

## FitzRoy Support

# FitzRoy Support at Home - Nottinghamshire

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This announced inspection was carried out on 16 February 2017. FitzRoy Support at Home is a domiciliary care service which provides support and personal care to people with learning disabilities living in their own homes in Nottinghamshire. On the day of the inspection visit there were 23 people using the service who received personal care.

The service had two registered managers in place at the time of our inspection. 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.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by consistent staff who they knew. People were provided with the support they needed to take their medicines as prescribed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. Any deprivation of a person's liberty was reported to the appropriate authority to consider if an application needed to be made to the Court of Protection.

People were supported by staff who understood their health needs and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with dignity and respect and their privacy was protected. Where possible people were involved in making decisions about their care and support.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. They were supported to have the social life they wanted and try new activities. People were informed on how to express any issues or concerns they had.

Systems used to monitor the quality of the service did not always identify where improvements were needed.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team.

## 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 

Is the service safe? ☐

☐ Good

The service was safe.

Measures were in place to keep people who used the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported in a way that protected them from risks whilst encouraging their independence.

People were provided with the support they required from staff to meet their needs.

People were provided with the support they required to take their medicines as prescribed.

Is the service effective? ☐

☐ Good

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged. Any deprivation of a person's liberty was recognised and the local authority were informed of this.

People were provided with any support they needed to maintain their health and have sufficient to eat and drink.

Is the service caring? ☐

☐ Good

The service was caring.

People were supported by staff who were cared about them and treated them with respect.

People were involved in planning and influencing how they were provided with their support.

People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity. ☐

Is the service responsive?

☐ Good

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be. They were supported to follow their hobbies and interests and to try new and different activities.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. ☐

Is the service well-led?

☐ Requires Improvement ☐

The service was not entirely well led.

Systems to monitor the service were not being used effectively to recognise when improvements were needed and how these could be made.

The provider had not notified us of some events that took place in the service they were required to because they had overlooked or failed to recognise this requirement.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability. They were able to make suggestions on how to develop or improve the service.

## Is the service effective?

Good 

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged. Any deprivation of a person's liberty was recognised and the local authority were informed of this.

People were provided with any support they needed to maintain their health and have sufficient to eat and drink.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were cared about them and treated them with respect.

People were involved in planning and influencing how they were provided with their support.

People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity.

### Is the service responsive?

Good ●

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People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made.

### Is the service well-led?

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# FitzRoy Support at Home - Nottinghamshire

## **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 16 February 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector and an inspection manager.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at information we have received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views

During the inspection we spoke with five people who used the service and eleven relatives. We also spoke with 12 staff, consisting of six support workers, a care coordinator, three deputy managers and two registered managers.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, four staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

People told us having staff present made them feel safe using the service. One person told us "not having any bullies" living with them made them feel safe. Another person told us they had made a contract with staff about what they needed to do to keep themselves safe. Relatives told us they felt their relations were safe with the service, with one relative telling us, "I trust the staff to keep [name] safe."

Some relatives told us about incidents that had taken place in the service which we found had been responded to appropriately and where needed action had been taken to prevent a reoccurrence. There was a system in place which enabled managers to monitor incidents until they were resolved as well as identify any trends or patterns. The registered manager spoke of this providing them with opportunities to learn when and how they could make improvements within the service.

The provider informed us on their PIR that one of their plans had been to increase staff knowledge and understanding in relation to safeguarding procedures. We found that staff were able to describe the different types of abuse and harm people may face, and how these could occur. They told us they had completed training on protecting people from abuse and harm and how to use safeguarding procedures if they had any concerns. Support workers told us that if they suspected a person they supported was at any risk of harm or abuse they would inform their line manager and make records of what they had been told or witnessed, which some staff said they had done previously. Staff knew how to contact MASH, which is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.

People were provided with the support they needed to keep them safe in their accommodation and when they were out in the community. One relative told us how their relation was supported in a way that protected them from harm when they went out into the local community with a support worker. Another relative told us that their relation who had limited mobility was kept "comfortable and happy" at home.

Support workers told us how they made sure everything was in order to provide people with safe support. This included carrying out visual checks on equipment before using it and that the equipment had been serviced when due. They also spoke of carrying out safety checks on vehicles and having to produce documents to show they were suitable to be involved in transporting people. Support workers told us they felt they had been given the training they needed to support people with mobility equipment. One support worker who used this equipment on a daily basis told us they felt "very confident" in operating this.

There was a support worker responsible for overseeing health and safety at each location. The registered managers told us they had implemented a new risk assessment process which was more detailed than the previous one and ensured more information was provided where higher risks were identified. We saw assessments that showed how to manage risks people faced when accessing the local community, such as road safety and getting lost. There was a system to respond to any new risks that were identified during any activity, which were then included into the relevant risk assessment.

Staff described how risks people faced in managing their daily living activities and taking part in social activities were assessed. These included how to provide people with safe personal care, for example what assistance was required during a bath or shower, how physical or health risks could be minimised and how people could pursue social activities in the local community safely. Two staff described how they had supported a person to attend a community based activity through careful planning and assessing, and then reducing risks to enable them to do this. We were shown pictures of the person who clearly enjoyed taking part in this activity. A support worker told us about how another person had been supported to be able to travel independently and attend a community group they belonged to. This had involved a support worker initially travelling with the person, and then building up the amount of the journey the person did unaccompanied, but under observation from a distance, until they felt confident they could do this independently. Support workers told us how they prepared people to make use of local resources which included showing them photographs of the location they would be visiting or other visual aids so they knew what to expect.

Some people who used the service lived independently and were visited a support worker to assist them for a set number of hours in the week. Other people were supported by a small team of staff who were assigned to work in the supported living accommodation they shared with a small number of other people. People who used the service told us there were always staff present in their accommodation and they had the support they required. Support workers said they always had the correct number of staff needed to provide people with their support.

Relatives told us they felt there were sufficient staff to support their relations when in their accommodation. We were told about some issues with how other hours that had been allocated for people to have additional 'one to one' support were used, which we discussed with the registered managers. They were aware of these issues and were involved in discussions with the relatives to ensure their relations had received all of the hours allocated for their 'one to one' support.

Some relatives spoke of how their relations were affected by the 'industry wide problems' of recruiting and retaining staff who worked in social care. They told us they felt this led to a high turnover of staff and delays in replacing staff who had left. The registered managers told us they actively recruited to replace any staff vacancies. When there were any shortages shifts were covered by using regular agency staff, support workers doing additional hours or one of the managers working a shift. They also told us there were a group of newly recruited staff due to start work in the next few weeks. One of the registered managers was covering a shift the following day and the other spoke of looking forward to when they were needed to do so.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. A recently employed support worker described having undergone the required recruitment process, and most recruitment files showed the necessary recruitment checks had been carried out. Two files did not have some documentation that was required and a registered manager contacted us after our visit to inform us this had been rectified.

People were provided with the support they needed to take their medicines as prescribed. People who used the service said they were given their medicines to take at the time they were intended to be taken. One person told us support workers "organise my medication very well for me". Another person said, "They remember so I don't have to remind them." Relatives felt their relations received the support they needed to take their medicines. One relative said support workers were "strict about those".

Support workers told us they had received training on supporting people with their medicines and that following this they were then observed and assessed to be competent at supporting people with their medicines to ensure they did this safely. Deputy managers said they undertook assessments of support workers assisting people with their medicines and if anyone did not do this correctly they arranged for them to have additional training. One support worker told us when they had started to work for the service they had not had any previous experience of supporting people to take their medicines. The support worker told us they had requested to repeat the training as they did not feel confident with this, and extra training had been arranged for them to do. Another support worker told us they felt the training had prepared them to provide people with support to take their medicines and they felt confident doing this.

# Is the service effective?

## Our findings

People were supported by staff who had the skills and knowledge to meet their needs. Relatives commented that support workers were "good at their jobs" and "I have confidence in them." Relatives said they felt their relations were supported by staff who knew how to provide them with the support they needed. One relative said, "I am sure they have all the training they need. They are gemmed up on [relation]'s (health need)." Relatives also spoke of staff having the "right attitude".

Staff told us they were provided with the training and support they needed to carry out their work. This included induction training when taking up employment to prepare them for the work they would need to undertake. They also completed the Care Certificate, which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. The training matrix showed that most staff were up to date with the training that the provider had identified as mandatory, and where a staff member was overdue with a course there was a date scheduled for when this would take place.

Support workers said they were provided with any additional training they may need to meet a person's needs that was not included in the training programme, for example about how to support someone with a specific health condition. Deputy managers said that in addition to the core training undertaken by support workers they also undertook training specific to their roles, such as courses on supervising staff and other management related activities.

Staff were able to discuss their work individually with a manager who was assigned to be their supervisor. They told us this included identifying any additional training and support needs and being given feedback on their work performance through an annual appraisal. Support workers told us they were always able to access "really good support".

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. People told us they were supported to make decisions and staff respected what they decided. One person told us, "They do that (ask my permission) all the time." Another person who did not live in supported living accommodation said the support workers who visited them "listen to what I say" and would ask, "What are you going to do today?" Support workers told us they obtained verbal consent before providing people with any support where they were able to give this. They also spoke of how some people who were unable to communicate verbally gave consent in other ways.

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

We checked whether the service was working within the principles of the MCA. Whilst staff were able to

describe the principles of this legislation and how they followed these, the registered and deputy managers all said they were aware that they had not been recording correctly how they had followed this legislation. The managers said this was an area they were working on and we saw some recently completed assessments of people's capacity that had been completed. Staff spoke of including relatives in making decisions for people in their best interest when they did not have capacity to do so themselves.

Most relatives said they had been involved in making decisions for their relations in their best interests. However one relative told us about a decision which had been made about expenditure for their relation they had not been consulted about, and they had not been in agreement with. A registered manager confirmed this had happened and they had taken the appropriate action to rectify this, including reimbursing the cost. They said this had been done with the best of intentions but they recognised the relative should have been included in making this decision.

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. For people who live in supported living accommodation this requires the local authority to make an application to the Court of Protection. The registered managers told us they had notified the local authority of circumstances where people they supported may be deprived of their liberty for them to consider if an application was required.

The provider described in their PIR that they planned to introduce positive behavioural support (PBS) training for all staff, which we found had been done. Staff told us they worked in a way that engaged with the person, whilst distracting them from behaviour that could lead to some form of physical intervention. Staff told us they had received training on how to intervene in a non-threatening way and would guide a person away from conflict situations. Staff told us people were not subjected to any form of avoidable restraint other than where needed for their safety, such as using a strap on a wheelchair to prevent them from falling.

People were provided with the support they needed to have sufficient food and drink to promote their wellbeing. People told us about being supported to prepare and cook meals and said they had enough to eat and drink. Relatives said their relations were supported to prepare meals but some did say that their relations had put on weight and should be given more support to eat well and healthily. One of the registered managers told us they encouraged people to have a healthy diet and they followed healthy cooking practices. A registered manager told us how one person was supported to attend a slimming club.

Support workers described how they met people's dietary needs on an individual basis. This included people who were able to being supported to prepare meals of their choice, or when they could not do so preparing these for them. One support worker described how one person who could not actively be involved in cooking their meal was included in some of the preparation of this. Staff told us when they had identified any worries about a person's nutritional intake they had involved other healthcare professionals such as dieticians, GPs or speech and language therapists (known as SALT who provide advice on swallowing and choking issues). The registered managers told us that the advice provided was then incorporated into people's support plans. We saw records made in people's support plans that described how they were given a high calorie diet and had been prescribed food supplements when they were at risk of losing weight. There were food and fluid charts to record what a person had to eat and drink when there were any concerns about their nutritional and fluid intake.

People were provided with the support they required to maintain their wellbeing and seek any medical advice and support when required. People told us they were supported to attend routine health check-ups, such as eye and dental checks, as well as any other medical appointments they had. One person told us

support workers, "Arrange if I need to see a doctor." Relatives told us staff supported their relations with their health needs and had a good understanding of these. One relative told us that their relation had "really improved with their care" since they had returned from a stay in hospital.

Support workers told us they understood people's health needs and how to support them with these. They told us they recognised signs that indicated if someone was not feeling well and accompanied them to any appointed they had, including routine health and wellbeing checks. One support worker told us they had taken a person to hospital when there appeared to be something wrong, and it turned out they had an injury. All staff were required to complete, and maintain, a first aid qualification and staff told us if needed they would call the emergency services.

## Is the service caring?

### Our findings

People felt they were supported by staff they had good relationships with and treated them kindly. They referred to "getting on well" with staff and "having a laugh together". Relatives agreed that people had good relationships with the staff who supported them. One relative said, "I can tell poor care, this isn't, they are certainly doing the job very well." Another relative said their relation was, "Happy enough, they get on well (with staff) and they (staff) love [name] to bits."

Staff spoke with passion about their work and providing people with the best care and support that they could. They spoke of helping someone get the best out of their life, giving them satisfaction and wanting to make a difference. One support worker talked about how they motivated a person they supported with an activity, but also spoke of how the person had motivated them as well. There were displays in the office of achievements and experiences people had been supported with, which one of the registered managers told us they had obtained people's consent to display. One picture showed a person being supported to teach people how to crochet in a group they ran at the local library.

Deputy managers told us there were frequent occasions where support workers went 'above and beyond' to help people. One deputy manager said "making their day makes their day." The registered managers told us that the staff had been involved in choosing the values they wished to forefront the service. These were 'we are brave', 'we are creative' and 'we see the person.' The registered managers said the one value that staff felt most proud of was 'we see the person'. Feedback we received from other professionals who worked with the service included describing them as being professional and person centred.

People were supported to be involved in planning and making decisions about their care. One person told us, "We make plans together about what I want to do." Another person said, "I tell staff what support I want." One relative told us how their relation's support had been "built around them". Another relative said their relation will say what they want.

Support workers told us how they supported people to prepare a menu and an activity plan each week as a guide of what they wanted for the week ahead. They said people could vary these if they wished to, but they covered the thing people liked to eat and do. Staff described different ways that people told them about what they wanted. For example a support worker told us how they had purchased a piece of equipment for one person when they had indicated they liked this in a shopping catalogue.

A registered manager told us that if people required support to have their voice heard or were making significant decisions they would assist them to contact an independent advocate. The registered manager told us there had been occasions when a person had been supported by an independent advocate when certain decisions needed to be made. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People described ways in which they were able to have independence in their daily lives. This included being responsible for their laundry, cleaning their bedroom as well as part of the shared accommodation

and getting themselves up in the morning. Staff told us how they supported people with things that were important to them. This included following their religious beliefs, maintaining relationships with family and friends and supporting anyone who had a personal relationship.

Support workers told us how they respected people's dignity by being proactive and following good practices that protected their modesty when providing any personal care. Support workers told us how they only entered people's accommodation when they were invited in and that they had separate arrangements for food and drink that did not involve people's own purchases. They also ensured that any staff possessions and work items were kept in a designated area.

## Is the service responsive?

### Our findings

People had a written plan which described the support they required. One person told us they, "Have got big file, staff talk with me about it." Some relatives spoke positively about their relations support plans, but some others felt these were not kept up to date. The provider informed us on their PIR of ways they intended to make the service more person centred. The registered managers told us they had just completed rewriting the support plans for all of the people who lived in supported living so each person now had an up to date support plan. These were considerably more detailed than the previous support plans that had been used. There was evidence to show that the person being supported had been involved in preparing these.

Staff told us these new support plans were a big improvement, and we found these to be informative and comprehensive. A support worker described how the support plans gave them details of what to do in any circumstance. This included prompts of how to get people involved in tasks and to manage challenging situations. There was information in support plans that explained what a person was able to do independently and what they required support with. There was also a description of how the person communicated and what the best way to communicate with them was. Feedback we received from other professionals who worked with the service included that the support people received from staff had been successful in helping them to maintain their tenancy.

People were supported to follow their interests and aspirations. People told us they enjoyed spending time with friends, going shopping, attending a day centre and other community based resources. One person told us, "I like to go out for activities like bowling, golf and the cinema." People also mentioned being supported to take part in household duties including cooking and cleaning. People were supported to set short, medium and long term goals for things they would like to achieve, for example a visit to the seaside or to go on a holiday. A registered manager said these goals helped people to achieve the best outcomes possible.

Deputy managers told us about other pastimes people took part in which included attending college and a drama group. One person who attended the drama group had appeared in a production at a local theatre. A deputy manager said if someone wanted to do something support workers would help them collect the information to bring to them to "risk assess and see if we can make it happen". Staff said how they used 'learning logs' to identify what had worked well and whether anything could be improved. They told us this helped them develop the best practice to support each person and to make it the "best experience we can" for each person.

People who used the service, or relatives acting on their behalf, were able to raise any issues or concerns which were listened to and acted upon. Some relatives told us about issues they had raised which the registered managers were aware of and had recorded on their complaints system.

Staff told us people who were supported were given a leaflet in an easy read format explaining how they could raise anything they were not happy about, although they said that some people may not be able to understand these. Deputy managers said people who were able to express themselves verbally would

readily tell them if there was any issue they were unhappy about "as soon as they walked through the door". Support workers spoke of people raising issues in meetings held in their properties.

Deputy managers said people who could not communicate verbally would show there was something troubling them, which may be a concern or a complaint, through their behaviour. One support worker described how they had supported one person who appeared to have a concern they could not express verbally. The support worker described how they had been able to understand the person's concern by spending time with them to enable them to communicate their concern. Although this did not lead to a complaint it did demonstrate how staff would spend the time needed to enable people to communicate anything that was worrying them.

The registered managers described how they had managed a recent complaint that had been made, which included recording this on the provider's information system. We saw the records made of complaints showed how these were monitored to ensure each complaint was properly managed and responded to.

## Is the service well-led?

### Our findings

There were monthly audits carried by support workers and deputy managers on various areas of people's support. These included safety checks, property maintenance issues and the management of medicines. Most of these audits included action plans when issues were identified that needed attention and who was responsible for doing these. However there were some audits where issues had been identified that did not have an action plan prepared so it was not known if action had been taken to resolve some issues. Also there was an audit form at the front of each staff file, however this had not been used to identify that some staff files had not been completed correctly.

There was a system in place for deputy managers to review the records made about the support people received each day. This was to provide an oversight of people's care and support and how this had been delivered. In addition it gave an opportunity to identify any issues that may have occurred that needed to be monitored or followed up. We found that some issues within people's records had not been identified, or no record was made to show what action had been taken. For example we saw some entries in one person's records that did not follow the guidance in the person's support plan. We also saw entries were made about a person's fluid intake, but a registered manager said this no longer needed to be monitored. Additionally we were unable to tell how current some information was due to forms that had not been dated or signed to show when these had been completed and who by.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. There were in fact two registered managers who were each responsible for leading different parts of the service. We found the registered managers were mostly clear about their responsibilities, but had not fully understood when they should notify us of certain events that may occur within the service. Our records showed we had been notified of some events the provider was required to notify us about, but we also identified there were some other events that we should have been notified about that we had not been. The registered managers apologised for these and explained that some of these had been due to oversight, and others because they had misunderstood some circumstances when we should be notified.

People who used the service told us it was well run. One person who said it was added, "I would change my mind if it wasn't." Another person told us, "Everything runs very well." Most relatives spoke positively about the service, although some of them did raise a few issues they had. We spoke with the registered managers about these which they were aware of, with one exception. The registered managers explained how they had or were addressing these issues and said they would make contact with the relative who had raised the issue they had not been aware of.

Staff spoke positively about the service and said they were proud to work for Fitzroy. They told us they felt the organisation "did what it said on the tin" and what they said were "not just words". The provider informed us on their PIR how they were going to introduce a structure of when meetings were held. Support workers told us they felt listened to, valued and were able to make suggestions. This included in staff meetings and individual conversations with managers. One support worker said that they felt their

suggestions were listened to and acted upon when possible or practical. The registered managers spoke positively about working for the provider and said they were able to influence the running of the organisation. They told us of practices they had implemented at this service that had been shared with other services within the organisation as good practice.

Support workers told us they felt appreciated and valued by the managers in the service. They spoke of mutual goodwill which included staff being flexible with their working hours and this being reciprocated when they needed flexibility in return. Support workers who worked with people in supported living accommodation told us they were managed and supported in individual teams. They told us they could always contact a manager for advice and support. Staff also told us they attended staff meetings and there was a handover of information between staff at each change of shift.

Staff said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available and we witnessed some staff collecting these. Staff told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner. This is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People who used the service and their relatives were confident in the way the service was managed. A person who was supported told us, "I am happy with how they (managers) do their job, I am quite pleased about that." Some relatives told us about contact they had with the registered managers and said they had discussed issues and had meetings with them. The deputy and registered managers said they all worked well together and provided each other with cover and support when needed. Feedback we received from other professionals who worked with the service included telling us staff were good at sharing information.