

Prospects for People with Learning Disabilities

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Inspection report

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Date of inspection visit:
29 September 2016

Date of publication:
08 November 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 29 September 2016 and was carried out by one inspector. The provider was given 48 hours' notice of inspection to ensure the registered manager was available to meet us and also to make arrangements for us to visit people in their homes.

The service is registered with the Care Quality Commission (CQC) for the provision of personal care for people with a learning disability living in the community. This includes assistance or prompting with washing, toileting, dressing, eating and drinking. We call this type of service a 'supported living' service. At the time of the inspection the service supported 25 people living in single occupancy flats or shared occupancy houses in Bridgwater, Burnham and Bath; and two people living with their parents in Trowbridge and Taunton. Personal care was provided to 24 of these people.

The service also provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. For example, in addition to personal care, the service also assisted people with their housekeeping, shopping, attending appointments and other independent living skills. Systems were also in place to ensure people received their medicines safely. Most of the people were able to take their own prescribed medicines although some needed assistance or prompting.

The service provided people's personal care and support under a separate contractual arrangement to people's housing provision. People's accommodation was provided by separate private landlords, usually on a rental or lease arrangement. This meant people could choose to use an alternative support service if they wished. The service was happy to support people with reporting any faults or maintenance requirements to their respective landlords or housing association.

People who used the service had varying degrees of learning disabilities and other support needs. The amount of support provided was based on people's assessed needs and varied from 24 hour a day support for people with very complex needs; to just a few hours each week for people who were relatively independent.

The service had a registered manager 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.

The registered manager told us the provider was a Christian based charity but they supported people of all faiths and of no faith. Although the service promoted a Christian ethos, staff respected people's individual beliefs and preferences. Some people engaged actively with the local church, while others who had no particular interest in spiritual matters, were free to follow their own interests and were under no obligation to participate in spiritual activities. Similarly, the service employed staff with both Christian and non-Christian beliefs. The registered manager said their service philosophy was about "What the people we

support, and the whole team, wants the service to be like. We want people to be involved, enthusiastic and to be part of any changes or developments. I want everyone to feel part of the team, to be comfortable and happy".

People, relatives and staff all said the registered manager and deputy managers were very accessible and approachable. They said they could raise issues or concerns with any of the managers and they always received helpful responses. Support staff told us everyone in the organisation, from the top down, focused on the well-being of the people they supported.

People and their relatives said the staff were very good at meeting people's personal care and support needs. One person said "I get on well with all of the staff and we are all good friends". Another person said "The staff help me and I get on so well with everyone". A relative said "[Person's name] has been supported very well and he always appears to be happy". The families of 13 people who used the service responded to the service's most recent quality feedback questionnaire. The great majority of relatives rated the service as either very good or outstanding in most areas, including staff being courteous, helpful and friendly.

People had a say in which members of staff supported them and staff members of the same gender were available to assist people with personal care, if this was their preference. For example, a female who used the service said "I only have ladies to help me with my showers". People's views were also sought when prospective new staff were being interviewed.

The number of hours of staffing support was agreed with the relevant funding authority to meet each person's individual needs. Staff told us they felt the staffing levels were appropriate to meet the needs and preferences of the people they supported. People told us the staff always assisted them, when needed, but encouraged them to be as independent as possible. This helped to boost people's confidence and self-esteem and enabled them to become more self-reliant and independent over time.

Most of the staff employed by the service had worked with the people they supported for a number of years and knew people's needs and preferences well. Staff also received regular training and supervision to ensure they knew how to deliver effective support. People's care plans were comprehensive and provided guidance to staff on how to meet people's needs. However, we have made a recommendation about improving the format of the care plans.

The registered manager told us they worked collaboratively with all of the local health and social care professionals. They also had links with the local community through voluntary work placements, people's social and leisure interests, and activities organised by the local church.

The provider had an effective quality monitoring system to ensure standards of service were maintained and improved.

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.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

People were protected from the risk of abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to maintain as much independence as possible and to remain safe.

Is the service effective?

Good ●

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

People were encouraged to carry out day to day routines to develop daily living skills and to maintain their independence.

People were supported to maintain good health and to access health and social care professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect and were supported to be as independent as they wanted to be.

The staff and management were caring, friendly and considerate.

Staff had a good understanding of each person's preferred communication methods and how they expressed their

individual needs and preferences.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good ●

The service was responsive.

People were consulted and involved in decisions about their support needs to the extent they were able to express their preferences.

People's individual needs and preferences were understood and acted on. However, the format of care plans could be improved to provide more easily accessible guidance for staff.

People's views and suggestions were taken into account to improve the service.

Is the service well-led?

Good ●

The service was well led.

The service had a caring and supportive culture focused on meeting people's individual support needs and their social inclusion.

People were supported by motivated staff and an accessible and approachable management team.

The provider's quality assurance systems were effective in maintaining and promoting standards of service provision.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 29 September 2016 and was carried out by one inspector. The location provides a supported living service to people with a learning disability living in the community. The provider was given 48 hours' notice of inspection to ensure the service's manager was available to meet us and to make arrangements for us to visit people in their homes.

Before the inspection we reviewed the information we held about the service. The service was last inspected on 19 August 2014. At that time the service was meeting the essential standards of safety and quality and no concerns were identified. We looked at previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries received from or about the service and the Provider's 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 the improvements they plan to make.

During the inspection we visited people who used the service and their support staff in Bridgwater and Burnham and the service's administrative office in Taunton. We met with 10 people who used the service and spoke with six members of support staff, a member of the office staff, two practice team leaders/deputy managers, and the registered manager.

We reviewed four care plans and other records relevant to the running of the service, including: staff training records, medication records, complaints and incident files.

We also reviewed the responses received from people's family members to the service's most recent quality

feedback questionnaire. The families of 13 people who used the service responded and the majority rated the service as very good or outstanding in most areas.

Is the service safe?

Our findings

People who used the service and their relatives told us the support staff helped people to remain safe and secure. One person who used the service said "I feel safe. All the staff are nice, if they weren't I'd tell [the registered manager and deputy manager]". Another person said "I've got a mobile phone to ring the staff if anything happens while I'm out". Three quarters of the families who responded to the service's most recent quality questionnaire rated them as either very good or outstanding at keeping people safe. The remainder rated them as good. One relative said "We feel [person's name] is in a safe environment with caring people around them".

We visited people in two of the shared occupancy houses and in people's individual flats. Most of the people we met were able to communicate effectively through speech and told us they felt safe. A couple of people we met were unable to communicate verbally. To help us understand their experiences we observed their interactions with the support staff. All of the interactions we observed were friendly, supportive and appropriate, and people appeared relaxed and happy with the staff.

People who used the service were potentially vulnerable to abuse due to their learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff told us they had no concerns about any of their colleagues' practices but they would not hesitate to report something if they had any worries. Staff were confident the registered manager would deal with any concerns to ensure people were protected.

The risk of abuse to people was reduced because the provider had effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and previous employment references had been obtained.

Care plans contained risk assessments with measures to ensure people received safe personal care and support. For example, there were risk assessments and control measures for managing anxiety and aggression, epileptic seizures, people's finances, medicines management and choking. Staff received positive intervention training to de-escalate situations and keep people and themselves safe.

All incidents were investigated and action plans put in place to minimise the risk of recurrence. The registered manager reviewed all incident forms before sending to the provider's central quality team for logging and monitoring. Actions to prevent similar incidents in the future were then incorporated into the service improvement plan which was reviewed by the provider's compliance team and practice director to ensure effective implementation. Incident records showed the provider had met its statutory requirements to inform the local authority safeguarding team and the Care Quality Commission of notifiable incidents.

There was an emergency procedures booklet and file in each of the premises to advise staff what to do in emergency situations. This included a disaster recovery plan, emergency contact telephone numbers,

personal emergency evacuation plans, and risk assessments. Although the service was not directly responsible for people's premises, the staff carried out health and safety assessments and checks to ensure the physical environment was safe. If any concerns were identified, the service informed the relevant private landlord for action. The provider had a range of health and safety policies and procedures to keep people and staff safe.

There were sufficient numbers of staff deployed to meet people's needs and to keep them safe. The number of hours of staffing support required was agreed with the relevant funding authority to meet each person's individual needs. This ranged from 24 hour one to one staff support for people with complex needs; to just a few hours support each week for people who were relatively independent. We were told of examples of staffing hours being increased where people's needs had increased and other examples where support had been reduced as people became more independent. Staff told us they felt the staffing levels were appropriate to meet the needs and preferences of the people they supported. Wherever possible, staff absences were covered by other staff from the core team or by the registered manager or deputy managers. Agency staff were rarely used.

The provider operated a 24 hour on-call system for staff to access if they needed management advice or additional staff support. The registered manager said staff were very good and experienced but sometimes contacted the on-call manager "just for a confidence boost". Staff told us they could call the registered manager or the deputy managers whenever they needed and usually saw one of them when they visited their service each week.

Systems were in place to ensure people received their medicines safely. Most of the people were able to take their own prescribed medicines although some needed assistance or prompting with their medicines. Staff received medicine administration training and shadowed more experienced staff until they were assessed as competent by the managers. The assessment involved observation of their practice and successful completion of a detailed medicines questionnaire. Staff were reassessed every 12 months to ensure their practice continued to be safe.

Medicines were kept in suitable storage facilities and medicine administration records were accurate and up to date. Staff said they checked to ensure people took the correct medicines at the right times. The managers carried out monthly audits to check the accuracy of medicine records and supplies.

Is the service effective?

Our findings

People told us the service was effective in meeting their personal care and support needs. One person said "I'm happy and I'm doing really well". Another person said "I'm more confident and get on with people. I've learned how to cross the road properly". The majority of the families who responded to the service's most recent quality questionnaire rated the standard of support and care provided as either very good or outstanding. Most relatives rated the service very good at assisting people to remain healthy. One relative said "[Person's name] has been supported very well and they always appear to be happy". Another relative said "I think the care given to [person's name] is very good".

Staff were knowledgeable about people's individual needs and preferences and provided support in line with people's agreed care plans. Staff received training and supervision to ensure they knew how to meet people's needs effectively. The provider employed a central training manager and had developed a national staff training programme.

New members of staff completed a comprehensive induction programme. This included shadowing more experienced staff until they became familiar with the needs of the people they were supporting. All new staff were required to work toward gaining The Care Certificate. The Care Certificate covers an identified set of national standards which health and social care workers are expected to adhere to. During the probationary period, managers observed the work practices of new staff and sought the views of people who used the service and other staff. This enabled them to assess the member of staff's competency and suitability to work with people who used the service.

All staff received mandatory annual training updates. Each member of staff had an individual personal development plan which was agreed at their annual appraisal. The service maintained a training matrix with indicators to show when training was due and when it had been completed by each member of staff. Mandatory training included; safeguarding vulnerable adults, the Mental Capacity Act (2005), medicines management, first aid, fire safety, food hygiene, moving and handling, health and safety. Training was also arranged in subjects specific to people's individual needs. This included epilepsy, diabetes and individualised communication training to enable staff to understand and communicate with people who had limited verbal communication skills. One member of staff said "We get a lot of person centred training. We asked for more training in autism and they arranged it".

Training records showed staff were up to date with their mandatory training. The provider also supported staff with continuing training and development, including vocational qualifications in health and social care. Staff training and development helped ensure people who used the service received effective support based on current best practices.

Staff in each of the premises visited said everyone worked well together as a supportive and friendly team. This helped them provide effective care and support to people who used the service. One member of staff said "Management are very open, you can ask [the registered manager and deputy manager] about anything. Both have worked shifts here. We are very fortunate. All of the staff really get on".

People's support needs, and staff practices, were discussed at monthly team meetings and at structured one to one staff supervision sessions which took place every other month. These meetings helped to keep staff up to date with current best practices and new developments or initiatives. The registered manager or a deputy manager visited each of the premises at least once each week to discuss any local issues and to obtain the views of the people and the staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. In supported living services, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. Staff had received training and had an understanding of the requirements of the MCA. When people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. The service also reviewed any restrictive practices with a view to reducing the number and impact of any restrictions on people's freedom and choices. The Court of Protection had authorised a number of appointees to act in people's best interests with regard to their personal finances. The service had also referred other restrictive practices, which limited people's freedom of movement, to social services for submission to the Court of Protection for authorisation. For example, some people who used the service were restricted from accessing the community without staff support to keep them safe from harm. This showed the service was working within the principles of the MCA.

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. Most people were relatively independent and bought their own food shopping but some were assisted by staff to prepare their shopping lists and some of their meals. One person told us they wanted to lose weight. They said they could choose whatever they liked but the staff advised them and supported them to eat a healthier diet.

Staff monitored people's health and wellbeing to help ensure they maintained good health. Care plans contained details of people's hospital and other health care appointments. Staff prompted and supported people to attend their appointments where needed. People told us they were supported to attend various health and social care appointments with GPs, social workers, the epilepsy nurse, speech and language therapist, dentists and a podiatrist. The registered manager said people had their own GPs and the service was supported by "a brilliant community nurse" who helped the team tremendously with dementia and epilepsy care support and advice.

Is the service caring?

Our findings

People told us the staff were very caring and considerate. A person in one of the shared occupancy houses said "I'm very happy here and don't want to live anywhere else. I get on well with all of the staff and we are all good friends in this house". A person in another shared occupancy house said "I love living here. The staff help me and I get on so well with everyone. We do things together like going out for meals and walks".

All of the families who responded to the service's most recent quality questionnaire rated staff as, either very good or outstanding, at being courteous, helpful and friendly. One relative said "Staff are really caring and supportive". Another relative said "[Person's name] seems very happy and content".

We visited people in their homes and observed the interactions between them and staff. All of the people we met appeared relaxed and happy with the staff. Without exception, people told us they liked the staff who supported them and would talk to staff if they needed anything. People were particularly complimentary about their keyworkers and clearly saw them as good friends. One person told us they did everything together with their keyworker, including going on holidays together. From our observations it was clear people had a close, trusting and friendly relationship with the staff.

Due to some people's speech difficulties, we had difficulty understanding and communicating with them. In these cases, people had no hesitation in seeking assistance from their support worker. This showed people were comfortable with their support workers and trusted them when they needed help. Staff and management told us they tried hard to ensure people and their support workers were compatible. If a person was unhappy with any particular member of staff, they arranged for another member of staff to support them instead.

Staff understood people's needs and preferences and engaged with each person in a way that was most appropriate to them. Each of the premises supported by the service had its own core team of support staff who knew each person's needs and behaviours well. People also had their own assigned keyworker with particular responsibility for ensuring their individual needs and preferences were clearly understood by other staff. People were encouraged to express their views and to be actively involved in making decisions about their care and support. For example, people had a structured monthly care review with their keyworker to discuss how things were going and agree their aims and choices for the next month. In addition to face to face conversations, a range of individual communication tools were available to assist people's understanding. This included easy read information, pictures, signs and symbols.

Staff were available to support people with personal care when needed, but the service tried to encourage people to be as independent as they were able to be. This had the effect of boosting people's confidence and self-esteem and enabling them to become more self-reliant and independent over time. For example, people were encouraged to carry out as much of their own personal care and daily living activities as possible. People told us the staff always assisted them when needed but encouraged them to be as independent as possible.

When staff spoke with us they were respectful and considerate in the way they talked about people. Staff came across as compassionate with a genuine desire to promote people's welfare and well-being. One member of staff said "We promote a good person centred approach. The folks [meaning the people who used the service] all feel loved".

Staff respected people's privacy and dignity. They told us they always ensured doors were closed and curtains or blinds drawn when personal care was in progress. We observed staff supported and assisted people in a discrete and respectful manner. They never entered people's rooms without gaining prior permission from them.

People were supported to maintain ongoing relationships with their friends and families. Where needed, staff supported people to visit their families and the service encouraged relatives and friends to visit people in their homes. Relatives were able to arrange planned visits to the shared occupancy premises or to make unplanned visits provided this did not disrupt people's routines and activities.

Although the service promoted a Christian ethos, staff respected people's individual beliefs and preferences and acted on their choices. Care plans included any known information about people's end of life preferences and their cultural or religious beliefs. Some of the people engaged actively with the local church and participated in various church groups and activities. Other people who did not have any particular interest in spiritual matters were free to follow their own interests and were under no obligation to participate in any spiritual activities.

Is the service responsive?

Our findings

Each person had a comprehensive care plan based on their assessed needs. The care plans provided guidance for staff on how to support people's individual needs. They included an assessment of people's needs, an enabling plan, risk assessments, health records, medicines, health action plans, monthly review records and a personal finance folder. The care plans were very detailed and there was a lot of repetitive information. For example, there were different profiles summarising the individual's needs and choices in different parts of the plan and in different formats. The profiles gave an overview of the person's needs; but the required outcomes and actions to meet those needs were in a separate section of the plan; and the related risk assessments were in another section again. These sections were not cross referenced to each other which made it difficult to follow the person's care pathway. Most of the staff had worked with the people who used the service for many years and knew their needs and preferences well. However, staff said the care plans were "not very user friendly" and needed simplifying. This made it more difficult for new staff or any temporary staffing cover to respond effectively to people's needs.

We recommend that the service seek advice, from a reputable source, about the format of care plans to ensure they provide more easily accessible guidance for staff on how to meet people's needs.

People told us the staff were very responsive to their needs and choices. One person who lived in a single occupancy flat next to a shared occupancy house said "If I had a problem, I would go next door to the main house or ring staff and they would come around. I get on well with my keyworker and she takes me to appointments and activities in her car". Another person said "We do things together but people let me have space when I want it".

The majority of families who responded to the service's most recent quality questionnaire rated the service as good or very good at assisting people in enjoying and achieving their goals and at staff communications. One relative said "[Person's] keyworker is excellent and makes every effort to meet [person's] needs". Another relative said "[Person's name] has been very happy with having [member of staff] as their keyworker. They appear to have settled well". One relative rated communications as satisfactory but said "It tailed off from time to time" but they had spoken to the registered manager and this had now "hopefully resolved".

The service provided personal care based on people's assessed needs and preferences. This included assistance or prompting with washing, toileting, dressing, eating and drinking. Some people needed 24 hour support with all of their personal care needs. Others were relatively independent and only needed very limited support or prompting. The service also provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. For example, the service assisted people with their housekeeping, shopping, attending appointments and other independent living skills.

Most relatives who responded to the service's most recent quality questionnaire rated the range of activities provided by the service as good or very good. A quarter of the relatives rated activities as satisfactory. There

was only one unsatisfactory rating in all of the questionnaire responses and this related to activities. The relative said "[Person's name] would benefit from a daily activity and there is not enough support time for this to take place". Another relative said "[Person's name] has had support cut back (referring to the local authority funding) but this is no fault of Prospects". People who used the service told us they were happy with the amount and range of activities provided, including: voluntary work placements, social clubs, church events, sports and leisure. People were encouraged to socialise together in their shared occupancy houses and with people from the other houses supported by the service. This included events such as barbeques, birthday parties, craft days and communal worship.

Care plans were kept in people's individual homes and a copy was also kept in the provider's administrative office. People were encouraged to have a monthly care plan review with their keyworker. Where people wished their families to be involved, or lacked capacity to understand and express a view about how their support needs were met, relatives were invited to express their views and opinions. People's care plans and risk assessments were reviewed by the managers every month or whenever there was a significant change to the person's support needs. This ensured care plans remained appropriate to the person's current needs.

People were supported by a core team of support staff. Each person had an assigned keyworker who spent dedicated time with them and was responsible for ensuring other staff knew and acted upon the person's choices. Consistent staffing ensured staff were familiar with and understood people's individual needs and preferences. This included people's communication preferences which enabled staff to assist them to express themselves and to contribute to the assessment and planning of their care.

People had a say in the membership of their core team of support staff. One person said "When new staff are interviewed they are brought to meet us. We can say if we like staff or not". Where people expressed a preference, they were usually able to choose the member of staff on duty they wanted to support them. Staff members of the same gender were available to assist people with personal care, if this was their preference. For example, a female who used the service said "I only have ladies to help me with my showers".

People and their relatives said the management and staff were very accessible and approachable. They said they could raise issues or concerns with any member of staff or with the managers and they always received helpful responses.

The provider had an appropriate policy and procedure for managing complaints. The policy included agreed timescales for responding to people's concerns. In the last 12 months the service had managed five complaints under their formal complaints procedure. These related to a perceived lack of communications. The registered manager said families did not always appreciate they could only share information that had been agreed with the person who used the service. However, to improve communications the keyworkers now contacted families to give a generalised update on people's activities, provided people were happy for them to do this.

Is the service well-led?

Our findings

People who used the service and their relatives were all very happy with the personal care and support provided by the service. They said they got on extremely well with people's keyworkers and with all of the support staff. People told us the registered manager and her deputy were very approachable and responsive and they could talk to either of them about any issues or concerns.

The provider had begun a two year amalgamation programme with Livability, another national Christian disability and community engagement charity. The amalgamation programme had commenced in May 2016 and a lot of organisational change was already underway or planned. Both charities were described as having "a dynamic and inclusive Christian ethos" and "Placing the people we support at the heart of all we do". The aim of the merger was to combine the strengths and expertise of both organisations to deliver a broader range of care services.

All of the staff we spoke with were positive and optimistic about the merger. They felt the bigger organisation would provide improved financial resources and greater security for the staff and the people who used the service. One of the practice team leaders felt the merger had been handled really well, they said "They did it brilliantly and with sensitivity and good communications. Families and service users were all informed. I haven't heard about anybody who was unhappy". A support worker told us "I'm really excited about it and it will be good for the service users".

The registered manager said both charities promoted Christian values but they supported people of all faiths and of no faith. Everyone was treated with respect and nobody was made to join in with prayers or church activities, if they didn't want to. Similarly they employed staff with both Christian and non-Christian beliefs. The registered manager said their service philosophy was about "What the people we support, and the whole team, wants the service to be like. We want people to be involved, enthusiastic and to be part of any changes or developments. I want everyone to feel part of the team, to be comfortable and happy".

This person centred ethos was promoted through staff training programmes and was reinforced through staff meetings, shift handovers and one to one staff supervision sessions. The provider's policies, procedures and operational practices were also designed to support a person centred approach.

Staff were motivated and committed to ensuring people received their assessed level of support and were enabled to be as independent as they wished to be. Staff said everyone in the organisation focused on the well-being of the people they supported. Staff told us they were well supported by the management team and by their colleagues. One member of staff said "Prospects is a good team and how people are looked after is great. They have choices and support". Another member of staff said "I think the support we give to people is really good and the support we get from management is very good. If things go wrong you can always rely on [registered manager's name]".

There was a clear staffing structure in place with clear lines of reporting and accountability. Decisions about people's support needs were made by the appropriate staff at the appropriate level. Specialist support and

advice was also sought from external health and social care professionals when needed.

The provider had a comprehensive quality assurance system to ensure people's needs continued to be met effectively. The registered manager and deputy manager carried out weekly spot checks and visits to each of the premises as well as a programme of monthly audits to assess the quality and safety of the service. The registered manager submitted a monthly operational return covering all the key aspects of the service to the provider's central quality team. All incidents, concerns and complaints were also logged and monitored by the quality team.

The provider's compliance team reviewed each service's performance and checked on implementation of any areas identified in the service's improvement plan. The provider's practice director was responsible for ensuring the service managers delivered the required actions. The practice director also visited and audited each service on a monthly basis.

These checks helped ensure the service continued to meet the needs of the people they supported and enabled any trends or themes to be spotted. For example, using the evidence from the incident log, the service was able to demonstrate a person's mobility needs were increasing. This enabled them to successfully obtain additional funded hours and mobility equipment from the relevant authorities to support the person's changing needs. Another example was a person who used to make numerous allegations against staff. The registered manager said the incident review process made the person feel more valued and listened to. This had moderated their behaviours and reduced the number of allegations.

The provider met their statutory requirements to inform the relevant authorities of notifiable incidents. All incidents were investigated and action plans put in place to minimise the risk of recurrence. Action plans were incorporated into the service improvement plan which was monitored by the provider's compliance team, practice director and the registered manager to ensure effective implementation. The provider promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People and their relatives were encouraged to give their views on the service directly to management and to staff through daily conversations and structured care plan review meetings. The service organised 'tenants meetings' to discuss matters of mutual interest where people were supported in shared occupancy houses. Similarly, ad hoc relatives meetings were sometimes arranged to discuss matters affecting all of the people supported in shared accommodation houses. An annual quality feedback questionnaire was circulated to people's families to gain their views on the service. The responses to the most recent questionnaires were very positive; with relatives rating the majority of areas provided by the service as either very good or outstanding.

The provider participated in various forums for exchanging information and ideas and fostering best practice. These included a provider engagement group; service related conferences and seminars; and online resources and training materials from relevant organisations. The provider's service managers met on a quarterly basis to share good working practices and then disseminated any new ideas or learning through their monthly staff meetings.

The registered manager said they worked collaboratively with all of the local health and social care professionals. They had very good relationships with social services and with the local authority safeguarding teams. The local GP practices and community nurses were also helpful and understood people's special needs. The service also had links with the local community through voluntary work

placements with charity shops, other businesses, and church activities and social groups.