

The Royal National Institute for Deaf People

RNID Action on Hearing Loss Northdown Road

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 19 October 2016.

RNID Action on Hearing Loss Northdown Road is registered to provide a domiciliary care and supported living service to support people who have a hearing loss and additional care needs. People who used the service were also living with a learning disability and or an autistic spectrum disorder. The agency covers Margate and the surrounding area. At the time of our inspection there were seven people receiving a supported living service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection the registered manager was not available and was in the process of de-registering with us. The deputy manager had successfully been recruited to the manager position and was in the process of applying to become the registered manager. We will monitor this.

People were protected from abuse and avoidable harm. People who used the service told us that they felt they were supported safely. Staff had received training in safeguarding adults and were aware of their responsibility towards the people they supported. Staff were aware of the provider's whistleblowing procedure and were confident in using it if required.

Risks associated with people's health and well-being including safety issues within their homes, had been assessed and planned for. Staff had detailed information about how to manage and reduce known risks and these were monitored for changes. People had been involved in discussions and decisions about how risks were managed. They had copies of their risk plans that were presented in accessible communication format of their choice.

People who used the service were involved in the staff recruitment and selection process. The provider had safe recruitment processes that were followed to ensure as far as possible, only suitable staff were employed. Staff were carefully matched to people requiring support to provide the best outcome for people using the service. There were sufficient experienced and skilled staff available to support people safely and meet their individual needs.

People were involved in discussions and decisions about the support they required with taking their prescribed medicines. Staff had received appropriate training in medicines management. There were good systems and processes in place that supported people safely with the storage and administration of their medicines.

People were supported by sufficient and appropriately trained staff that were well supported.

Staff had received an induction and continued training and support, this enabled them to provide effective care and support to people who used the service.

People were involved in discussions and decisions about the support they required with taking their prescribed medicines. Staff had received appropriate training in medicines management. There were good systems and processes in place that supported people safely with the storage and administration of their medicines.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005. This legislation is designed to ensure people are supported to make their own decisions wherever possible. People told us that they were consulted and involved in how they wished to be supported. Where people lacked mental capacity to make specific decisions about their care and support, MCA assessments and best interests had been made and recorded. However, the provider had relied upon external professionals to do this and needed to take this responsibility where required.

Where necessary people who used the service received support from staff to ensure their nutritional needs were met. People told us that they had a choice of what to eat and drink and that staff supported them with menu planning, shopping and cooking.

People received support to maintain their health and attend health appointments where required. When concerns had been identified in a person's health, staff had made timely and appropriate referrals to external healthcare professionals for advice and support.

People were positive about the approach of staff and said that they had developed trusting and meaningful relationships with the staff that supported them. People said staff treated them with dignity and respect and that they were supported to live their life as they chose. People were supported to communicate in their preferred manner and staff had received training and support to enable them to communicate effectively with the people they supported.

Information about independent advocacy services were available for people should they have required this information. Examples were seen of how people had been supported to access this support or to maintain existing support.

People received a personalised service that was based upon their individual needs and wishes. Staff had received training in delivering person centred care and used a variety of person centred tools and approaches. This ensured people remained central in their care and support, this was empowering for people. People were supported with regular opportunities to review their support with staff. People had been asked about their personal goals and future aspirations and examples were seen of the achievements people had made with support from staff. People were supported to lead active and fulfilling lives which included building relationships and networks within the local community.

People were confident that they would raise any issues or concerns if required. People had access to the provider's complaints policy and procedure in their preferred communication. Systems were in place for receiving, handling and responding appropriately to complaints.

Robust quality assurance systems were in place in order to ensure that people received high quality, safe and effective care and support. The manager of the service was continually exploring ways to improve the service. They showed a great commitment in providing a responsive service that was personable to each individual person they supported.

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 protected from harm because staff understood what action they needed to take to keep people safe. Staff had received appropriate safeguarding training.

Risks to people's health and well-being including safety within their homes, had been assessed and planned for and were regularly reviewed.

People received appropriate staff support based on their individual needs. People were involved in the recruitment of staff and safe checks were completed for all new staff before they commenced work.

People received appropriate support based on their individual needs and preference with regard to their prescribed medicines.

Is the service effective?

Good ●

The service was effective

Staff received an appropriate induction, ongoing training and support.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

People were supported where required with their nutritional needs and with planning meals, shopping and cooking.

People had the support they needed to maintain good health and where required, referrals were made to external healthcare professionals to support people.

Is the service caring?

Good ●

The service was caring

People were cared for by staff who showed kindness and compassion in the way they supported them. Staff were

knowledgeable about people's individual needs, routines and preferences.

Independent advocacy information was available for people. People had been enabled to access this support or to maintain existing support.

People's privacy and dignity were respected by staff and independence was promoted.

Is the service responsive?

Outstanding ☆

The service was very responsive

People received care and support that was personalised and responsive to their individual needs. People were enabled to pursue their own interests and supported to achieve personal goals and aspirations.

Information was communicated effectively in people's preferred communication. People were fully involved in reviews and discussions about the care and support they received.

People received opportunities to share their views and there was a complaints procedure available in people's preferred communication should they wish to complain about the service.

Is the service well-led?

Good ●

The service was well led

People were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and vision of the service.

The provider had systems and processes that monitored the quality and safety of the service. The provider was aware of their regulatory responsibilities.

RNID Action on Hearing Loss Northdown Road

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 19 October 2016 and was announced. In accordance with our guidance we gave the provider 48 hours' notice that we were undertaking this inspection; this was to ensure that the registered manager and staff were available to answer our questions during the inspection. This announced inspection was carried out by one inspector. They were supported by a British Sign Language (BSL) interpreter.

Before the inspection, the provider completed a 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. Before our inspection, we reviewed the PIR and other information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service, health and social care professionals, and Healthwatch to obtain their views about the service provided.

On the day of the inspection two people who used the service came to the provider's office to talk with us about the service they received. We spoke with the manager, (applying to become the registered manager) a senior staff and two staff. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

After the inspection and with people's consent, we spoke with three people's relatives, friends or advocates for feedback about the service.

Is the service safe?

Our findings

People were protected from harm. People said that they felt safe because staff were always around to support them. One person told us how staff helped protect them from other people who may harm them when out in the community. They said, "Some people might try and take your money or hurt you. Staff are with me and watch that I'm safe."

Relatives and friends we spoke with told us that they felt staff were good at protecting people's safety, whilst giving people independence. One friend said, "Oh yes, I have no concerns about safety, I know [name of person using the service] feels safe with the support of staff around." One relative told us, "[Name of relative] behaviour has reduced and staff are always around and know what to do. They can talk (them) down quickly."

Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from abuse. This included what outside agencies were required to be informed if there were any safeguarding concerns.

Records showed that staff had received appropriate safeguarding training and had available the provider's policy and procedure on safeguarding adults. There had been no safeguarding incidents reported since we last inspected the service in January 2014 and staff confirmed this to be correct.

Risks to people's needs had been assessed and planned for. People told us that they felt involved in how risks were managed. One person told us that they were not able to access the community independently but did so with staff. Due to a change with their health they were temporarily restricted with what activities they were able to take part in to protect their safety. However, they were aware that this was only for a short time.

Relatives and friends we spoke with told us that whilst their family member shared their home with others, people had one to one staff support. This meant that there were no restrictions placed upon them as they were supported individually reducing any known risks. People also said that their family member and or friend, were fully involved in discussions and decisions about how any identified risks were managed. One friend said, "The staff are always consulting and asking [name of person who used the service] about everything related to their care and support."

Staff told us that they had sufficient information about how to support any identified risks people had, they said risk plans were informative and provided appropriate guidance and support. Staff said that they had regular meetings with the people they supported where they discussed any risks and how these were managed. A staff member told us, "People are active in saying what they want and involved in developing risk management plans." Additionally, staff said that any concerns about risks were discussed in staff handover meetings and risk plans were regularly reviewed.

We found people's care records included risk assessments for a variety of needs associated to their health

and well-being. Risk plans informed staff of the measures required to reduce and manage risks. Records reviewed showed people had been involved in the development and review of their risk plans. This told us that people were supported appropriately with positive risk taking.

Accidents and incident were recorded and analysed for any themes and patterns. Records showed that these were minimal and where incidents had occurred staff had taken appropriate steps to reduce further risks. For example, one person had a temporary injury that had restricted their mobility and independence. Measures had been put in place to inform staff of how to provide safe care and support to minimise further injury.

The service had a business continuity plan in place to advise staff how to respond in the event of a disruptive incident affecting how the service was delivered affecting people's safety. We saw that a personal emergency evacuation plan (PEEP) had been completed for all people who used the service; this was in pictorial form to ensure people understood the action to take in the event of an emergency. The manager told us that the management team provided an on-call service to provide support and assistance to staff outside normal office hours. The manager informed us of the processes and systems in place to support people to live in a safe environment. The manager said that they contacted people's landlord when any maintenance or repairs were required.

People who used the service told us that they had staff available at all times to support them. Staff also said that they had no concerns about staffing levels and that there were sufficient staff available to support people. The manager told us that people had one to one support provided and that staff picked up any staffing shortfalls or bank staff were used.

People who used the service were involved in the staff recruitment and selection process. The provider had safe recruitment processes that were followed to ensure as far as possible, only suitable staff were employed. Staff were carefully matched to people requiring support to provide the best outcome for people using the service. There were sufficient experienced and skilled staff available to support people safely and meet their individual needs.

People were prompted by staff to take their prescribed medicines. People told us that they had been given a choice about how much support they required from staff to manage their medicines. One person told us, "I pop my tablets into the pot and take them," this person added, "I sign to say I have taken my tablets and staff sign too."

Staff told us how they supported people with managing their medicines safely. This included the safe storage, ordering and disposal of medicines. Records were kept to show people had been supported appropriately to take their prescribed medicines. Staff had information that advised them of how people preferred to take their medicines, what the medicines were prescribed for, including any possible side effects. Protocols were in place for medicines that were taken when required for example, pain relief. Systems were in place such as daily and monthly checks that ensured people had taken their medicines appropriately. Staff told us they had received medicine training and an annual competency observation and assessment. Records confirmed what we were told. This told us that staff followed good practice guidance.

Is the service effective?

Our findings

People received effective care from staff who understood their needs. Staff were knowledgeable and skilled to carry out their roles and responsibilities. People we spoke with were positive about the staff that supported them. One person said, "I pay staff to support me, they're good and help me."

Relatives and friends we spoke with were positive about the support provided to people. One relative told us, "The staff are very good and supportive, they take things on board." Another relative said, "People receive individual support and staff are very competent and know people's needs."

Staff told us about the induction they received when they started their employment. They said that it was supportive and helped them to understand their role and responsibilities. We saw records that confirmed new staff had received an induction that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

Staff described the training opportunities they received and said this was of benefit to them. One staff member told us, "The training opportunities are good, very insightful. If we identify any areas of interest that would benefit us, I'm confident I could ask for it." Training included e-learning and face to face training was provided internally and by external organisations. Staff were positive about the training they had received which included, British Sign Language, first aid, food hygiene, autism and learning disability awareness.

We looked at the staff training plan which the manager continually monitored to ensure staff received refresher training when required, to keep their skills and knowledge up to date. We found staff received appropriate training opportunities for the people that they supported. Training certificates confirmed staff had received appropriate training as described to us. This told us that the provider supported staff to receive appropriate training to enable them to effectively support people.

Staff received appropriate support, supervision and opportunities to review their work and development. One staff member said, "We have regular meetings to talk about our work and a yearly appraisal to review our training and development needs." We saw the manager had a supervision and appraisal plan for 2016. Staff told us that in addition to any planned supervision sessions they were always able to approach the manager should they wish to discuss any personal or work related issues. One staff member said, "I feel well supported, you can contact the manager at any time and they make time available for you."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who used the service told us that they had given consent to their care and support and we saw examples of support plans people had signed that confirmed consent had been gained. One person said, "The staff always ask me how they can help me."

Relative and friends told us that they felt people were fully included in discussions and decisions about how they received their support. One relative said, "Yes, staff always seek consent before they provide support and respect people's decisions." Another relative told us, "I feel confident consent is always requested, I feel included in discussions and decisions too."

Staff demonstrated an understanding of the principles of the MCA and said that they had received training on this legislation. Records viewed confirmed this. Staff showed a commitment to ensuring people who used the service were able to make their own decisions about the support they received. One staff member said, "We support people with their preferred communication to be fully involved in directing their own care."

The manager told us of about the action they took if a person lacked mental capacity to make a specific decision about the support they received. We saw records of MCA assessments and documentation about best interest decisions, and how these had been made and who was involved. This showed people's rights were protected, However, the provider had relied on external professionals to complete MCA assessments and make best interest decisions where they had the responsibility to do this. The manager told us that they would discuss this with the provider.

Some people experienced periods of anxiety and behaviours associated with their learning disability and or mental health needs. Staff spoken with were knowledgeable about people's individual needs. We found care records included detailed information for staff about people's fluctuating mental health needs and what people's coping strategies were. Staff had received training in the management and intervention techniques to cope with escalating behaviour in a professional and safe manner.

People told us that staff supported them to plan, shop and cook meals of their choice. One person told us, "I talk with the staff about what I want to eat, we have a menu with pictures of the food so I know what I'm having." Another person said, "The staff go shopping with me and help me cook my meals or they will do it for me."

People supported by the service lived in their own homes and could therefore eat what they wanted. Staff told us they would always encourage the people they supported to make healthy meal choices but recognised they were unable to force their opinions on anyone. One staff member said, "We encourage people with healthy eating choices and with agreement with people, to monitor their weight for any changes that may need to be explored by a health professional."

People talked to us about how staff provided assistance with their health needs. One person said, "The staff go with me to the doctors when I need to go." Another person told us that they did not like attending the dentist but staff went with them and to other health appointments such as the opticians.

Staff demonstrated a good awareness of people's healthcare needs. Care records confirmed people's health needs had been assessed and people received support to maintain their health and well-being. People had 'Hospital Passports'. This document provides hospital staff with important information such as the person's communication needs and physical and mental health needs and routines. The manager also told us that people had their own health action plans that recorded all their health needs and appointments attended. We were unable to view these records because they were kept in people's home and not the provider's

office. However, this is seen as good practice within services for people living with a learning disability.

We found care records gave examples of the service working with external healthcare professionals such as the GP, occupational and speech and language therapists and consultant psychiatrists. This told us that people could be assured that their health needs were known and understood by staff and appropriate action was taken if concerns were identified.

Is the service caring?

Our findings

People had developed positive and caring relationships with the staff that supported them. People were positive about the approach of staff. One person said, "Staff are nice, all are really helpful and really supportive." Another person told us that they were happy with the staff that supported them and was very positive about their keyworker. A keyworker is a support worker who has responsibility for a person who uses the service. Another person described their keyworker by saying, "They organise holidays, time to meet families and activities and make sure we are happy with our support."

Relatives and friends we spoke with were complimentary about the staff. One relative told us, "The staff are all very kind and caring, it gives me peace and mind that [name of family member] is well cared for." Another relative said, "The staff are absolutely perfect, [name of family member] is very happy with the support from staff and that's the main thing."

The manager told us and records confirmed that staff were carefully matched to support people with similar interests, hobbies and personalities. They said that matching and linking staff and people who used the service in this way, created a positive relationship and successful outcome for people. Staff confirmed this to be correct.

Staff demonstrated a commitment to providing high quality care and to promoting people's independence as fully as possible. One staff member told us, "Every person is valued as an individual; everyone is different and requires help and support in different ways." Another staff member said, "We promote independence by including people in choices about how they want to live their life, our job is to support people to fulfil this."

We found support plans showed the support given to people were person-centred and caring. People's needs and preferences were clearly stated. We also noted that support plans focussed on people's strengths and independence was consistently promoted. Staff gave examples of some assisted technology that was used to support people with their hearing loss that prompted their independence. For example 'fire angles' were used under people's pillows to alert them to the activation of the smoke alarm. Strobe lighting was connected to the door to alert the person of when anyone was present.

We observed that people were relaxed within the company of staff and we found staff knew people who used the service very well. They were able to tell us about people's likes and dislikes, interests and hobbies and things that were important to them.

Staff demonstrated an understanding and respect that they were supporting people in their own homes. This meant people who used the service were central to any decisions made. The provider ensured people had access to information about independent advocacy services in their preferred communication. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The manager gave an example where a person had been supported to maintain contact with their advocate that they had developed an important relationship with. Another person had been supported to request an advocate to support them with a specific decision.

People told us that they felt staff treated them with dignity and respect .One person told us, "Staff treat me well and listen to what I have to say, they are nice and polite to me and we have a laugh."

Staff told us how they respected people's privacy, dignity and communication needs. One staff member said, "It's important to respect people's personal space and privacy when providing support with personal care and their routines."

Policies and procedures we reviewed included protecting people's confidential information and showed the service placed importance on ensuring people's rights, privacy and dignity were respected. The importance of confidentiality was understood and respected by staff and confidential information was stored securely. We saw staff had received information about confidentiality and data protection to guide them on keeping people's personal information safe.

Is the service responsive?

Our findings

People who used the service received care and support that was personalised to their individual needs and in a way they wished to be supported. People told us they were supported to lead their life as they choose and that staff were responsive to their needs. One person told us, "Staff help me to do the things I want to."

The manager told us that they received a referral and assessment of need from commissioning social worker's. They then visited people and their relatives and or care staff, in their existing placement or home to complete their own assessment. The manager said this was to check that the service could meet people's needs or whether staff required additional training or resources before they could provide them with a service. People lived in shared tenancies and received 24 hours of support that was tailored to meet their individual needs. Prior to people moving into their tenancy they had a transition period that was planned and flexible dependent on people's needs and wishes.

After the assessment stage support plans were developed with the person who used the service, with the support of their relative, friend or advocate if required. Support plans provided staff with personalised information about people's individual needs, routines, preferences and wishes. People's diverse needs were assessed and planned for including consideration of their cultural and spiritual needs. One person's support plan advised support workers that their hair was very important to them. Staff were provided with very detailed information of the support the person required with their hair care preference and routine. This enabled staff to provide appropriate and individualised support.

We found pre- assessments and support plans were very individual, showing a person centred approach to the support people received. Staff had received training in person centred practice from a well-recognised training organisation, renowned for developing creative and innovative ways of embedding person-centred practices in the heart of teams and organisations. People's care records demonstrated the provider had implemented person centred tools to support staff to have a person centred approach in their work.

Staff demonstrated they understood people's individual communication needs and preferences. The provider supported staff to attend different communication training including British Sign Language to enable them to effectively communicate with people. All written communication was presented and available for people in their preferred method of communication and we saw examples of these. We also observed how well staff interacted and communicated with people who used British Sign Language. Staff were able to effectively communicate with people. People also had individual communication plans that provided staff with detailed information of their communication support needs. In addition people had been supported to record what a good day looked like for them and a bad day. This meant people's different communication needs were known, understood and respected by staff. This was positive, empowering and inclusive for people who used the service.

Each person had a one page profile that recorded their hopes and dreams for the future, daily support required, daily routines and preferences. Independence was a key focus with information about people's support needs and how they would maintain and develop their independence. People also had person

centre plans that recorded their goals and aspirations. Steps to achieve success were also recorded and outcomes were reviewed by the person with support of staff at a quarterly review.

We saw examples where people had been supported to achieve their goals and aspirations. For example, one person had identified in August 2015 that they wanted to self-medicate. Records showed that this was achieved in January 2016. Another person was a Chelsea football fan and wanted to stay at the Chelsea hotel. This was achieved in August in 2016 where the person was supported to attend a football match, followed by an overnight stay at their chosen hotel.

A person was supported on a short break holiday in 2016 for the first time in seven years, due to anxieties about being away from home. Discussion with the manager and records showed that a great deal of planning and preparation had gone into achieving a positive outcome for the person.

A person who had recently started to receive support had identified that they would like to attend a carpentry college course. Records showed that staff had taken action to enquire with the local college what opportunities were available. This person had also said that they wanted a cinema and library card which they had been supported to get.

People told us about interests and hobbies and how they were supported with these. People said that they attended social clubs and groups during the day including evenings. They were supported to go on holidays, went to local pubs for drinks and meals, attended the gym, went swimming, shopping and visited places of interest. Records looked at confirmed what we were told.

The manager told us that one person had attended an evening social group where they did arts and crafts and their work was displayed at the Turner Gallery in Margate. The registered manager said, "It's important for people to be supported to meet up with friends at times and places other than the social groups they go to. Support workers facilitate this to happen."

Relatives and friends we spoke with said that whilst their family member / friend were not currently attending any college vocational training courses or work placements, they had in the past. One relative said, "[Name of family member] was supported to attend college to further develop their skills and independence, staff also supported them to do some voluntary work but [name of family member] has chosen not to continue with this."

Inclusion was an important aspect of people's support. The manager gave an example of how one person who used the service had developed friendships with local businesses in the community. The manager said, "[Name of person using the service] loves to visit the local shops, they go in most days and talk to the staff, they are really popular in the community. Staff support from a distance as they recognise [Name of person] likes to have this contact with people which is important to them." Another example was given about a person who wanted to increase their physical exercise and with support joined a ten week healthy living group in the community. An aspect of the group was to promote facilities in the local area that the person fully participated in.

People were supported to plan, attend and participate in an annual review of their support. People were supported to choose the meeting venue, time and who they wanted to attend. They were also supported to plan what information they wanted to share and discuss. We saw examples of these person centred reviews that clearly showed people were central to their own meetings. Outcomes were reviewed and discussed and action plans developed to continue to support people with their goals and aspirations.

People who used the service told us who they would talk to if they had any concerns or complaints. This included their family, keyworker and the manager who they knew. People had a copy of the provider's complaints policy and procedure available and presented in their preferred communication choice.

Staff were aware of the provider's complaint procedure and were clear about their role and responsibility with regard to responding to any concerns or complaints made to them. The provider had a clear complaints policy and procedure and any concerns or complaints had been responded to appropriately.

Is the service well-led?

Our findings

People we spoke with told that they were happy with the service they received. Relatives and friends we spoke with were positive that people received a high quality service that met people's individual needs. One relative said, "The support is fantastic, you couldn't ask for better."

We looked at the service user guide and statement of purpose that informed people of what they could expect from the service. This included the provider's values and philosophy of care. We found there was a positive culture amongst the staff who had a strong understanding of the organisations vision and values to be those of involvement and person centred care. Staff were clear that people were supported to be as independent as possible and that for some people their role was to support them to move onto more independent living.

All staff spoken with were positive about the leadership of the service. One staff member said, "The leadership is really very good, you can approach the manager for guidance and support. I like working for the provider." Another staff member told us, "I absolutely love my job, it's a professional organisation and every day is different."

We found that staff were clear about their role and responsibility and the provider had a clear management structure and resources in place. This supported the manager to provide an effective service.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to inform us of. A registered manager was in place but was in the process of de-registering but a new manager was in place and in the process of submitting their registered manager application.

As part of the provider's quality assurance processes, people and their relatives or representatives were asked to give feedback about the service provided. We saw a 2014/2015 survey report. This provided information about what people said were working well and any areas of development were shared. The manager told us that the next survey will be sent out in January 2017. People who used the service also had opportunities to have meetings referred to as 'house' meetings to talk about the support they received from the service and to discuss any housing related concerns. This told us that the provider enabled people to be involved in the development of the service.

The manager told us about a group within the organisation called 'The Involving People Group' and that people had the opportunity of joining this group to look at issues and improvements required. An example was given about how the provider's safeguarding policy and procedure was being reviewed by the group to ensure it was in an accessible format for people using the service.

The group also explored the provider's four standards of communication, choice, decision and learn and how well these were being met. These examples showed that the provider had a commitment towards people they supported with regard to inclusion and empowerment.

The manager told us about the quality assurance systems and processes that were in place that monitored safety and quality. We found there were a number of quality assurance systems within the service, including a monthly audit which provided information to senior managers about the running of the service. This auditing system included any complaints received in the service and any incidents or accidents which had occurred; the system also recorded when care and support plans and risk assessments had been reviewed and updated. The manager told us the area manager also conducted regular audits at the service to help ensure all the regulatory requirements were being met. We saw that an action plan was put in place where necessary to ensure any required improvements were made. This told us that the provider had robust audits and checks in place that we found were used effectively.