

East Riding of Yorkshire Council

Supported Housing

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 2 March 2016 and was announced. We previously visited the service in June 2013 and we found that the registered provider met the regulations we assessed.

The service is registered to provide personal care and other types of support to people living in their own homes such as, meal planning, budgeting and shopping. The service provides 24 hour domiciliary care and support to people who may have learning disabilities in the community. It has an office base in Beverley and support workers provide a service to people living in either supported living scheme properties or in private properties. Hours of operation are dependent upon individual needs and parts of the service operate over 24 hours, providing sleep-in support as required.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post who was registered with the Care Quality Commission (CQC). 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.

During this inspection people told us that they felt safe when receiving a service from Supported Housing. People's needs were assessed and risk assessments put in place to reduce the risk of avoidable harm. People were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities for protecting people from the risk of harm.

Where people required medication those that needed support with it were appropriately supported to take it by trained and knowledgeable staff, so that people took their medication safely.

The registered provider had an effective recruitment and induction programme and provided on-going training to make sure staff had the necessary skills for their roles. Staff told us they felt supported in their role and there were systems to monitor the quality of the care provided. Staff were supported through team meetings, employment development reviews (EDRs) and supervisions to improve and develop in their roles.

We found that staff were appropriately trained and skilled to carry out their roles. They understood the principles and legislation of the Mental Capacity Act 2005 (MCA) and they encouraged people to make their own choices and decisions about daily living.

People using the agency were positive about the caring attitudes of staff. We observed that staff were kind, caring and attentive to people's needs. People's privacy and dignity were respected.

We saw that there were systems in place to assess and record people's needs so that staff could provide

personalised care and support. Care files were updated regularly and information shared so that staff were aware of changing needs.

We saw that the registered provider had a quality assurance system for the agency, which included audits and a service team plan. The registered manager monitored the quality of the service provision, supported the staff team and ensured that people who used the agency were able to make suggestions and raise concerns.

We observed that records were well maintained, there was clear organisation and leadership with good communication between the registered manager and the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The agency was safe.

The agency had a system in place to identify and respond to signs of abuse.

People's needs were assessed and risk assessments put in place to prevent avoidable harm.

Recruitment practices were robust and ensured only those people considered suitable to work with vulnerable people were employed. There were sufficient numbers of staff employed to meet people's identified needs.

There were systems in place to safely manage and administer medicines to people using the agency.

Is the service effective?

Good ●

The agency was effective.

People were supported to make decisions in line with relevant legislation and guidance.

There was an effective induction and training process to equip staff with the skills and experience to perform their roles effectively.

People told us that they had enough to eat and drink and were happy with the support they received with meal planning and shopping.

Is the service caring?

Good ●

The agency was caring.

People were supported by kind and attentive staff. We saw that staff showed patience, gave encouragement and promoted independence when supporting people.

Staff understood the needs of people using the agency and encouraged people to maintain their independence and have

choice and control over the support they received.

Is the service responsive?

Good ●

The agency was responsive.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People's individual preferences and wishes for care and support were recorded and these were known and followed by staff.

People felt able to make comments and concerns and there were systems in place to gather feedback and respond to complaints.

Is the service well-led?

Good ●

The agency was well-led.

There was a manager in post who was registered with the Care Quality Commission. People felt the agency was well run and told us they were happy living in the supported housing schemes and receiving 'floating' support.

Staff were supported and felt comfortable discussing any concerns with the registered manager.

There were effective systems in place to monitor and audit the quality of care and support provided.

Supported Housing

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 and home visits to people who received a service from Supported Housing took place on 2 March 2016. The inspection was announced and carried out by one adult social care inspector; the registered provider was given 48 hours' notice because the location provides domiciliary care and support and we needed to be sure that someone would be at the agency office that could assist us with the inspection.

Before this inspection we reviewed the information we held about the agency such as notifications we had received from the registered provider. Notifications are when registered providers send us information about certain changes, events or incidents that occur. The provider also submitted a provider information return (PIR) prior to the inspection as requested; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who use the agency. We sent out questionnaires to people who used the agency, their relatives / friends, staff and community professionals; the collated information was used to assist us in planning this inspection.

On the day of the inspection, at the agency office, we spoke with the registered manager, one staff coordinator responsible for arranging duty rotas, one support worker and three people receiving a service. We also visited and spoke with five people in their own homes and two further support workers to ask them for their opinion about the agency.

At the agency office we spent time looking at records, which included the care records for one person who received a service from the agency, the recruitment and training records for three members of staff, records held in respect of compliments / complaints and other records relating to the management of the agency. In people's own homes we spent time looking at records which included the care records for two people (with their permission), medicine administration records for two people and equipment and maintenance records.

Is the service safe?

Our findings

People told us that they felt safe whilst support workers were in their home. Comments included, "Oh yes I feel safe," "Yes, I know everyone who comes to me," "I get a telephone call every night to make sure I am safe" and "I have a chain on my door."

One person using the agency told us they had a mobile phone and every time they went out into the community they carried it with them in case they needed to call someone at the supported living scheme where they lived.

The 'provider information return' (PIR) we received told us 'All staff have up to date safeguarding training in place, with annual refresher training. The team works with the Safeguarding Adults Risk Matrix Threshold Framework in terms of risk management of safeguarding reporting processes.'

Staff had attended training on safeguarding adults from abuse. This was included in the registered provider's induction training programme. The staff who we spoke with were clear about the action they would take if they observed an incident of abuse or became aware of an allegation of abuse. One staff member told us, "I have never raised a concern but I know how to. Abuse can be physical, emotional or financial and I would report straight to my manager or escalate higher if I had to. We also have the whistle-blowing service to use if we need to." We saw from the staff training plan and individual training certificates that staff had completed safeguarding training in the last two years.

One person receiving a service told us they had completed safeguarding training whilst attending a college course. They said "I would go to the staff and tell them. It's all about helping people."

The registered provider had a policy on safeguarding vulnerable adults from abuse and the documentation we saw at the agency office provided clear information on reporting / disclosing abuse and included the East Riding of Yorkshire Council (ERYC) threshold / risk assessment tool for determining if a safeguarding referral needed to be made to them.

The information we already held about the agency told us there had been no safeguarding adult's incidents or referrals made in the last 12 months. The safeguarding records we saw at the agency showed that there had been no incidents in the last year and the registered manager assured us that should any arise they would be referred for investigation. Systems that were in place to prevent and address safeguarding incidents and staff having completed appropriate training to manage these issues meant that the agency was well prepared to manage potential and actual incidents. This meant people were protected from the risk of abuse.

We saw that people had risk assessments in place, covering several areas of individual need, to ensure risks to their health and safety were reduced as much as possible. The care files we looked at during this inspection included risk assessments for vulnerability, personal relationships, communication, awareness of danger and fire and we saw these were reviewed regularly. Risk assessments helped to reduce the likelihood

of accidents happening.

The staff we spoke with were able to tell us about how they reduced risk and kept people safe. One person told us "Risk assessments are in place. We had one person using the agency who went into hospital after a fall. We discussed this upon discharge with the person who agreed to have a room downstairs instead of upstairs. This has now mitigated some of the risk of further falls." This showed us the agency was able to identify and manage risks to keep people safe.

The registered manager monitored and assessed accidents and incidents within the agency to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the records for accidents and incidents which showed the procedure for reporting accidents, forms to complete, body maps for recording any injuries and an overall log of accidents / incidents. This showed us accidents and incidents were appropriately managed by following policies and procedures to avoid them, to record them if they did occur and to prevent them happening again where possible.

We saw that the registered provider monitored the maintenance of the building in the supported living schemes. This meant that the schemes that provided 24 hours support had in place a current fire safety procedure which clearly outlined what action should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. The staff at the scheme we visited completed fire alarm tests on a weekly basis. We saw the last check had been carried out on 29 February 2016. Personal emergency evacuation plans (PEEPs) were in place for each person who lived at the scheme. This advised the emergency services about the assistance each person would need if they needed to be evacuated from the building.

In addition to this, health and safety inspections were carried out that showed full checks of the fire logs, accidents / incidents, laundry equipment, safety and cleanliness of furniture, any lifting equipment checks and fridges. Maintenance records showed that all necessary checks were carried out on gas, electrical inspections and testing and fire equipment. This ensured they were safe and in good working order.

The PIR we received told us, 'All new staff undergoes rigorous checks at point of recruitment - any employment gaps on application forms / enhanced DBS / two references in place before offer of appointment.'

The registered provider had a policy on recruitment and we checked the recruitment records for three members of staff. We saw that prospective employees submitted an application form and provided documents confirming their personal identity. We saw employment references and a Disclosure and Barring Service (DBS) check had been obtained by the registered provider. A DBS check is a legal requirement for anyone over the age of 16 applying for a job or to work voluntarily with children or vulnerable adults, which checks if they have a criminal record that would bar them from working with these people. The DBS helps employers make safer recruitment decisions to prevent unsuitable people from working with vulnerable groups.

We noted that one member of staff only had one reference on file held at the agency. We discussed this with the registered manager who told us this would be held with the registered provider's human resources department. The registered manager sent us the reference after this inspection.

The agency used the ERYC procedures for maintaining staffing levels, for example, managing sickness and recruitment policies. The evidence we saw on the day of the inspection and the feedback we received from people who used the agency and staff indicated that there were sufficient numbers of staff employed to

meet the needs of the 37 people who were currently using the agency.

The registered manager explained how the staffing levels, experience and skill set were based on the needs of the people who used the agency. There were two staff duty rotas, one for the 24 hour care services which included sleeping cover for two houses and the other for the 'floating' staff who provided set hours of individual support to people using the agency.

We looked at the staff duty rotas for the week of this inspection and three previous weeks for two of the 24 hour care services and found the staff numbers were consistent through the weeks with one staff per house on the day time shifts starting at 7am and 3pm and any 'floating' staff on duty.

A senior member of staff explained to us how they managed the duty rotas by reviewing them daily and completing four weeks of duty rotas each time and making sure these were kept in the schemes for staff to have access to. The agency was able to respond to unexpected changes, for example, sickness. They told us that most annual leave or sickness was covered by existing staff, who worked part time, doing extra hours or casual staff and senior staff could provide assistance to ensure that all visits were covered and people's needs continued to be met. This showed us that the agency had a system in place to ensure there were sufficient numbers of suitable staff to keep people safe and meet their needs.

Staff told us that they were allocated enough time to meet each person's needs and that they always stayed at the person's home for the agreed length of time. One member of staff told us, "We could always do with more staff. No one is at risk but with more staff available we could give more one-to-one time." Another staff member told us that one person using the agency had a combination of staff from both the 'floating' support and supported housing staff. This showed us there were no problems in meeting people's needs.

The registered manager told us there was an 'on call' system for outside of normal office hours. The point of contact was one of the registered provider's residential services and the registered provider's emergency duty team (EDT) if required. An emergency duty team provides an out of hours service and aims to provide support and safeguarding services at a time of crisis, and to ensure agencies, carers and service users have a key point of contact when day time teams are not available. People who we spoke with told us that they had not had any problems contacting office staff; one person told us "I will ring the office up if I need to."

The registered provider had a medication policy and procedure in place and all staff had received training on medication management. We reviewed the service's training plan for 2016 and saw that this documented when refresher training was due. We saw that the agency completed medication competency checks that included a medication quiz to ensure that training had equipped staff to safely administer medication in line with best practice. Staff we spoke with told us, "Yes I am trained in medication, some people self-medicate and some people have their medication in blister packs" and, "Yes I am medication trained."

A number of people using the agency required assistance to take medication. Where this was the case, the agency had implemented medication information into the person's care file. People told us "I can manage my own medicines" and, "I can do my own medicine."

We checked a sample of medication administration records (MARs) and saw that codes were being used appropriately to record when people had taken their medication and there were no gaps in recording. We saw that medication systems were audited regularly by the staff and the registered manager. We noted that a medication discrepancy had been highlighted during one audit and this had been discussed in the member of staff's supervisions and a further medication competency check had been completed to verify the staff members understanding of the procedure for administering medication. We saw a corresponding

incident log had been completed for this. This showed us that actions were taken to prevent further errors occurring.

Is the service effective?

Our findings

People using the agency told us "Yes the staff are very good" and "I like to live there. [Name of staff] helps me with everything and knows what they're doing."

The registered provider had a training policy in place and the registered manager told us that training needs were identified and reviewed through the East Riding of Yorkshire Council's (ERYC) Employee Development Reviews (EDRs). The registered provider had a training department that ran courses based on the information collated from the EDRs. This was corroborated by the staff we spoke with. One staff told us, "We have EDRs every six months."

We saw the registered provider's 'Training pathway' which set out the training programme for induction, this included; a safeguarding briefing, fire, medication, food safety, moving and handling, first aid and health and safety. We saw from the staff files we looked at that staff had completed these sessions. In addition to this on-going development training included, tissue viability, learning disabilities, care of dying people, loss and bereavement and safeguarding manager's awareness.

The registered provider delivered an induction to equip staff with the skills needed to carry out their roles effectively. We saw that new staff had four weeks of induction which included meeting people who used the agency, meeting with the registered provider's training co-ordinator, shadowing existing staff, discussing values and performance and completing the 'Care certificate' that was introduced by Skills for Care in April 2015. Skills for Care are a nationally recognised training resource.

Staff we spoke with told us that the training was good. Comments included, "I had a well-structured full induction pack that I worked through with my senior. It included infection control, health and safety, safeguarding, mental capacity act [MCA] and equality and diversity. Some training was face-to-face and some was done through electronic learning. The Care certificate was brought in and I've also done this" and, "My last course was dementia awareness. I have done fire training and health and safety. I have asked to do Makaton and British Sign Language [BSL] as I feel this would help me to understand some people more." BSL is the sign language used in the United Kingdom (UK), and is the first or preferred language of some deaf people in the UK. This showed us that the registered provider had an effective induction programme to support and develop new staff.

We saw from the training plan that staff were required to complete refresher training on topics which included safeguarding adults, emergency first aid, moving and handling, eating, drinking, diet and nutrition, food safety and MCA. We reviewed individual training records and saw that these contained certificates of courses completed and showed us that staff were receiving on-going training to support them in their roles.

We saw that the registered provider had a supervision policy in place. The registered manager told us that they aimed to discuss the flexibility of staff supervisions at the registered managers' group which they attended. They told us the current supervision policy of one supervision every month was not always suitable for every service and the staff. The records we saw during this inspection evidenced that staff had

attended supervisions in 2015 / 16 that followed an agenda which included, reviewing performance, planned work, care files and training and development.

We reviewed three care files and saw that people who used the agency had signed documentation held about them. Where appropriate we saw it had been recorded if anybody had been appointed to make decisions on behalf of a person using the agency and in one person's care file we saw that a deputy had been appointed by the Court of Protection. The Court of Protection is a specialist court for all issues relating to people who lack capacity to make specific decisions. The Court makes decisions and appoints deputies to make decisions in the best interests of those who lack capacity to do so.

The 'provider information return' (PIR) we received told us, "The service works within the principles of the Mental Capacity Act 2005 / DoLS - policies and procedures in place for staff. A rolling programme of staff training and manager seminars are in place." We saw that each care file contained some information on a person's capacity to make decisions and what decisions had been made. For example, one person had consented to a dental treatment plan and the aftercare. People using the agency told us, "Staff always ask me first," "When I did my contract I sat down with [Name of registered manager] and we did it together" and "I have a person centred plan that I worked on with staff." Staff we spoke with understood the importance of consent and supporting people to make decisions in line with the MCA. One staff member told us, "We would contact the care management teams and request a review for the person. I have a good knowledge of best interest decisions and MCA." Best Interest Decisions are decisions made on a person's behalf where they lack capacity and are governed by the MCA. This showed us that the agency sought consent to provide care and support and that people's rights were protected in line with the MCA.

Care files contained information about people's dietary requirements, likes, dislikes and allergies. Staff told us that they spoke with people to make sure they were eating meals that they enjoyed as well as meeting their nutritional needs. One member of staff told us, "I support two people to plan their meals for the week and we identify days for preparing certain meals." One person using the agency told us, "[Name of staff] does meal suggestion with us every week and we look at what food we have in and what we need." We were able to see the meal planning for the week in one scheme we visited.

In another scheme one person told us they were being supported by staff to improve their cooking skills. They told us, "Staff are helping me to learn to cook new things. They are very good." People who were supported by the agency's 'floating' support staff told us "[Name of staff] comes shopping with me" and "I do my own cooking and every Tuesday staff takes me shopping."

We saw that care files contained information about people's medical history as well as contact details of healthcare professionals involved in providing their care and support. People using the agency told us "If I go and see anyone I have someone with me," "I can go to the GP on my own if I need to" and "I see the nurse sometimes and the GP and dentist. I ring up myself and make my own appointments."

Staff we spoke with were able to describe the support they provided to enable people to receive on-going healthcare support. They told us "I help with any medical appointments by explaining to the person beforehand. Sometimes this can be emotional support and reassurance to help reduce people's anxieties" and "People are supported dependent on their needs. One person we support very closely to achieve good dental hygiene." We saw all individual health needs, visits or meetings were recorded in the person's care file with the outcome for the person and any action taken as required.

Care files for people who lived in the supported living schemes contained a 'hospital passport'. These are documents that are intended to accompany people if they are admitted to hospital to ensure hospital staff

have access to relevant information. We saw that hospital passports had been completed and contained important information about that person's allergies, current medication, known medical conditions and contact details for their G.P and next of kin.

Is the service caring?

Our findings

People that used the agency with whom we spoke told us they had good relationships with staff. They told us "Staff always ask how I am and if I'm alright," "Yes, of course they [Staff] care," "They [Staff] are very nice people" and "[Name of staff] is kind and good." We saw that people got on well with staff which meant people knew what to expect from staff, who in turn understood people's needs.

We asked staff if the people they worked with cared for people using the agency and one member of staff told us "Yes, the agency is very orientated around the service user and all about the person." We observed that staff interaction with people who used the agency was respectful, caring and kind. Staff listened to people's views and were responsive in promoting independence.

Staff we spoke with understood the importance of getting to know people using the agency and developing and promoting positive caring relationships. Two people who used the agency had been supported to move in together and were engaged to be married. They told us "We are really happy." One member of staff said "Spending time, sitting down and talking to people is how we get to know them." People who used the agency told us that staff respected their wishes and would listen to them.

We observed that the registered manager and staff supported people wherever possible to make decisions and express their wishes and views. One person who used the agency told us they were experiencing issues with their support and felt it was not working for them at present in relation to their personal care and activity. We discussed this with the person and they told us they wanted to speak with the registered manager and staff supporting them at the scheme. We observed both the staff member and the registered manager showed a good understanding of the person's needs and wishes and were attentive and accepting of the person's concerns; listening and offering solutions and support. The person told us they had arranged to meet with their social worker the following week to address their issues and told us "I am happy really and would go to [Name of registered manager] if I need to, no problem."

We observed that support being delivered was not restrictive and people were supported to maintain their independence. For example, we saw one person asking staff about a bill they had received. The staff responded promptly and kindly and asked the person what they thought and what they wanted to do before offering their own advice. This ensured the person was cared for and supported, but enabled to be independent.

People we spoke with felt their privacy and dignity were respected. Comments included "I have no preference for a male or female carer, but I was asked before." One member of staff we spoke with said "People can do some personal care themselves so I would only support with what is needed. I will use towels to protect the person's dignity when supporting with bathing" and, "Privacy and dignity is maintained all of the time. People have their own space and can go to their own rooms whenever they want to and I always knock on doors."

Is the service responsive?

Our findings

We were told by people that used the agency that they knew about their care files, where they were located and that they had actively contributed towards information held about them. One person showed us their care file and said "I am currently working on this with [Name of staff]."

Staff told us that they kept up to date with people's changing needs through reading care files and attending staff meetings each month. One staff member told us "I read people's care files to help me get to know them. We discuss any changes and what people are doing and if anything has changed at staff meetings, for example, one person had displayed some changes after another person had moved in with them. We had to re-arrange the support visits to help with this." We saw the agency communication book which contained updates on people and any important information handed over for staff to read. These systems ensured that staff had up-to-date information enabling them to provide responsive care as people's needs changed.

Assessments were undertaken to identify people's support needs and individualised support plans were developed outlining how these needs were to be met. The care files we looked at were written in a person centred way and identified the person's individual needs and abilities as well as choices, likes and dislikes. Care files included information about a person's lifestyle, including their hobbies, interests and aspirations, the people who were important to them and their employment (if any). Records evidenced that the information had been gathered from the person themselves and people had signed their care files to show they agreed to the contents and we saw these were appropriately reviewed to ensure a person's current needs were known and met.

We saw there was more personal information in the care files we looked at for people living in the supported living schemes. These files had a profile of the person called 'This is about me,' which included sections on 'My daily routine' and 'How I like to spend my time'. In one care file we saw 'My daily routine' to show what the person liked to do during the day, for example "I get the 6.36am bus to go to work and after tea I go swimming." This helped staff to understand the person and provide appropriate support.

The registered manager told us that people using the agency had various interests and employment including gardening at a local farm, working in a garden centre and attending drama groups. People we spoke with confirmed this and told us about the occupations and pastimes they engaged in, for example, they told us "I have a job now at a charity shop and I work on a Monday and do the pricing up. The clothes are sent to refugees. I also enjoy knitting and patchwork," "I am a volunteer sales assistant on a Tuesday / Thursday and Friday," "I get the train to Doncaster regularly, I swim, play football and I work in a kitchen two days a week. I also go to a drama group" and "I have done all my friend's garden. In April I am going to Skegness and in May I am going to Scarborough. Every Sunday I go to church."

People we spoke with told us about their family and friends and how they maintained contact with the people that mattered to them. One person said "I see my sister regularly" and, "I play football every week with my friends."

The 'provider information return' (PIR) we received told us, 'The service operates a formal complaints procedure, in line with East Riding of Yorkshire Council [ERYC] policy and the registered manager and senior care officer have an open door ethos - service users are welcome to visit the office to raise any concerns they may have. Any serious complaints are taken ownership of, and will be dealt with as per procedure, with an aim to resolve to the service user / families satisfaction as quickly as possible.' The registered provider's complaints procedure was outlined in the service user guide which we saw. A service user guide is a summary of the essential information for people who are already using the service or considering using the service, their friends, relatives, carers and representatives. This described what people could do if they were unhappy with any aspect of their care and support. We saw that the complaints process was available in an easy read format. Easy read is an accessible format designed for people with a learning disability.

Checks of the information held by us about the agency and a review of the registered provider's complaints log indicated that there had been no complaints made about the service in the last 16 months. People using the agency told us they felt able to raise complaints or concerns if needed. Comments included "I would come into the office and report it" and "I do know how to complain, I just ring up and speak to anyone and just tell them."

There was an annual satisfaction questionnaire to obtain opinions and feedback from people using the agency, stakeholders, relatives and other professionals; the questions were linked into the Care Quality Commission (CQC) key questions of safe, effective, caring, responsive and well-led. We saw that the results in 2015 had been collated and were positive. Comments from this questionnaire included "A very safe house and home," "Very efficient at responding to queries" and "Couldn't do any better". This showed us that there was a system in place to listen and learn from people's views and experiences.

Is the service well-led?

Our findings

We sent the registered provider a 'provider information return' (PIR) that required completion and return to the Care Quality Commission (CQC) before the inspection. This was completed and returned with the given timescales. The information within the PIR told us about changes in the service, improvements being made and enabled us to contact health and social care professionals prior to the inspection to gain their views about the service.

As a condition of their registration, the registered provider is required to have a registered manager in post. There was a registered manager in post on the day of our inspection and so the registered provider was meeting the conditions of registration. The registered manager for Supported Housing had been in post for a number of years and this provided some consistency for the agency. They told us that they attended regular registered manager's meetings within the organisation plus training courses, care sector forums and learning disability partnership board meetings; and that this helped them to keep up to date with any changes in legislation and with good practice guidance.

The registered manager was supported by two senior care officers and monitored the quality of the agency by regularly speaking with people to ensure they were happy with the service they received. People we spoke with knew the registered manager's name and said they had the opportunity to speak with her when they needed to. People told us they felt the agency was well run and they were happy living at the supported living schemes and receiving the 'floating' support. We observed that there was a relaxed atmosphere in the agency office and people receiving a service from the agency came in and out of the office throughout the inspection.

People who used the agency told us "I like [Name of registered manager]" and "[Name of registered manager] is very kind to me." Staff told us "As a rule the manager is generally good and is happy to take a call and give you advice," "I have no problem approaching [Name of registered manager]. Things are always discussed with us" and "I can go to the manager and tell her anything."

The registered manager told us it was "Key" that they shared the agency office with the two senior care officers as this helped maintain clear lines of communication between the supported housing schemes and 'floating' support services. A senior staff member told us "The three of us in the office are extremely different people and the mixture of knowledge we hold works really well for when people and staff need information and support."

The registered manager held regular team meetings with both the 'floating' and supported housing staff to share information and discuss important issues or changes. We saw minutes for a meeting held in January 2016 that evidenced discussions around other agency support for people including referrals, care management and benefits, people's needs and any changes, activity, holidays, training, health and safety and healthy eating.

We saw that the registered provider had a service and team plan for the agency. This included a business

management plan, the statement of purpose, short term objectives for staff and an action plan for completion. A quarterly audit report was completed, which looked at what was going well, what's not going well, challenges and recent achievements of the agency.

Quality audits were undertaken weekly, monthly, six monthly and annually to check that the systems in place at the agency were being followed by staff. This included an analysis of health and safety (including medicines), staff training, staff meetings, supervisions, complaints/compliments, care files and risk assessments. We saw the most recent audits undertaken by the registered manager in 2016 included checks made against satisfaction questionnaires, staff support and employee development reviews (EDRs), meetings, health and safety and medication. This was so any patterns or areas requiring improvement could be identified. We concluded that this was an effective system for monitoring the quality of care and support provided and driving improvements within the agency.