

The Wilf Ward Family Trust

# The Wilf Ward Family Trust

## Domiciliary Care

### Scarborough

#### Inspection report

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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

This inspection took place on 31 August and 1 September 2016. The Wilf Ward Family Trust Domiciliary Care Scarborough provides support and care to adults with a learning disability and/ or autistic spectrum disorder. Care and support is offered to people who received 24 hour support in supported living accommodation. The service was caring for approximately 50 people, providing care in their own homes.

The service had a registered manager. 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.

This inspection was prompted in part by notification of an incident following which a service user died whilst on holiday two months prior to the inspection visit. This incident was subject to police enquiries and as a result this inspection did not examine the circumstances of the incident. A Coroner's Inquest into this matter will follow.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk when people took part in activities whilst receiving support away from their home but supervised by staff. This inspection examined those risks.

We found risks had not always been fully assessed or risk management plans put in place to ensure people were protected from harm. This had been a breach of regulation which had been rectified by the time of this inspection. We have made a recommendation regarding on going review of risk.

We found the provider's systems around risk management had not been robust enough and did not include thorough risk assessment when a person went on holiday. The provider had not recognised this and this had placed people at risk of harm. Once alerted to this the provider had responded and implemented a new system which was in place at the time of this inspection.

At the inspection staff were able to tell us what they would do to ensure people were safe and people told us they felt safe when being supported by the service.

Medicines were safely handled to protect people.

The service had sufficient numbers of suitable staff to care for people and staff were safely recruited. People were protected by the infection control procedures carried out by staff.

Staff had received training to ensure that people received care appropriate for their needs. Training was up to date across a range of relevant areas.

Staff had received up to date training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood that people should be consulted about their care and they understood the principles of the MCA and DoLS. People were supported and protected around their mental capacity.

People's nutrition and hydration needs were met. People enjoyed the meals and they had choices around their meals and snacks.

People were treated with kindness and compassion. We saw staff had a good rapport with people whilst treating them with dignity and respect.

Staff had knowledge and understanding of people's needs and worked well together as a team.

Care plans provided detailed information about people's individual needs and preferences. Care plans were kept up to date when people's needs changed, and people were encouraged to take part in drawing up their care plans, their reviews and to give their views which were acted upon.

Records and observations provided evidence that people were treated in a way which encouraged them to feel valued and cared about.

People were supported to engage in daily activities they enjoyed and which were in line with their preferences and interests. Staff were responsive to people's wishes and understood people's personal histories and social networks so they could support them in the way they preferred.

People told us their complaints were responded to and the results of complaint investigations were clearly recorded. Everyone we spoke with told us that if they had concerns they were always addressed by the staff who supported them or by the registered manager if they raised concerns with them.

The registered manager provided staff with support to carry out their role. They had a clear understanding of their own role. They consulted appropriately with people who lived at the service, people who mattered to them, staff and health care professionals in order to identify and act on required improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was safe.

Although risks to people's safety had not always been assessed this had now been rectified. We have made a recommendation regarding on going review of risk.

People were protected from the risks of acquiring infection because the service had good infection control policies and procedures and staff acted on these.

People were protected by having sufficient staff who were safely recruited and had the skills and experience to offer appropriate care.

People were protected by the way the service handled medicines.

### Is the service effective?

**Good** 

The service was effective.

People told us that they were well cared for and that staff understood their care needs.

Staff were supported in their role through training and supervision which gave them the skills to provide appropriate care.

The service met people's health care needs, including their needs in relation to food and drink.

The registered manager had made provision for decisions to be made in peoples best interests in line with the Mental Capacity Act (2005) (MCA).

### Is the service caring?

**Good** 

The service was caring.

Staff were skilled in clear communication and the development

of respectful, caring relationships with people.

Staff involved people in all decisions.

Staff had respect for people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

People were consulted about their care.

Staff had information about people's likes, dislikes, their lives and interests which supported staff to offer person centred care.

People were supported to live their lives in the way they chose.

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### Is the service well-led?

Good ●

The service was well led.

While the registered provider had not always recognised when certain systems needed to be in place to assess risk and protect people from harm this had been addressed by the time of this inspection.

Leadership was visible and there was a quality assurance system in place which was usually effective.

Communication between the registered manager and staff was regular, supportive and informative.

The culture was supportive of people who used the service. People were consulted about their views and their wishes were acted upon.

# The Wilf Ward Family Trust Domiciliary Care Scarborough

## **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 31 August and 1 September and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR 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.

During this inspection we visited the office and spent time in two homes of the people who received a service. We looked at records which related to people's individual care. We looked at six people's care planning documentation and other records associated with running a community care service. This included recruitment records, the staff rota, notifications and records of meetings.

A number of people who used the service were not able to communicate their views. However, we did spend time observing routines and how staff supported people. We spoke with four people who received a service, two relatives, five members of staff and the registered manager. After the inspection we spoke with two

health and social care professionals.

# Is the service safe?

## Our findings

This inspection was prompted in part by notification of an incident following which a service user died whilst on holiday in June 2016. This incident was subject to police enquiries and as a result this inspection did not examine the circumstances of the incident. A Coroner's Inquest into this matter will follow.

However, the information shared with the Care Quality Commission (CQC) and our own findings about the incident indicated potential concerns when people took part in activities whilst receiving support away from their home but supervised by staff.

Prior to the inspection visit we looked at risk assessments the provider had in place for the person who had been supported by a care worker while on holiday. We found the documentation was not robust enough to ensure all known or potential hazards were assessed and plans put in place to reduce the likelihood of harm to a person. For example, hazards during high risk activities and also hazards around lone working. Therefore staff did not have full and proper guidance to prevent harm to people when they supported them on holiday.

This had been a breach of regulation which had been rectified by the time of this inspection.

At the time of the inspection visit, the provider had redeveloped their risk assessment policy and procedure. The amended policy was comprehensive and advised staff to take a holistic approach to each individual, maximising their freedom while minimising risks to safety. We recommend on going and regular review of risks to individuals and the service to ensure that people are protected whilst supporting and respecting their freedom.

During the inspection visit we examined risk assessments and found that comprehensive and personalised risk assessments were in people's support plans. Risk assessments were clearly written and up to date. They included information about each risk and how risks could be reduced to keep people safe. Staff at the service had considered how to make sure risk assessments were relevant to people's individual needs. For example, we saw risk assessments for a number of people who had taken part in an 'It's a knock- out' sporting event. These were comprehensive, taking into consideration hazards such as wet grass, climbing, running and jumping and using equipment. We saw risk assessments for people who had or were planning to go on holiday. These included risks around finance, health, medicines, and all activities including, for example swimming, walking and camping. We saw a risk assessment around a trip to a city which considered what to do if the person became separated from their worker.

Where there were risks associated with people's behaviour there was clear guidance about possible behaviours, triggers and practical strategies to prevent escalation and keep people safe. The organisation operated a 'no restraint' policy which meant they never used physical intervention to manage a situation.

Staff members we spoke with knew about the risks to individual people's safety. People and staff told us they worked out together the best way for people's risks to be managed and their safety promoted. We saw



people had been involved in deciding the best way for them to be kept safe in ways which meant they were still able to do the things which were important to them.

One staff member we spoke with told us they had raised a concern for one person's safety. The staff member told us the registered manager had quickly put plans in place to promote the person's safety. People told us they talked with staff about their safety and they were involved in working out the best way for them to stay safe. For example, one person told us about how they walked some of the way to a club unaccompanied, but that staff were available at the beginning and end of the journey to support them to remain safe.

At the time of inspection there had been two further safeguarding investigations by the local authority in the past six months which were concerning one individual in two separate incidents. Both safeguarding investigations had been concluded with no abuse substantiated against any member of staff. The service had followed due process.

The people we spoke with told us they felt safe and could speak with staff if they had any concerns. Staff told us about one person who had not felt comfortable in the house they were living in and they had been consulted over moving to another house. The person said they felt more relaxed and safer in this house because it wasn't "so noisy". We also heard from people and their relatives how they had been reassured by staff during and after a recent incident which had made some people feel insecure. They said that action had been carried out to protect them so that they felt safer.

The registered manager reported safeguarding incidents to the local authority and to CQC as required. Staff were confident about identifying and responding to any concerns about people's well-being. Staff had received safeguarding training which gave them the knowledge they needed to protect people. Staff also had an understanding of whistleblowing procedures should they have any concerns about practice within the organisation. Staff were confident if they raised any concerns actions would be taken by the registered manager so people's safety and well-being needs would be met.

Recruitment records showed that all the necessary background checks were carried out before new staff were able to start work. We saw the registered manager had checked with the Disclosure and Barring Service (DBS) before staff started to work with people. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who need care. We also saw the registered manager had obtained references for staff. This ensured that the registered manager did not employ staff who were known to be unsuitable to work with people who used the service.

People told us there was enough staff available to care for them in the ways they preferred and meet their safety needs. There were sufficient numbers of staff on duty to meet people's needs and keep them safe. The staff we spoke with felt that the staffing levels allowed them to meet people's needs. Rotas were organised so that there were sufficient staff on duty in each supported living house, with one to one support where necessary for clubs, appointments and other community involvement. One of the relatives we spoke with told us extra staffing was made available to support their family member when they went out or to appointments. Staff told us extra cover would be made available to provide care and support to people if there was any unexpected staff absence, so people's care and safety needs would be met.

Application forms and interview notes showed how the provider assessed new staff to ensure they had the skills and experience to work at the service. We saw that some people who used the service were supported to be involved in interviews. This demonstrated how the organisation made sure new staff were suitable to

work with the people they were going to support.

Staff told us they discussed people's well-being and safety needs at regular house meetings. Staff explained this was done so all people and staff would be aware of the best way to support people living in the home, as their day to day safety and care needs changed.

Any incidents were recorded and included details of action taken to keep people safe and prevent a reoccurrence. The registered manager explained that incidents were monitored and any learning was discussed within the organisation and reviewed by the service where the incident occurred.

The organisation had engaged a Health and Safety Consultant who was working with the service to review and improve areas such as risk assessment and enablement, COSHH and fire safety. We saw evidence of equipment service reports from houses, emergency procedures and fire policy and procedures with risk assessments.

The service managed medicines safely to protect people. The service used a monitored dosage system with packet medicines when required. Staff told us they were not allowed to administer medicines until they had received training and their skills had been checked. Staff knew what needed to be done in the event of an error being made with a person's medicines. This included contacting the person's GP or emergency services, where appropriate, so people would receive the care they needed. Staff kept clear records of the medicines administered to people and people's medicines were securely stored.

The supported living homes we visited were clean, pleasant and fresh smelling. Staff told us about how they minimised infection control risks to people through regular hand washing, the use of suitable protective equipment and safe use of cleaning materials and equipment. The service had an infection control policy and procedure in place to guide staff.

## Is the service effective?

### Our findings

People told us about the ways in which the service was effective. People enjoyed their meals and told us how they planned for healthy meals but also liked to have takeaway food and go out for meals. One person told us, "I like choosing my tea and breakfast. I go shopping for it too." People had written in recent survey feedback about the service that they were involved in training new staff. "I help to train new starters. I am a co-trainer and [this] allows new employees to find out about meeting my needs so that they can support me." In the service's own recent questionnaire a professional had written, "Staff help facilitate attendance at appointments," and "The key worker contacts me with any health issues or queries regarding medicines." Another professional had written that staff were, "Always well informed when accompanying [the person] to hospital."

Staff told us they were encouraged to develop their skills so they would be able to meet people's care and support needs. All the staff we spoke with told us they regularly discussed their training needs during their one-to-one meetings with their managers. One member of staff we spoke with explained, "We have a wide range of training, and it's focused on the needs of the people living here."

Training records included areas which the registered provider considered mandatory and included specific areas such as learning disability, dementia care, mental health, end of life care, positive behaviour support, communication and epilepsy. Staff told us they felt training was comprehensive and this gave them the skills they needed to give people appropriate care. The service had links with external sources of training such as the local hospice and senior staff also received training guidance through the local care home forum.

Staff told us they received regular support through supervision and appraisal meetings with their managers. One staff member explained some of their supervisions were done in ways which looked at how they gave care to people. The staff member said this was done so the registered manager knew people were getting the care they needed in the best way for them. We saw records of meetings which confirmed what staff told us.

We spoke with one staff member about the training and support they received when they first came to work at the home. The staff member told us they had received help from more experienced staff during their induction and were supported to develop the skills they needed to care for people using the service. They did this through shadowing a member of staff and did not work alone until they felt confident to do so.

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.

One person we spoke with told us how staff had supported them to make the decision to move where they

lived. The person told us staff had taken time to explain what options they had and supported them to make their own decision. The person told us "I like living here now." Staff had received training and support to understand their responsibilities under MCA and had a clear understanding of how the MCA affected the way they supported people.

Staff told us how they supported people to make their own decisions where this was needed, so they would have the best opportunity to decide things for themselves. Staff explained how they used pictures, magazines and brochures to show people the options they had. This included supporting people to make choices about stimulating things to do, such as holidays and days out and how they wanted their rooms decorated. Staff also told us they checked to see how people reacted when they had made their choices so that they could assess whether people were enjoying the choices they had made. In this way, staff could be sure people were making their own decisions and their rights were respected.

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. Applications to deprive a person of their liberty must be made to the Court of Protection when the service is not a care home. The provider had not made application to the Court of Protection for any person to be deprived of their liberty as they told us that none of the people they cared for met the criteria for this.

When people required assessments of their mental capacity these were included in care plans. If people required decisions to be made in their best interests the registered manager told us these would be carried out by multidisciplinary teams as advised by the MCA with the involvement of those who were important to people

People told us they looked forward to their meals. Two people told us they regularly had the chance to have their favourite things to eat. One person told us they enjoyed preparing some of their favourite foods for others who lived in the same house. Another person who was talking with us said, "It was really gorgeous food that they made, I loved it." Another person told us how much they enjoyed choosing what to have to eat on a weekly "take away" night. The person told us everyone living at the home had the opportunity to choose what they wanted to eat, and said, "I get to decide what goes on the menus, and I make my own drinks."

Staff gave us examples of how they supported people to have enough to eat and drink in ways which were safe for them and promoted their well-being. One staff member we spoke with told us how they would always try to find alternatives where people had specific dietary requirements such as diabetes.

People told us staff supported them to see their GPs and other health professionals when they needed to. Staff told us about the care they provided to people so they would be able to benefit from seeing a range of health professionals. This included supporting people to see their GPs, specialists and consultants, mental health professionals, physiotherapists and dentists.

Staff had a clear understanding of people's health needs, which were explained in people's health action plans. Health action plans recorded what health care people had received, and what actions needed to be taken to promote people's health. One staff member we spoke with told us people's health action plans gave staff clear instructions on how to care for people.

## Is the service caring?

### Our findings

People told us staff were kind and thoughtful. One person said, "Yes I think they are good. They are kind." Another person said, "I like them, they are nice." Staff we spoke with told us they got to know people by talking with them and checking their care plans. One staff member told us, "We absolutely put people in the centre of everything we do. It's all about them and what is best for them. We are always sensitive to when people may be finding life difficult or if people need extra support and time, it's what we're here for."

We spent time with people in their own homes and observed there was a relaxed and caring atmosphere with the staff who were supporting them. People were comfortable and happy around staff. We saw that staff encouraged people to express their views and listened to their responses. Staff reassured people where this was appropriate and showed they were aware of people's likes and dislikes, those people who were important to them and details of their personal history. For example one member of staff talked with a person about a family pet and about their new job which the person was excited about. Staff gave the impression that they had plenty of time with people and that they were there to support them to do things they enjoyed.

We observed that staff approached people with respect and concern for their dignity. Staff told us that they respected people's right to privacy and dignity and spoke about using a kind tone of voice, listening to people and being sure to support people discreetly and in a way which made them feel comfortable.

The registered manager told us in the PIR how staff induction emphasised that staff approach should be person centred and treat each individual with respect, dignity and compassion. People who used the service were involved in delivering this training to staff so that they were supported to influence how staff were trained in this area.

People were involved in their care plans, and supported to make choices and decisions about their care. Evidence for this was provided in care plan documents and daily notes and people told us about how they were involved. Care plans contained instructions for staff on each person's needs in relation to emotional support. Guidance was provided for staff on how to understand how each person wanted their support to be provided.

People were supported to maintain relationships with people who were important to them. For example, one person's family were involved in celebrating Christmas in the person's home due to difficulties around this happening in the family home. The person and family were involved in organising how they wished to celebrate Christmas and cooking the meal. People told us how their families and friends visited them where they lived and how they met up with people at clubs and on holiday. We spoke with one person who showed us they were happy that they kept in touch with their friends and family. Staff supported them to tell us about fun things they had done with the people they liked.

The service held a dignity day last year, where people who used the service and their families were invited to a social event and focused on what dignity meant to them.

Two of the area staff team were 'care ambassadors', and attended events on behalf of the provider. These staff focused on highlighting compassionate care across the service and gained insight and advice about promoting this from involvement with external events and training.

People had been reassured by staff following a recent event at one of the supported living homes which had upset some people. Staff told us people had been encouraged to talk about their concerns. Staff told us they were responsive to people's raised anxieties and understood that some people may need extra support and time to take in what had happened.

At the end of a person's life the registered manager told us how the service would liaise closely with family members and health care professionals and support people through that difficult time. They had strong links with the local hospice and staff attended training in end of life care so that they were prepared for this when it happened. The registered manager gave an example in the PIR of how they had liaised with a family recently to provide a fitting memorial for a person who had died and a special day had been held with the family who had planted a fruit tree in the garden of their home. We saw in a newsletter that another person who used the service had raised money for a memorial bench for someone they cared about.

## Is the service responsive?

### Our findings

People told us they were supported by staff who understood their preferences and who responded to changes in their needs. One person told us, "I like it here and we go out and do lots of nice things. They are things I want to do like seeing horses or swimming." In the newsletter called The Spotlight, one person had written, "I feel like Wilf Ward has opened doors for me because I have got lots of opportunities." Another person had written, "I help to train new starters and it allows new employees to find out about meeting my needs so that they can support me." Another person had written, "I am very busy and I like my life."

Staff told us about the values and approaches they used to help people achieve their full potential. This involved trying different ways to support people and help them achieve their goals. For example this may mean working with an individual gradually over a period of time to build confidence or it may mean providing a person with a low stimulation environment so they were not overwhelmed. Staff explained how the approaches and values staff used to support people made a difference to their lives. People were confident about expressing their achievements and staff supported them to tell us about them.

Staff gave us examples of how they worked with people to celebrate their individual personalities and support their needs. People told us about some of the things they had done. One person enthusiastically told us about getting involved in a job at a nursery. They had gone through the process of a DBS check and an induction. They told us their dream had always been to work with young children. Staff explained by knowing people's life histories and preferred ways of communicating they were able to support people to plan their daily lives.

Staff told us that people regularly visited cafes, clubs and social events such as discos and barbeques according to their preference. People told us about a drama club called the Orange Zebras, where they became involved in putting on a play, making costumes and attending rehearsals. One person had organised a party at a nightclub, another person had developed an interest in the construction of a nearby waterpark and had been invited by the chief executive to view the architect's plans and to hear how the building was progressing. They had been shown around the site wearing a special hard hat which they had enjoyed very much. Some people enjoyed going out to beauty appointments for hair, nails and beauty treatments. Outings included train journeys, days out by the seaside and riding adapted bikes at a nearby forest activity centre. This demonstrated that the service had good links with the facilities available in the local community. Some people had gone on foreign holidays they had chosen from brochures and photographs with staff they liked.

People were supported to make key decisions about important areas of their care such as where they would live, who they would see and where they would go. This included decisions about their health and the members of staff to support them with their personal care. People had also made decisions about which staff would support them to do interesting things.

People had contributed to their care plans and risk assessments and were regularly involved in reviews so they continued to receive the individual care and support they wanted. We saw people's health action plans

showed the views of relatives and professionals had been taken into account when this was appropriate. We also saw people's health action plans had been regularly updated so they reflected people's current needs. People told us they were able to change the way their care was planned at their regular care reviews.

People we spoke with said they had not needed to make any complaints about the care received because staff took action to investigate and resolve any concerns they had. One person we spoke with told us if they had any concerns they were able to talk to staff to resolve them quickly. The person was confident if they ever wanted to make a complaint staff would listen to them and take action to resolve their complaint. One relative we spoke with told us, "I have raised some concerns and staff listened. I was worried at the time, but things have settled down now." Staff we spoke with knew how to support people if they wanted to make a complaint about the care they received. Complaint records were clearly recorded with outcomes and evidence of consultation with those who had raised concerns.



## Is the service well-led?

### Our findings

One person told us that the registered manager visited them often and knew about what was happening in their lives. People told us they were involved in the development and improvement of the service. One person told us, "We have a meeting every week and we talk things through." One of the relatives we spoke with said, "The [registered] manager is very approachable and the staff are willing to listen and act. They make sure they contact me when needed."

The service had a registered manager in place. They were supported in their role by the provider, senior managers and the managers of each supported living home.

We found the provider's systems around risk management had not been robust enough and had not included a thorough risk assessment when a person went on holiday. Following the incident, the provider carried out their own root cause analysis and subsequently improved practice based on their findings.

While the registered provider had not recognised when a certain system needed to be in place to assess risk and protect people this had been addressed by the time of this inspection.

The registered manager and staff demonstrated a commitment to continuously improving the quality of the service people received. The Wilf Ward Family Trust held annual staff awards that recognised good practice in services and those staff who did 'that bit extra'. People who used their services were also recognised for their progress toward goals and had awards presented at a special evening organised by the Trust. Staff told us that this recognition made them feel valued and that their contribution was noticed.

In the PIR the registered manager told us that the service had a four weekly area leadership team meeting, which was attended by all managers of supported living homes. These meetings were used to discuss practice issues and to share knowledge. The registered manager also told us they received support from higher management during registered managers' meetings. Staff told us that the registered manager regularly called into services and was available for a chat and to find out how people were. Records of staff meetings and of the registered manager's visits to each supported living home supported this. We saw that people knew the registered manager well and that they in turn knew individuals well and talked with them about their lives and what they were planning.

Staff worked with people in ways which promoted their understanding of the service's visions and values. People were encouraged and supported to contribute to staff recruitment and selection and their views were sought in regular forums across the organisation. People agreed the service user forums gave them the opportunity to meet with people and staff from the provider's other local services. One person told us decisions about projects and plans for the development of the service were based on what people wanted to happen. The person said, "Staff let us know what's happening." Staff told us people, relatives and staff always knew about plans for the service and what interesting things were planned, as details were put in the regular newsletters.

People told us they were encouraged to make suggestions about the running of their supported living homes, and their suggestions were acted upon. One person we spoke with said had weekly joint house meetings with staff, so people and staff could discuss any suggestions together. The person told us how some suggestions they had made about decorating their room had been agreed. Another person explained to us how people and staff learned together at the weekly house meetings.

The registered manager had developed effective working relationships with external organisations, such as work placements and clubs so people would benefit from a consistent approach to care. This resulted in people being safer and enjoying an enhanced quality of life.

All the people we spoke with told us they thought the service was managed well and the registered manager was approachable. One person said they felt listened to and respected when they made suggestions about the running of their service.

Every staff member we spoke with told us they thought the service was managed well and they enjoyed working for it. Staff said they were comfortable to raise any suggestions about how the service was run and the care people received. They said they were able to obtain advice and support from the registered manager and senior staff when they needed to. Staff told us how they had been supported to make decisions for people, so they would get the best care. This included obtaining advice either directly from the registered manager, senior staff or through the on-call system. They gave us examples of how they had been able to gain advice quickly when people were anxious or ill so people received the care they needed.

All the staff we spoke with said they were supported in ways which made them feel valued by the registered manager. One member of staff said, "We can go to [them] at any time and they really recognise when you have done a good job."

Staff gave us examples of how senior staff and the registered manager worked with other organisations, such as health, so people were supported to get the care they needed. Staff we spoke with told us they were encouraged by the registered manager and senior staff to try new ways to care for people as their needs changed, so people's health and well-being needs would be met. For example, we heard how people were supported to increase their independence around travelling and staff described times when people's mental health needs meant they required closer supervision around some activities.

The registered manager said they felt supported by the provider who made sure resources were in place to support the development of the care people received. They told us they were able to work with other registered managers who worked for the provider, locally. They said this enabled them to further develop and lead on some areas of work, so people would feel safe and enjoy a good quality of life.

The registered manager explained they had developed an annual quality review as a result of the feedback from people, relatives and other professionals. We saw this was in place and action plans were agreed with the people and provider. In this way, people benefited from receiving a service where new ways of working were introduced and improvements were made to the quality of the care people received.

The registered manager carried a number of audits and checks of the service. This included people's medicines, health and safety, staffing and people's care planning. Audits were carried out by the registered managers from other services provided by the Wilf Ward Family Trust, so that there was oversight across the organisation. We saw action plans had been developed and records of actions taken to drive improvements and develop the service further.

