in an appropriate and respectful manner and tone. People's doors were closed when staff were assisting them and staff knocked before entering their rooms. A person who used the service commented, "I like the staff. They are caring and not pushy. They do respect me and I respect them."

Good

Is the service responsive?

Our findings

Staff provided person-centred care to people throughout our visits. It was clear staff knew people well and understood how best to support them. For example, we saw how staff used their familiarity with a person to engage them in activities they knew they enjoyed. We observed the person responded very positively to this and was clearly enjoying themselves with the support from staff. A visiting healthcare professional told us, "The staff have got a good grasp of people, they know them inside out."

People who used the service had care plans, which contained information to guide staff on the support required to meet their needs. Care plans included information about important people in that person's life, their family and social history as well as information about their hobbies and interests. Care records also contained a one page profile with person-centred information about how best to support them. This information helped staff to get to know people and understand what was important to them.

Staff explained how they read people's care records, but also shadowed more experienced staff to learn what support was required and how best to meet people's needs. Staff told us how working as part of a core team in one supported living service further helped them learn and understand what was important to people when providing their care and support.

Where people had specific needs, appropriate adaptations and assistive equipment were in place to enable staff to safely support them. For example, hoists were available where needed to support people to safely transfer. Where people experienced swallowing difficulties, speech and language therapists had been involved to advise staff on the care and support provided and a specialist diet and thickened drinks were provided to manage this risk. This showed us staff were responsive to people's individual needs.

People who used the service were supported to engage in a wide range of activities and to pursue their hobbies and interests. Feedback about the support provided with this included, "I am going to Blackpool tomorrow. I am looking forward to it. Some days I work, I also take the rubbish out and do washing up and things", "I do allsorts really. I do an activity each day and I am very happy that I do enough", "In my spare time I like to go horse riding and I also like swimming" and "In my leisure time I like to use my computer, I play scrabble, watch TV and I like music...the staff also support me to go to tennis and dance."

Each person had daily activity plans including information about their hobbies, interests and how they liked to spend their time. These evidenced staff supported people to go for day trips, shopping, gym, volunteering and we saw how people had recently supported to go for a night out in the local town. A relative said, "They help them with regular leisure activities. They go shopping, for lunch, has a meal out, swimming...The staff help them to look for things to do in and around Harrogate which is something that they definitely wouldn't do on their own. They support them to get out a lot and I'm very happy with how they have encouraged them."

People who used the service were supported and encouraged to maintain important relationships. Relatives told us they were free to visit and were made to feel welcome. One relative said, "There has never been a

problem about visiting. They've never placed any restrictions on the times or the days that we can visit." Staff had recorded information about friends and relatives birthdays and we observed how staff had supported people who used the service to buy Christmas cards and presents for family and friends. This showed us staff were proactive in supporting people to maintain relationships.

The provider had a policy and procedure in place to govern how to respond to complaints or feedback about the service. People who used the service consistently told us they felt able to speak with staff and managers if they had any worries or concerns. Comments included, "I feel I can talk very easily with the people who help me here", "I can talk to all the people who work here, they are all very nice" and "The manager is easy to talk with about anything that I need to discuss." We observed people who used the service were comfortable and confident speaking with staff throughout our inspection and staff consistently listened to people and responded to their requests. Staff explained that concerns would be reported to their line manager and they felt confident issues and concerns would be addressed.

A log was kept of any complaints or concerns received including details about how these were resolved. These records evidenced action was taken to investigate and respond to complaints. Where necessary, we saw steps were taken to prevent similar concerns occurring again. This showed us the registered manager was responsive to feedback and keen to continually improve the service provided.

At the time of our inspection, staff were not supporting anyone who used the service with end of life care. The registered manager showed us the comprehensive training they had completed with a local hospice to broaden their knowledge and understanding of best practice in this area. We saw a working group had been set up to review care planning documentation and the policies, procedures and support available to staff who may be required to provide end of life care in the future. This demonstrated a positive commitment to ensuring people who used the service would receive the support they needed at the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Staff worked across 14 supported living services, which were grouped into four 'clusters'. Each cluster had a 'cluster manager' responsible for overseeing the care and support provided. They reported to the registered manager who was based at the location offices in Ripon. The registered manager was supported by deputy regional managers, cluster managers and assistant managers in the management of the service.

The registered manager and deputy regional manager had completed audits of the supported living services and 'continuous improvement plans' were in place setting out improvements that were required. These recorded the date the action was identified and had been reviewed and updated as tasks had been completed.

Whilst we could see areas requiring improvements had been identified and were in the process of being addressed, this work was on-going at the time of our inspection. We concluded that further sustained progress was required to evidence the service was well-led.

We found inconsistencies in record keeping relating to the care and support provided across the supported living services. For example, some care plans and risk assessments needed to be reviewed and updated to ensure they consistently contained sufficiently detailed guidance on how risks should be managed. Records around mental capacity assessments and best interest decisions varied. We found a number of other minor inconsistencies and variations. For example, temperature checks of cooked food were not always recorded. Night time intervention charts and support provided with oral hygiene had not been consistently documented.

Information to support management overview and monitoring of the service provided across the supported living schemes was not always easily accessible. Some staff training needed to be updated and supervisions had not always been completed at the frequency set out in the provider's own policies and procedures.

These inconsistencies and variations highlighted the need for more robust quality assurance processes to more closely monitor and quickly identify shortfalls and variations across the supported living services.

The registered manager acknowledged there were outstanding issues they were in the process of addressing. They explained the provider was introducing a new more robust system of quality assurance to monitor the service going forward and more quickly identify any shortfalls in practice.

We found cluster managers and the registered manager were open to our feedback and keen to develop the service to benefit people's quality of life. We saw a significant amount of work was being done to address issues identified.

The registered manager spoke passionately about wider changes and improvements within the organisation. This included the 'Big Conversations' where management were holding 'drop in sessions' for staff to provide feedback about how they could improve the service. We saw newsletters were used to share

information within the organisation and staff awards were used to recognise and reward staff's good performance and practice. The provider sent weekly emails to all members of staff updating them on important changes and developments within the service. This demonstrated a positive commitment to improving engagement with staff and to listen and learn about how the service could improve.

People provided positive feedback about the service. Comments included, "I like it here" and "It's a good place, I feel safe and cared for." People told us cluster managers and the registered manager were approachable and listened to them. One person who used the service said, "I think the service is well managed. I get on with the manager." Another person told us, "The manager is very nice." A relative commented, "I think that it is a well-led service. They tell us of any changes. They will take things to a higher level of management if that is what we want. They definitely listen to our comments."

Staff told us they felt supported by their line manager and that advice and guidance was available when needed. A member of staff said, "All the managers have been really supportive. Everything is working so much better." They went on to explain there was more guidance on how tasks should be completed and jobs were being more effectively coordinated and shared amongst the staff team.

Team meetings were held at the supported living services to share information, discuss best practice regarding certain topics, such as fire safety, and to coordinate the care and support provided. Minutes evidenced how team meetings provided an opportunity to discuss the running of the service and provide feedback where changes were needed.

The provider used annual surveys to gather feedback and monitor the service provided. We saw 25 surveys had been returned in January 2017. These included very positive feedback from people who used the service. Where individual concerns were raised, we saw these had been explored and addressed.