

Achieve Together Limited

Domiciliary Care Agency Surrey

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports the Care Quality Commission (CQC) to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Domiciliary Care Agency Surrey is a domiciliary care and 'supported living' service and registered to provide personal care and support to people who have a learning disability or complex needs in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection there were 32 people receiving personal care in 15 different supported living settings and in their own homes. We visited people who lived in self-contained flats or, adapted houses where people had their own bedroom and sometimes individual or shared bathrooms as well as shared communal areas.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

The service provided was safe for people to use and staff to work in. People were supported to have the maximum possible choice, control, and independence, by staff who were focussed on their strengths and promoted what they were able to do. This meant people pursued their interests, with staff support. The quality of the service provided, was reviewed regularly, and changes were made to improve people's care and support. This was in a way that suited people best. The service had established working partnerships that promoted people's participation and reduced their social isolation. Staff enabled people to access specialist healthcare services and followed best practice when supporting people with communication and making decisions.

Right Care

When supporting people, staff promoted their equality, diversity, and they understood people's cultural needs and provided appropriate care. Staff were kind, compassionate, caring, and promoted people's

privacy and dignity. There were enough well trained and appropriately recruited staff to support people to live safely, whilst still enjoying their lives. People and staff had risks to themselves assessed, monitored, and reviewed. Complaints, concerns, accidents and incidents and safeguarding issues were appropriately reported, investigated, and recorded. People's medicines were safely administered by trained staff.

Right culture

The service leadership and management were identifiable, transparent, and there was an open, positive, and honest culture. The provider had a clearly defined vision and values, that were understood by staff who followed them. Staff understood people well, were responsive, and supported them in their aspirations to live the quality life they chose. This was by placing people's wishes, needs, and rights at the heart of everything they did. Staff were aware of their responsibilities, accountability and prepared to take responsibility and report any concerns they might have.

Rating at last inspection

This service was registered with us on 1 August 2022, and this is the first inspection since the provider changed address.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Domiciliary Care Agency Surrey on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Domiciliary Care Agency Surrey

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection as we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 June 2023 and ended on 4 July 2023. The inspection visits took place on 9 June and 22 June 2023.

What we did before inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with the registered manager. We spoke with 8 people using the service. They did not comment directly on whether the service was safe, effective, caring, responsive and well-led. We spoke with 5 relatives, 2 service managers, 7 staff, and 5 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 8 people's care plans and risk records. We looked at 5 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People did not comment directly on whether the service was safe. Their body language during our visits was relaxed and positive, particularly towards staff, indicating that they felt safe. A person did tell us, "Staff are nice, my favourite is [support worker]." Another person commented, "It's really great, I like the staff." A relative said, "I cannot speak highly enough of staff, they keep everyone safe and that gives me great peace of mind." Staff members told us, "I have no concerns", "People are well treated here" and, "We operate openly here."
- Staff were trained to identify signs of possible abuse and the action to take if required. They were aware of how to raise a safeguarding alert. The provider safeguarding procedure was available to staff and they were required to confirm they had read it.
- Staff advised people how to keep safe and if there were areas of individual concern regarding people, they were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Staff supported and enabled people to take acceptable risks by following their risk assessments. The risk assessments included all aspects of people's health, daily living, and social activities. People were also kept safe by risk assessments being regularly reviewed and updated as their needs, interests and pursuits changed.
- Staff understood people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks. A relative said, "They [staff] all know [person using the service] so well and when [person using the service] visits, he is always happy to go back to his home."
- General risk assessments were regularly reviewed, updated, and included equipment used to support people. The equipment was regularly serviced and maintained.
- Staff received training in de-escalation techniques and appropriately dealt with situations where people displayed behaviour that communicated distress. There were personal behavioural plans if required.
- Staff we spoke with knew people well and were able to demonstrate how they managed any presenting risks. For example, one person was at risk of choking and staff told us how they always had to be present when the person was having any food or drink. Risk assessments were in place, which showed measures for staff to follow to ensure people were kept as safe as possible from harm.

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated it was followed. The process

contained scenario-based interview questions to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6 month, probationary period with reviews.

- There were enough staff available to provide people with flexible care to meet their needs. During our visits, staffing levels matched the rotas and enabled people's needs to be met safely. Comments from staff included, "We always have enough staff", "Yes the staffing levels are safe" and, "People go out a lot with a 1-1." A relative said, "Always plenty of staff about."

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited, and appropriately stored and disposed of.
- People's medicines records were fully completed and up to date. Staff received medicines administration training that was regularly refreshed.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date and regular audits took place. Staff had infection control and food hygiene training that people said reflected their working practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons.
- Regular COVID-19 updates were provided for people, their relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing, and reporting possible and confirmed COVID-19 cases.

Learning lessons when things go wrong

- Staff told us they would be prepared to use the provider whistle-blowing procedure. The provider kept accident and incident records.
- Any safeguarding concerns, complaints, accidents, incidents, and whistleblowing was reviewed and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- People's needs and choices were assessed, and care was provided appropriately. The feedback from healthcare professionals was that the service was very effective.
- People did not comment directly on how effective the service was. Their positive and relaxed body language indicated that the service was effective for them. A person did say, "I like living here, things are good."
- People's physical, mental, and social needs were holistically assessed, and their care, treatment and support were delivered in line with legislation, standards, and evidence-based guidance, including the National Institute for Care and Excellence (NICE) and other expert professional bodies. A relative told us, "We were fully involved in the assessment process."
- The registered manager and supported living managers conducted thorough assessments of people's needs. Before people received a service, the commissioning local authority provided assessment information and further information was also requested from any previous placements. The registered manager or senior staff member, person and relatives carried out a needs assessment. The speed of the needs assessment took place at a pace that suited people.
- Staff knew the importance of being aware of the views of people as well as relatives so that the care provided could be focussed on the individual.
- The provider was responsive to people's changing needs and sought support from other services where needed. For example, 1 person had recently received additional funding for staff following discussions with the funding authority.

Staff support: induction, training, skills, and experience

- Staff were provided with induction and mandatory training that enabled them to support people in a way that met their needs effectively. A staff member told us, "The training we receive helps us do our job well." A relative said, "I can't speak highly enough of staff. They do a fantastic job."
- New staff were able to shadow more experienced ones as part of their induction and there was a buddy system in place. This improved their knowledge of people, their routines, and preferences. A staff member said, "I am well supported by the team and manager."
- Staff received induction and mandatory refresher training based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. The expectation was that staff would complete the certificate within a specified timeframe, although extra time and support was available should staff need it.
- The training matrix identified when mandatory training required updating. There was specialist training

specific to people's individual needs, with detailed guidance and plans. This included autism awareness, and person-centred care.

- Staff received 6 to 8 weekly supervision, annual reviews and there were 4 weekly staff meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- If required, people were supported to eat and drink sufficiently to maintain a balanced diet. 1 person told us, "I'm having pasta for lunch." They had chosen the meal themselves. A staff member told us about people's food preferences and their likes and dislikes were clearly recorded in care documentation. For example, "I like [cereal] with banana for breakfast."
- As appropriate, people's care plans included health, nutrition, and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, if required.
- Staff observed and recorded the type of meals people ate and encouraged a healthy diet to ensure people were eating properly. Mealtimes were arranged around people's activities, wishes and health needs and staff helped people to make choices using pictures and personalised menu books.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to keep in good health by staff maintaining good working relationships with external healthcare services and receiving ongoing healthcare support.
- There was written information provided and staff accompanied people on health and hospital visits as required.

Adapting service, design, decoration to meet people's needs

- People chose the décor and furnishings they wanted in their own homes. A person loved basketball and had a wardrobe made of 2 basketball lockers.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to have annual health checks and referrals were made to relevant health services, if required.
- People were supported to register with a GP and a dentist. They had access to community-based health care professionals, such as district nurses and speech and language therapists as needed.

Ensuring consent to care and treatment in line with law and guidance

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 they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities regarding the MCA and DoLS.
- People using the service had up to date DoLS authorisations in place, if required.

- Mental capacity assessments and reviews took place as required.
- Consent to treatment of relevant persons was obtained and recorded in care plans.
- Best interest decisions were used where people were unable to consent and support plans addressed how people communicated including body language and gestures.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives said they were treated with respect, equally and their diversity recognised. People told us staff were kind to them. We observed friendly, caring and kind interactions between staff and people. Feedback from healthcare professionals was that the service provided a caring environment due to the positive approach and attitude of staff. A person said, "[Supported living scheme] is fine, I like the staff." A relative said, "What supportive, caring, people [staff]. [Person using the service] absolutely thrives in this environment because of the staff."
- People did not directly comment on how caring staff were. Their positive and relaxed body language and affectionate response to staff, including hugs showed that they felt staff were caring, they enjoyed staff's company and were relaxed in it. People also looked very comfortable with each other, were smiling and laughed a lot, during our visit. A relative told us, "Whenever we visit, everyone is always so happy, and you couldn't hide that. This is because of the staff."
- Staff told us they worked closely with people and how they supported individuals in a person-centred and inclusive way each day. The culture of the service was clearly centred on people making their own choices in their own home. A staff member told us, "It's so relaxed, people are happy in their own home."
- People came and went and did as they pleased with staff support. A couple of people went to college on the bus with staff support. 1 person encouraged the other to get a move on so they wouldn't miss the bus. They told us, "I'm doing art." There were examples of art in their room.
- Staff received equality and diversity training enabling them to treat people equally and fairly whilst recognising and respecting their differences. This was reflected in inclusive staff care practices we saw that made sure no one was left out. Staff treated people as adults, did not talk down to them and people were treated respectfully and equally. A staff member told us, "My managers are nice. They treat me and people using the service with respect and respect people's diversity and that of the team."

People felt respected and relatives said staff treated people with kindness, dignity, and respect

- Staff were passionate about and committed to the people they cared for, delivering that care in an empowering and nurturing way. A relative commented, "[Person using the service] is always on the phone telling me what he's being doing, where he's gone and who with. He's so happy and that's down to the staff and manager."
- Staff were trained to respect people's rights to be treated with dignity and respect and provided support accordingly. This took place in an enjoyable environment and was reflected by positive staff practices throughout our visit. Staff were caring, patient and provided friendly support that respected people's privacy. This included discreetly attending to people's personal care needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views through staff understanding what gestures and non-verbal methods of communication meant. The knowledge was built up by people using the service and staff forming relationships, bonds, and staff experience of people.
- We observed staff helping people make choices throughout the visits, including what to eat and where they wanted to go. Comments from staff included, "We focus on being person-centred here", "People and staff have a great relationship, like family" and, "It's absolutely great. Great support for everyone."
- It was demonstrated that these methods worked by people doing various activities they had chosen. Staff encouraged 1 person to tell us about their visit to a pub on Mondays for karaoke. They said, "I sing on the microphone, it's very good."
- Staff had developed positive relationships with people and demonstrated they knew people well and how they preferred their care and support to be delivered. Staff were able to tell us how they worked with people based on their knowledge of them, their preferences, and interests.
- Each person's support plan addressed their preferences, goals, and aspirations, and how they liked to be supported. Documents addressed what was important to them, likes and dislikes along with what a good day looked like.
- People had visual timetables to plan tasks such as shopping, visits to health professionals and seeing friends to increase their independence and understanding around the planning of their day. Photo books were used to record people's activities in one service documenting trips out, parties and birthdays. People led busy lives with lots of activities going on each day.

Respecting and promoting people's privacy, dignity, and independence

- People's dignity and independence was promoted by staff knowledge of them and their wishes and preferences. This enabled staff to understand what words, gestures and reactions meant and helped people understand staff. When people were showing distress or frustration, staff calmed situations by providing alternative activities. Staff, without knowledge of the person could misinterpret this as distress.
- Staff tried hard to maintain people's independence by encouraging them to do things for themselves and develop their life skills. People were supported to attend a large variety of activities. 1 person said, "I'm making brownies." Another person was interested in health and safety and showed us the smoke detectors, fire points and fire panel. A relative told us, "[Person using the service] has such a full life with so many activities to choose from."
- Staff were aware of the importance of recognising this was someone's home, treating it with respect and acting accordingly.
- The provider had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships to avoid social isolation. They had activities that were individual to them as well as a group. During our visits there were simultaneous activities going on with people enjoying listening to music, going to the shops, and just interacting with staff and each other. There was a visit to a disco on Fridays for people with a learning disability which everyone attended. 1 person told us, "I meet my friends." A relative said, "We are always invited to events, and they are always great fun. We can turn up when we want without having to phone first and are always made welcome."
- People attended various activities they had chosen including Hydro pool, volunteering in a hospital library, making pompoms for a charity shop, arts and crafts, music therapy, and visits to the pub. A person told us, "I like going to the bakery."
- People were encouraged to develop their life skills by carrying out tasks, including making drinks, cooking, dressing, and keeping their bedrooms tidy. 1 person said, "I cleaned my room today."
- People were encouraged to keep in contact with relatives, and 1 person was having a barbecue with a relative on the weekend and going on holiday abroad with them. People also went for a stay with their parents.
- The feedback from healthcare professionals was that the service worked very hard to promote and maintain professional links to ensure that people had access to the external support they required.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care that ensured they had choice, control, and their needs and preferences were met. People's positive responses reflected the appropriateness of the support they received. Staff made themselves available to people and their relatives to discuss any wishes or concerns they might have. A relative told us, "The manager and staff always keep us informed about [person using the service] and what's going on."
- People and their relatives made decisions about their care, the way it was delivered and activities they wanted to do, with staff support. Staff ensured people understood what they were telling them, their range of choices and that they understood people's responses. They asked what people wanted to do, where they wanted to go and who with. Staff met needs and wishes in a timely way and manner that people were comfortable with and enjoyed.
- People's care plans were individualised, and recorded their interests, hobbies and health and life skill needs. This was as well as their wishes and aspirations and the support required to achieve them. People and their relatives were encouraged and supported to participate in their care planning. People's care and support needs were regularly reviewed and updated to meet any changing needs with new objectives set.

People's daily notes recorded their activities, if they enjoyed them and how people demonstrated whether they enjoyed them or not, to build knowledge of what they really wanted to do.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- The AIS was being followed by the organisation, home, and staff with pictorial information available to make it easier for people to understand. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.
- People who had difficulty expressing their views were supported to do so using several methods, including using gestures and behaviour that staff understood the meaning of. This was underpinned by staff knowledge of people built up through relationships, bonds, and experience.
- Easy to understand information was provided for people and their families.
- Staff explained to us what people's different reactions, non-verbal communication and gestures meant. This was in line with their communication support plans. A relative said, "Staff understand what [person using the service] means."
- Support plans addressed communication. For example, detailed guidance was seen for 1 person about their non-verbal communication and what their gestures or body language might mean.
- People's preferred methods of communication were shared with health and social care professionals when required. For example, when people required admission to hospital they had a care passport.

Improving care quality in response to complaints or concerns

- There was a robust system for logging, recording, and investigating complaints, that was followed.
- People did not comment on the complaint's procedure. Relatives said they were aware of the complaints procedure and how to use it. The complaints procedure was provided in pictorial form for people to make it easier to understand.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The provider's culture was open, positive, inclusive, empowering, person-centred and people experienced good outcomes.
- People did not comment on whether the service was well-led. Their relaxed, positive body language towards management and staff demonstrated that the service was well-led and met people's social as well as health needs. A relative said, "I cannot fault this organisation, you won't hear a bad word from me." Staff described their managers as being always available and very supportive. A staff member said, "My managers are nice. They treat me with respect and respect the diversity of the team." Another staff member commented, "It's a good organisation to work for."
- Relatives told us the service was well-run and the registered manager and other managers were approachable, and they and staff worked hard to make people's lives enjoyable and to meet their needs. This reflected the provider's vision and values. A staff member said, "We resolve any issues, there is a good team dynamic, and the manager looks after staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities regarding duty of candour and were open and honest with people when things went wrong.
- People using the service and their relatives were informed if things went wrong with their care and support and provided with an apology.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- The registered manager and staff understood their roles, the quality assurance (QA) systems and there were clear boundaries and lines of communication in place.
- The service managers maintained day to day oversight of the service. Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- Staff had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the positive comments from relatives. The QA systems contained indicators that identified how the service was performing, any areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. The QA systems were being used

effectively to monitor quality of care.

- The provider, registered manager, and staff carried out thorough, regularly reviewed audits, that were kept up to date. There was an internal audit that checked specific records and tasks were completed. These included finances, staff training, staff observations and health and safety. There was also a service development plan. This meant the service people received was focussed on them and efficient.
- The provider records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, and staff were engaged in partnership working, listened to and people's wishes acted upon.
- Each service sought the views of people daily. Choice was given by staff constantly and each supported living service we visited, felt very homely. Staff referred to each service as being the people's home and they were guests in it. A manager told us, "It's a family home."
- People were enabled to be a part of their local community. For example, shopping, going out for drinks and meals and attending community events within the immediate locality and with their peers.
- The provider maintained close links with services, such as social workers, local authority quality team, and learning disability nurses. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Relatives told us they were kept informed and updated regarding anything that affected the service people received, and adjustments were made from feedback they gave. A relative said, "Always updated."
- Surveys were provided to people, relatives, and staff. People's surveys were in pictorial format to making them easier to understand. Suggestions made were acted upon.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service.
- People and their relatives provided regular feedback to identify if the care and support provided was focussed on their needs and wishes. Feedback from people using the service who couldn't use words to communicate was gathered by interpreting their positive or negative body language to activities and towards staff.
- Any performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- During our visit to the supported living schemes staff checked that people were happy and receiving the care and support they needed within a warm, friendly environment.
- Staff received annual reviews, 6 to 8 weekly supervision and monthly staff meetings so that they could have their say and contribute to improvements.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.

