

Freedom Support Solutions Ltd

Freedom Support

Inspection report

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Date of inspection visit:
29 November 2016

Date of publication:
03 February 2017

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

We inspected the service on 29 November 2016 and the inspection was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us.

Freedom Support provides personal care to adults with learning disabilities living in their own homes. At the time of the inspection there were three people using the service.

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

People and their relatives told us that they felt safe while they received support from staff at Freedom Support. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. There were procedures in place to manage incidents and accidents.

Risks associated with people's support had been assessed and reviewed. Where risks had been identified control measures were in place to protect people's health and welfare. We found that not all checks on equipment and property had been completed within the timescales recommended by the health and safety executive.

There were enough staff to meet people's needs. They were recruited following the provider's procedures to make sure people were supported by staff with the right skills and attributes. We found that not all checks had been completed before staff started work. Staff received appropriate support through an induction and regular supervision. There was training available for staff to provide and update them on safe ways of working.

People received support with their prescribed medicines from staff who had completed training in this area. Records had been filled in correctly, however these did not record details of medicines that the person was being supported to take. Guidance was available to staff on the safe handling of people's medicines.

People were encouraged to follow a balanced diet. We saw that people chose their own meals and were involved in making them. People were supported to maintain their health and well-being. This included having access to healthcare services such as to their GP.

People were supported to make their own decisions. Staff and the registered manager had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff told us that they sought people's consent before providing support.

People were involved in decisions about their support. They told us that staff treated them with dignity and respect. We saw that people's records were stored safely and staff spoke about people's support requirements in private.

People were supported to develop skills to maintain their independence. Care plans contained information about people, their likes, dislikes and preferences.

People were supported by staff who they knew well and who they felt listened to them. They received care that was centred on them as a person.

People and their relatives knew how to make a complaint. The complaints procedure was available so that people knew the procedure to follow should they have wanted to make a complaint.

People and staff felt the service was well managed. The service was led by a registered manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009. Staff felt supported by the registered manager.

People and their relatives had opportunities to give feedback about the quality of the service that they had received. Systems and processes were in place so that checks were carried out on the quality of the service that was delivered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

There were a sufficient number of staff to meet people's support requirements. Staff had been checked for their suitability prior to starting work however not all checks had been carried out.

Checks had not always been completed on equipment within timescales recommended by the provider and the health and safety executive.

People received their prescribed medicines from staff who were trained to administer these. However records did not record what medicines a person was taking.

Requires Improvement ●

Is the service effective?

The service was effective.

People received support from staff who had the necessary knowledge and skills. Staff received guidance and training.

People were asked for their consent by staff when offering their support.

People were encouraged to follow a balanced diet. They had access to healthcare services when they required them.

Good ●

Is the service caring?

The service was caring.

People were treated with kindness and compassion from staff. Their privacy and dignity was respected.

People were involved in making decisions about how their support was delivered.

People were supported to develop their independence.

Good ●

Is the service responsive?

Good 

The service was responsive.

People were supported by staff who they felt knew them well and listened to them.

People and their relatives knew how to make a complaint.

People received support that was centred on them as an individual.

People were supported to access work placements and social activities that they enjoyed.

Is the service well-led?

Good 

The service was well led.

Staff were supported by the registered manager and knew their responsibilities.

People, their relatives and staff had opportunities to give suggestions about how the service could improve. People, staff and relatives felt involved in developing the service.

The registered manager was aware of their responsibilities and checks were in place to monitor the quality of the service.

Freedom Support

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.

The inspection visit took place on 29 November 2016 and was announced. The provider was given 48 hours' notice of the inspection. This was because the location provides a domiciliary care service. We needed to be sure that the registered manager would be available to speak with us. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, 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.

We reviewed information that we held about the service to plan and inform our inspection. This included information that we had received from people who used the service and from other interested parties. We also reviewed statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the local authority who has funding responsibility for some people living at the home and Healthwatch (the consumer champion for health and social care) to ask them for their feedback about the service.

During our inspection visit we spoke with three people who used the service. We also spoke with three relatives of people who used the service. We spoke with the registered manager, the house manager, a senior support worker and one support worker.

We looked at the care records of two people who used the service. We also looked at records in relation to people's medicines, health and safety and documentation about the management of the service. These included policies and procedures, training records and quality checks that the registered manager had undertaken. We looked at four staff files to look at how the provider had recruited and supported staff

members.

Is the service safe?

Our findings

People and their relatives told us that they felt safe when they received support from staff. One person said, "I feel safe with the staff." Another person told us, "They help me to make sure I feel safe." A relative told us, "[Person's name] is safe and at ease." Another relative commented, "They [staff] make sure that [person's name] is safe."

Staff knew how to protect people from abuse and avoidable harm. One staff member told us, "It is my responsibility to report it if I felt worried." We have a procedure to follow. It depends on who the person was who was potentially causing harm. I could report to the manager, the directors or go to CQC or safeguarding." Staff were able to identify different types of abuse and signs that someone may be at risk of harm. The provider had policies to keep people safe from avoidable harm and abuse that staff could describe. We saw that staff had received training in protecting vulnerable adults. This meant that staff had received information on what to do should they have had concerns that people were at risk of harm.

People told us that they were enabled to take risks safely or supported to reduce risks. One person said, "I can go into town on my own. I have the staff telephone numbers if I need them." Relatives told us that where risks had been identified assessments had been carried out to reduce these. One relative told us, "They risk assess activities and they understand how to keep [person's name] safe." Another relative said, "If there is any situation they will discuss the risk and what [person's name] wants to do. They avoid them being exposed to risks." Staff knew how to reduce risks to people's health and well-being. We saw that the provider assessed and reviewed risks associated with people's support. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk while going out on their own. We saw that there were guidelines in place for staff to follow. These included a person having staff phone numbers and supporting the person to understand bus routes so that they knew which transport they needed. A relative confirmed that this had taken place. They told us, "They assessed their travel methods to make sure that [person's name] is familiar with the buses." This meant that risks associated with people's support were managed to help them to remain safe.

We saw that there was a business continuity plan that identified what measures were needed to make sure that people still received their support in the case of an emergency such as a flood or flu pandemic. There was a plan for how to evacuate the building in case of a fire, however this did not identify what each person's needs would be to support them individually to evacuate safely. The registered manager confirmed that these would be put in place immediately and sent copies of these following the inspection. This meant that should an emergency occur staff had guidance to follow to keep people safe and to continue to provide the service.

Checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, window restrictors. However we found that some checks had not been completed in line with timescales that had been recommended by the provider. For example, the fire extinguishers were recorded as needing to be checked monthly on the paperwork supplied by the provider. However we found that the extinguishers had been recorded as being

checked every five months. The registered manager told us that they would make sure that these were completed in the suggested timescales. We found that testing of electrical equipment had not taken place within the timescales recommended by the Health and Safety Executive. The registered manager told us that one of the directors was to be trained to carry this out. However the training had been delayed. The registered manager confirmed after the inspection that the testing had been arranged to be completed. We also found that an annual safety check on gas appliances had not been recorded as being completed. The registered manager contacted the gas supplier and supplied a copy of a certificate to confirm that a check had been completed on the day of the inspection. Records showed that fire drills had taken place and that people had been involved so they knew what to do in case of an emergency.

The registered manager took action when an incident or accident happened. We saw that details of any incidents or accidents were reviewed by the house manager and registered manager including actions that had been taken. We saw that the registered manager notified other organisations to investigate incidents further where this was required such as the local authority. This meant that the provider took action to reduce the likelihood of future accidents and incidents.

People and their relatives told us that they felt there were enough staff. One person told us, "The staff are always there." A relative told us, "There is a balanced staff team." Staff told us they had time to meet people's needs. One staff member said, "There are enough staff available." The registered manager told us that the rota was developed to make sure that staff were available in the house around people's planned activities. We saw that one person had one to one funding and that this was clearly identified on the rota. The registered manager told us that if there times when staffing levels were low due to sickness or absence that other staff or the house manager would cover the shift. This meant that staffing levels were appropriate to meet the needs of people who used the service.

People could be confident that staff had been mostly recruited safely as the provider followed recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. We saw within staff records that these checks took place. However, we found that in two of the files we checked only one reference had been received. We also found that one staff member had started work before their DBS check had been received. The registered manager told us that staff undertook a detailed recruitment process that involved meeting people who used the service and working at the provider's day service before being allowed to work alone with people. They told us that they now had support with recruitment from a HR advisor and that this would improve the process to make sure that all checks were completed.

People told us that they managed their own medicines and did not need support. One person said, "I take my own tablets." Another person commented, "They don't do any meds for me." We found that people were encouraged to be as independent as they wanted to be with medicines. Records showed that staff were reminding one person to take their medicine and were supporting them with collecting and storing their medicines. The service had a policy in place which covered the administration and recording of medicines. We found that Medicine Administration Record (MAR) charts did not record details of medicines that one person was taking. As staff were involved in the administration of medicine by storing it and passing it to the person records should record all individual medicines that are taken. This makes sure that the person and the staff are aware of what medicines they are administering and taking. We also found that staff were monitoring the temperature of the cupboard where medicines were stored. However these were only being checked twice a month. It is important to make sure that medicine is stored at the correct temperature each day. Medicine should be stored at the temperatures that are recommended by the manufacturer to ensure that they are effective. We discussed this with the registered manager. They told us that they would make

sure that the paperwork recorded all information that was needed and that checks were completed more regularly on the storage. The registered manager told us that staff would continue to support people to develop independence with taking their own medicine and that an assessment of each person to do this would take place. Staff told us that they were trained in the safe handling of people's medicines and training records confirmed this. One staff member said, "People take their own medicines. We oversee. I have had training in medicines."

Is the service effective?

Our findings

People and their relatives told us that staff had the skills and knowledge to meet their needs. One person said, "The staff seem well trained. They would know what to do if I needed help." A relative told us, "They identify [person's name] anxieties and they know how to respond." Staff members we spoke with told us that they received training to help them to understand how to effectively offer care to people. One staff member said, "The training is good quality. It helps to top up what I already know. It all benefits." Another staff member told us, "We do a lot of training. It is good quality and easy to learn. They make sure you are relaxed and not worried about the training." One staff member commented, "They are always asking if we want any other training. Everything I have asked for I have been on." Training records and certificates showed that staff received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in epilepsy. This was to give staff an understanding of this diagnosis and to enable them to support one person who lived with this condition. The registered manager told us that training was arranged throughout the year to make sure that staff received refresher training when they needed this. This meant that staff were provided with the knowledge and understanding they needed to support people who used the service.

Staff members described their induction into the service positively. One told us, "I covered everything in my induction. I did all sorts of things. It was useful." Another staff member said, "My induction was useful. We went through the care plans, a tour and medicines." The registered manager told us that staff completed an induction so that they understood their responsibilities.

People were supported by staff who received guidance from a manager. One staff member told us, "I had supervision not long ago. The manager pops in and I always have a chance to talk to her." Another staff member said, "I have had two supervisions since I have been here. I could have them more regularly. However I see [House manager] all the time so get an update. I can talk to her at any time." Supervision provides the staff team with the opportunity to meet with a member of the senior team to discuss their progress within the service. Records showed that supervisions had taken place. This meant that staff received guidance and support on how to provide effective support to people.

People's support was provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA and found that they were. The registered manager had a good understanding of MCA and DoLS. They were able to demonstrate that people's capacity had been considered through their support plan and associated records. For example, we saw that each person's care plan had information included about if they consented to staff supporting them

to open their mail, staff support with medicines, and who could access their care records. There was a policy in place that identified what steps were needed if a person's capacity to make a decision was in doubt. This was in line with the MCA. This meant that people's capacity to make specific decisions had been considered.

People had been involved in making day to day decisions about their support. One person told us, "I go where I choose." Another person said, "I come and go as I wish. There are no restrictions. They check things with me." Staff told us how they involved people in making their own decisions. One staff member said, "Each person has quite a strong character. They lead on everything." Another staff member commented, "Each person makes their own decisions each day. They tell us what they want to do." Staff told us that they asked people for consent and people had the right to say no. One staff member told us, "I always ask and listen to what the person says. If they say no I respect their wishes." Another staff member said, "If someone doesn't want you to do something you can't do it." This meant that people's human rights were protected by staff.

People told us they were supported to make their own food. One person said, "The meals are really good. We help out with everything. It's healthy. We do a menu." Another person told us, "We all help with doing the meals and we have some choices." Another person commented, "We all decide what we want to eat. I cook some of the food. It is nice." A relative said, "They ensure a healthy diet." We saw that people were supported to plan a menu for the week and agree who would be making the meal. A staff member told us, "Each person is quite diverse with what they like to eat. They agreed to sit down and have a set menu. This makes it easier and also cheaper." The member of staff explained that if people wanted something different to what was on the menu this was accommodated. We saw that each person had information in their support plan about how to involve them with preparing their own food and drinks. Records showed that people were encouraged to follow a healthy diet.

People were supported to maintain good health. One person said, "They make sure I have my medical check-ups and the dentist." A relative told us, "[Person's name] had an appointment recently. She was happy for one of the carers to go with her." We saw that where people required support to access healthcare appointments this was in place. People had a record sheet for all medical appointments. Outcomes from appointments had been included so that staff knew if there were any actions required. In these ways people's healthcare needs were met.

Is the service caring?

Our findings

People and their relatives told us that the staff team at Freedom Support were kind and caring. One person said, "They are friendly. I like the staff." Another person told us, "They make time for me. They are lovely. I have good staff." One person commented, "It's very good. They are always pleasant with me." A relative told us, "[Person's name] is at ease with them. The staff are polite and friendly." Another relative said, "The staff are great."

People's dignity and privacy was respected. One person told us, "They respect my room as my private property." Another person said, "They respect it's my own room. They respect my property and my privacy." One person commented, "They show me respect, and they respect my room and my privacy." Staff we spoke with told us how they promoted people's dignity and privacy. One staff member said, "I always make sure that I knock on the door before going in. When people have visitors I give them space." Another staff member told us, "I make sure I give people privacy. If they are on the phone I leave the room. I knock on the door and wait for a response." This meant that staff were promoting people's dignity and privacy

People felt that staff listened to them and knew them well. One person told us, "They check things with me and they listen to me." Another person said, "They have a chat with me. I can check things with them." One person said, "The staff listen to me and learn. I help them to help us. We help to look after each other." Another person commented, "The staff have all got to know me." A relative told us, "Staff have been along to see [person's name] at work. I think it has been good for them and their awareness of her." Staff knew about the people they were supporting. They told us how they got to know people including things that were important to them. One staff member said, "We get to know the people well. I am still learning things but we have the time to build relationships and know what people want." We saw that people's support plans included details about significant life events for each person, what was important to them and how they wanted to be supported. Care plans also included information about the person's family relationships and other people who were important to them. This meant that staff had information about each person to enable them to support them in ways that they wanted to be supported.

People were supported to be independent. One person told us, "We all help out with the cleaning and things." Another person said, "They help me stay as independent as possible." A relative told us, "They promote [person's name] independence and encourage them to do things." Another relative said, "The staff encourage them all to do things at their shared home. They all get stuck in." Staff told us about how they encouraged people to be as independent as they wanted to be. One staff member said, "They all learn off each other. We have time to give them to get things right." Another staff member told us, "When they do something they are made up. It is an achievement. I feel proud as I have helped them, and they are now doing it themselves." One staff member commented, "We do help people to develop their independence. One person struggled to butter bread. [Person's name] is now making their own packed lunch fully." We saw that people's support plans detailed things that people could do for themselves and what they needed support with. For example, we read how one person looked after their own medicines whilst another person was receiving support from staff to find work experience. In these ways people received support from staff to retain or learn new skills.

People were involved in making decisions about their support. One person told us, "I choose what I do." Another person said, "They check things with me about my support." We saw from care plans that people were encouraged to make decisions. For example, we saw that one person had some time where they had one to one support from staff. We read details of discussions that had taken place with the person to ask them what they wanted to do during this time and to plan what they were going to do. Records showed that people had been involved in decisions about their support. For example, one person had said they would like staff to help them choose suitable clothes for the weather and staff told us that they supported the person with this. Staff told us that the service that was offered was based around what each person wanted. One staff member said, "Everyone makes their own decisions every day. They tell us what they want." Another staff member told us, "The people tell us what they want to do. If they say they want to do something they do it." This meant that people were supported to be involved in decisions about their support.

People's sensitive information was kept secure to protect their right to privacy. The provider had made available to staff a policy on confidentiality that they were able to describe. We saw staff following this. For example, we saw that people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

The provider had made information on advocacy services available to people. An advocate is a trained professional who can support people to speak up for themselves. We saw that there was information in a questionnaire that had been completed by people who used the service on advocacy.

Is the service responsive?

Our findings

People had contributed to the assessment and planning of their care. One person told us, "I was involved in writing my support plan. I told them what I needed. It is all agreeable to me." We saw that people had written their own care plans. These contained information about routines people liked to follow, preferences, how they wanted to be supported and what they wanted to achieve. One person told us, "They all help me the way I wish." Staff told us that people were involved in writing their care plans. One staff member said, "Each person wrote their own plan." The registered manager told us that they spoke with the person and their relatives as part of the assessment process. They told us that they asked for information about things that the person did on a daily basis and also what they wanted to do over a week period. We saw that assessments had been completed and care plans were developed from these.

People's care plans were centred on them as individuals and contained information about their likes, dislikes and what they wanted to achieve. A relative told us, "It is completely tailored to [Person's name] needs. It's very personal and responsive to her needs." We saw that care plans identified what day to day activities the person valued most, how they wanted their life to be and what they wanted their week to look like. Staff knew about people's care plans and could describe information recorded within them. One staff member told us, "They have a very person centred approach. It is all about them. Not what is easiest for the company or staff. It is all about the people. I like it." Another staff member told us, "Everything is personalised and individual. Nothing is grouped. It is lovely." This meant that people could be sure that they received care centred on their preferences.

People's needs had been reviewed monthly as part of a care plan review. One person told us, "I have one to one time where we discuss my support. I also have reviews. They check things with me." A relative said, "They let us know when the reviews are. I feel very involved." Another relative told us, "They are always involving me. They meet with us and we will chat about how things are going." Records showed that people had been involved in reviewing their support plan each month and signing their own documentation. We saw that if a person's needs had changed that the care plan was changed as soon as needed. We saw that people had set objectives that they were working towards. Staff explained to us how people had achieved their goals. One staff member said, "[Person's name] is working towards completing the washing up. They are really getting to grips with it now and are pleased with themselves." Records showed that progress towards goals had been reviewed monthly and new targets had been set. This meant that people were being supported to achieve their aims and objectives.

People were supported to follow their interests and take part in social activities and work opportunities. One person told us, "I help with professional training and do presentations." Another person said, "I have jobs. I enjoy going to them." We saw that each person had a weekly timetable that included work placements, and volunteer roles. A relative confirmed, "[Person's name] does some voluntary work." The registered manager told us that one person did want to find a job and they were being supported to find placements that they enjoyed. Records showed that people were encouraged to attend their work placements. We also saw that people were supported to follow their interests. This included things that people did together as well as with other people. One person told us, "They help me on trips in stores and shopping. I have plenty going on. I go

to the movies and do drama once a week." A relative told us, "Next week they are all going to The Clothes Show. They went away the other week. They also go to charity events. Just last week they went to a charity ball. They get very involved in the community." Another relative commented, "[Person's name] likes to be busy. So it suits them well. They have a theatre trip booked as well as work. They are part of a swimming group."

People were encouraged to develop and maintain relationships with people that mattered to them. One person told us, "They make my mum very welcome. They want to help me to support her." Another person told us, "They are very polite to my guests." One person commented, "My mum and my friends can visit me." Relatives told us that they could visit and were made to feel welcome. One relative told us, "The staff are friendly to me. I let them know when I am going to call round to be considerate to the other people who live there." Staff told us that people were encouraged to visit. One staff member said, "Family and friends can visit when they want to. It is encouraged as it makes it feel like home."

People and their relatives knew how to make a complaint should they have needed to. One person told us, "I did once complain. I can speak about things that worry me." Another person said, "I have had no complaints but I would do so if needed." One person commented, "I am not sure how to complain. I would feel that I could. I would talk to the manager." Relatives all confirmed that they would feel comfortable to make a complaint and knew how to do so if needed. We saw that there was a complaint's procedure that was available for people who used their service and their relatives so that they knew the process to follow should they have wished to make a complaint. The registered manager told us that this was displayed in the house so that people could access this if needed. They told us that they had not received any complaints in the last year.

Is the service well-led?

Our findings

People and their relative's felt that they were happy with the service they received. One person told us, "It is excellent. I would recommend it." Another person said, "It is excellent. I would give it five out of four." Relatives agreed with this. One relative told us, "I think they are nearly excellent. I would recommend them and I have." Another relative commented, "We couldn't be happier that [person's name] moved in. It has gone much better than we could have hoped." One relative said, "They are well run." Staff we spoke with told us that they felt that the service was well led. One staff member said, "It is very well led." Another staff member told us, "There is nothing that can be improved. It is very well run."

People felt that they had been involved in how the service was run and how it worked. One person told us, "We have meetings and talk about everything. We are in the process of deciding where to put the Christmas tree. We have moved the furniture four times." A relative told us, "From the start they helped [person's name] to feel as if she was in her own home. She is involved." Staff told us that they had met with people who used the service before being offered their role. One staff member told us, "I met all of the people before I got the job." The registered manager told us that people who used the service were involved in the recruitment of their staff and helped to decide who would be employed. They also told us that when there had been a vacancy at the service due to one person moving out. The other people had been asked for their opinion before it had been agreed that someone could move in. We saw records of introduction meetings and people being asked for their feedback. Staff told us that people were involved in decorating their own home and deciding what furniture they had. The registered manager and a relative explained that when the service was first opened the people who were moving in had been involved in deciding which property they wanted to live in. We also saw that the provider was considering purchasing a second property. We found that the people who used the service, staff and relatives had been involved in discussions about this and had been kept informed of what was happening. A relative told us, "They are always thinking ahead. They give me clues about their companies' direction so I can also help think ahead for [person's name]."

The provider had a statement of purpose that was available to people, their relatives and staff. This included the aims of the service. For example, we read that it was the objective of the organisation to provide a service of the highest quality to improve and sustain the service user's overall quality of life and to deliver care to a standard of excellence. Staff knew about the statement of purpose and the aims. One staff member told us, "It is all about the person and them having a good life." Records we saw and feedback we received showed that people were happy with the support that they received and had a quality of life that they were happy with.

People and their relatives spoke positively about the registered manager and the house manager. One person said, "The person in charge [Manager] is approachable. I can talk to them." A relative told us, "I can talk to the manager. I call her when I need to." Staff also spoke positively about the registered manager and the house manager. One staff member said, "The managers are approachable. They listen to you. The slightest thing you can ask for and it is there." Another staff member said, "[Manager] is a brilliant manager. I can go to her at any time." Staff told us that they could make suggestions for improvements to the service. One staff member said, "We are asked for our opinion." We saw that the house manager and the registered

manager both had a good understanding about the service and what was happening. They were both available to staff to answer their questions and offer support. This showed effective leadership.

Staff received feedback, support and guidance on their work from a manager during individual supervision meetings. This helped them to understand the provider's expectations of them and to check their values. Staff described how they felt supported. One staff member told us, "I am supported in my role. [Manager] is there at any time." Another staff member said, "I am definitely supported in my role. [Registered manager] pops in and we get the chance to talk to her." We saw that staff meetings had taken place and covered topics such as people's individual support requirements, good practice, risk assessments, development of a new property, and training. These meetings also gave staff an opportunity to give feedback on these items and any other areas. One staff member told us, "The team meetings are very useful. It gives us a chance to talk about things." This means that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

People and their relatives had opportunities to give feedback to the provider. One person told us, "We have meetings each month. We all talk about what we want to do." A relative told us, "They keep me in touch. I talk to the staff in the house and we talk if there are any problems." Records showed that people had attended meetings and had been asked if they were happy with their staff, the food they were eating, and their bedrooms. We also saw that people had been asked for feedback on if they would prefer grass or slabs in their back garden. Records showed that people had been sent surveys to complete each quarter that asked about different areas of support. For example, on survey asked people if they felt safe. Feedback from these was positive. We read that one person said that staff respected their feelings, gave them informed choice and supported them to express their feelings. The registered manager told us that they reviewed the responses to these and if actions had been needed these would have been implemented. They told us that they were in regular contact with people who used their service and their relatives and had not sent out a formal questionnaire as they had open conversations and resolved any areas of concern as soon as these were raised. The registered manager said they were considering using an external company to conduct a survey to gather more formal feedback.

We saw that the provider had made available to staff policies and procedures that detailed their responsibilities that staff were able to describe. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I can report to the police or to CQC or to safeguarding. I have heard of whistleblowing."

There were systems in place to regularly monitor the quality and safety of the service being provided. The registered manager visited the house each month and completed a range of checks including checks on paperwork and the environment. We saw that actions had been identified and recorded to be completed such as if there was maintenance work required. We saw that the manager was auditing finance records to make sure that these were completed correctly. This meant that the delivery of the support people received was being reviewed.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. We found that there had been no incidents that required notification to us. The registered manager could explain to us in what circumstances they would need to make a notification.