

Autism Anglia

# Autism Anglia Supported Living

## 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 people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Autism Anglia is a supported living service providing personal care to approximately 22 people in 11 addresses. Support is provided to people with a learning disability and autistic people. People live in individual flats and shared houses.

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

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

### Right Support

People and their representatives told us the service enabled people to have a good quality of life. A relative told us, "The service transformed the quality of life for my family member. It's lovely to see them so enjoy life."

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests.

Staff supported people to have the maximum possible choice, control and independence. Staff supported people to make decisions, in line with best practice guidance. Staff gave people time to communicate their views, using their preferred communication method.

The service supported people in a holistic manner which promoted their wellbeing. Staff enabled people to access health and social care support from both internal specialist teams and professionals in the community.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

### Right Care

People received kind and compassionate care. Staff treated people with respect and dignity. They knew people well and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other

agencies to keep people safe. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Senior staff worked effectively to reduce the impact of challenges in staff recruitment.

People who had individual ways of communicating, such as body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care. Staff had the necessary skills to understand them.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff received advice on best practice from knowledgeable specialists within the service.

#### Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. The whole service placed people's wishes, needs and rights at the heart of everything they did.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received care that was tailored to their needs. The service had a specific focus on understanding autism, which enhanced people's quality of life.

People and those important to them, including advocates, were involved in planning their care.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Senior staff and managers had good systems in place to understand what was happening in the service. They were visible across the organisation, which minimised the risk of closed cultures developing.

People's quality of life was enhanced by the service's culture of improvement and the desire to make changes which improved people's lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

We undertook this inspection to assess that the service was applying the principles of Right support, right care, right culture.

#### Rating at last inspection

The last rating for the service at the previous premises was good, published on 12 November 2019.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Autism Anglia Supported Living

## **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 Health and Social Care Act 2008.

#### Inspection team

Three inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The service had four managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. We interviewed the registered managers at the same time and will refer to them as the "registered managers" in the report.

This service provides care and support to people living in their own homes, 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.

#### Notice of inspection

This inspection was announced. We gave notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 6 June 2022 and ended on 23 June 2022. We visited the office location on 15 June 2022.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### During the inspection

We visited three addresses and met with seven people who used the service to get their feedback about the care provided. Where people were unable to talk with us, we used observation to help us understand their experience of using the service. We also met with four care staff who supported them.

We had phone contact with eleven family members for feedback about the service. We had email contact with two staff. During the office visit we met with the four registered managers, a deputy manager, the director and chief executive officer of the organisation and other office staff. We met with the therapy team, including an occupational therapist, behaviour practitioner and the speech and language therapist. We reviewed a range of records. This included five people's care records and selected medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who had contact with the service.

# 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 service under its new registration. The inherited rating for this key question was good and it remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Senior managers had responded effectively when concerns were raised about a person's safety, carrying out prompt investigations and taking action where required.
- The service had effective resources to support people to be consulted during investigations. The organisation's therapy team used photographs when working with a person to check the care they had received was safe and respectful.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A professional told us, "Staff appeared diligent and responsive to address any concerns raised and I am aware they have raised safeguarding concerns regarding the service user I worked with in the past and liaised with me about this."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff regularly assessed and reviewed people's safety, adjusting support flexibly to minimise risk. For instance, we observed a member of staff constantly assess for risk as a person helped with domestic chores in the house. A relative told us, "Safety is well managed, concerning risk: all risks are assessed and there has never been any accidents."
- People were involved in managing risks to themselves and in taking decisions about how to keep safe. A person had received non-judgemental advice around a choice they wanted to make which put them at risk. Staff had worked with the person to agree a practical solution which respected their decision, while minimising risk to their safety.
- Staff supported people to stay safe by intervening to reduce their anxiety at an early stage. They helped divert people and de-escalate situations where their distress could place them or other people at risk. A person was encouraged to play with a ball when they became anxious once staff had discounted other reasons they might be distressed, such as toothache. Staff turned on a fan to distract another person when they could hear a lawnmower as this caused them anxiety.
- Risk assessments provided detailed guidance to staff. Knowledgeable and consistent teams were built up around people and information about safety and risk was also shared verbally.
- Incidents were used to get a wider overview of people safety and quality of life. Staff reviewed how lockdown had impacted a person's anxiety as it caused them to change their routines. They used this information to provide extra reassurance.

Staffing and recruitment

- We had some feedback from families that activities were occasionally limited by lack of individual support hours and there was some impact from loss of staff recently, in particular during the COVID-19 pandemic. We

found the provider was fully aware of this and had taken action to promote staffing recruitment and retention. They also advocated regularly for additional funding for people when their needs changed.

- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals. The interview process included observing how applicants interacted with people, to ensure they had the necessary values and attitudes.
- Where possible the service tried to minimise how often they used agency staff. There were effective systems to ensure agency staff were used safely. A member of staff told us, "Agency staff get a very good handover and because of the nature of this person's needs they will never be someone working without a regular member of staff."
- The numbers and skills of staff matched the needs of people using the service. A member of staff told us they worked well as a team, "Only three staff work here. We all are singing from the same praise sheet, which works well for [person] who always needs structure and routine." A professional confirmed there was enough staff working with a person when they visited them and said, "I have always observed them interacting appropriately with [person]."

#### Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. We observed a member of staff supporting a person with their medicines in a safe and enabling manner. The person poured their own drink and took their medicine independently, with prompting.
- Staff had the skills to support people with specific needs around medicines, for example a person's care plan highlighted the risk of forgetting a person's emergency medicines if they had to leave their home in an emergency. There were safe processes in place for people who visited their family homes regularly. A relative told us, "The meds are well managed, staff pass meds home when [person] visits. It feels like a team together around our family members care."
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. A relative described how staff were working with health professionals to review and reduce the amount of medicines a person took. They told us, "I feel I can see the real person emerging after all this time."
- Staff knew people well, which helped them recognise and adapt the support pro-actively to changes in routine and mood. They followed strict care plans when using medicines which had been prescribed for when people became distressed.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The registered managers were aware of the effect on people's lives from COVID-19 and had developed transition plans to support people as the lockdown was lifted.
- Staff told us how they communicated to people about COVID-19, using language and stories that they understood. People were well informed, with staff continually adjusting to reflect each person's needs and levels of anxiety.
- Staff provided advice to people to help them minimise the risk of infection, such as the best way to prepare and store food.



# 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 service under its new registration. The inherited rating for this key question was good and it remained 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

- There was a holistic approach to assessing, planning and delivering care and support. The whole organisation worked together to create care which was personalised around each individual.
- People had care and support plans that reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.

Staff support: induction, training, skills and experience

- There was scope to increase involvement from people and their families in planning and delivering training and developing staff skills, in line with best practice. We discussed this with the management team who responded positively and told us they would review this as part of wider plans to involve people more in the running of the organisation.
- People were supported by staff who had received relevant and good quality training. Specialist staff provided personalised, high-quality training and guidance, such as sensory training. One of these staff told us, "We have tailor made a training course specific to individual people."
- Training helped staff continuously apply best practice, such as active support training. One of the trainers described the aims of the training, "It is important to make individuals feel empowered to make choices for themselves, such as making their own food."
- When we visited people at home, we found staff following the guidance provided by the specialist trainers to provide person-centred care. For example, a member of staff supported a person using active support principles, enabling the person to take part in elements of a task. A person told us, "I really like the staff. They know how to help me."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "Staff supervisions are done every 8-12 weeks. I am 100% supported by management. My manager is always there and always listens."

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

- People were involved in choosing their food, shopping, and planning their meals. A person had a picture board which was used to support them in picking what they wanted to eat.
- Staff supported people to be involved in preparing and cooking their own meals. We observed a member of staff encouraging a person with meal preparation. They said, "I am going to show you a trick about how to cut a pepper. Now you take over." Their attitude was positive and respectful.
- Mealtimes were flexible to meet people's needs. Staff used mealtimes to encourage people to spend time together, though people had the choice of eating on their own if they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff supported people to follow any advice, such as from a dietician or psychologist. A relative told us, "Doctors and dentists are all sorted really well, [person] is 'disgustingly' healthy."
- Another relative described how staff had advocated for a person who had a complex health condition and the impact the improvements in health had on the person's quality of life. They told us, "The activities [person] liked had stopped. This is sorted now. They are fit and healthy. They always go out shopping. They love being included in the house and can now help make their bed and load the washing machine."
- In addition to accessing input around health needs, people had also been referred to external therapeutic services which enhanced their quality of life. A health professional told us, "Staff have taken on-board new skills or strategies I have introduced as part of the work I am doing with that person. They have included these changes into their care plan promptly."
- People were referred to the organisations therapy team who worked as a team to benefit people. A relative told us, "[Person] has meetings with a speech therapist at Autism Anglia who has devised a specialist programme. We get to use the occupational therapist as well. It's a real multi-agency approach." The organisation encouraged people to self-refer to this team, which promoted independence and encouraged them to play an active role in maintaining their own health and wellbeing.

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

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.

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

- For people who the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff had consulted with health and social care professionals and people's representatives, such as when they needed complex health treatment.
- There was a good understanding of issues around consent and capacity. There were assessments to measure people's capacity in varied areas, such as whether they were able to consent to take their medicines. Care plans advised staff about how people made choices. Observations of staff competency checked if staff asked for consent where appropriate.

# 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 service under its new registration. The inherited rating for this key question was good and it remained 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

- During our visits to people's homes, we observed staff and people knew each other well and people appeared comfortable. They sat and chatted or relaxed around staff or seemed happy to spend time in their rooms, coming out occasionally to say hello. A relative told us, "My family member is always jolly and always wants to go back home after a visit."
- Staff showed a genuine interest in people's well-being and quality of life. A member of staff described how a person had started to make choices after staff changed the way they communicated with them. The member of staff spoke with passion and pride. They said, "It's amazing! It's giving me goose bumps just talking about it."
- Staff supported people to maintain links with those that were important to them. Staff communicated well with families who also provided support to people. A member of staff told us, "We work closely with family members and we all work together."
- Families told us staff provided additional support to maintain relationships during the COVID-19 pandemic. One relative told us, "I was very reassured by the team, it was obviously upsetting but staff made extra calls and messages. They went above and beyond to support [person] in the way they needed for it to have the minimum impact."

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

- People were given time to listen, process information and respond to staff and other professionals. Interactions were unrushed and staff gave people time to communicate.
- Staff supported people to express their views using their preferred method of communication. The organisation had invested in a speech and language therapist who promoted a positive culture, enabling people to make their own choices. The registered managers were passionate about promoting the use of innovative systems of communication, such as Talking Mats, a symbol-based communication tool. They told us people had used this system to pick the colour of their hallway.
- A member of staff explained how they used the advice received from the speech and language therapist. They said, "Getting the guys to make choices is a bit tough. We do use pictures but can't overwhelm them, so we use a few pictures rather than a whole load." This demonstrated a skilled and flexible approach and demonstrated best practice.

Respecting and promoting people's privacy, dignity and independence

- People worked towards goals which identified target goals and aspirations and supported them to achieve greater confidence and independence. A person's goal was to get a tap running for a bath and they had

started doing that. The person told us, "It's not a hotel, I need to help around here."

- During a visit to people living in a shared house, we observed a staff member promote independence, involving people in varied tasks. The staff member had skilfully assessed people's skills and they all carried out different jobs around the house.

# 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 service under its new registration. The inherited rating for this key question was good and it remained good.

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

- The service met the needs people using the service, including those with needs related to protected characteristics. We found examples where staff had supported people respectfully to make choices about their lifestyle and relationships. They had used personalised communication to ensure people had information to help them understand the choices they made.
- Staff were skilled at adapting support to meet people's sensory needs. For example, by maintaining low arousal by avoiding loud noises in a person's home. Another person had a music app and staff had guidance on which setting to play the music during the day depending on the person's anxiety levels or tasks being carried out.
- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. They supported people to build up gradually to changes in routine, such as starting college. A relative told us, "The staff do provide a lot of continuity, everyone has learnt too much change is not good for my family member. Staff give them the routine and structure they need."
- Staff understood the importance of structure for some autistic people. A member of staff told us, "We get everyone up at a set time, it's their routine due to their autism. They have a bit of choice about night-time. One person disappears after supper because they like playing their keyboards. They have their own routines."
- Care was planned in a way that supported choice and control. A person's care plan advised staff to take photographs of their activities, which would then be used to involve them in decisions about their day. It suggested a person have a set timetable but that they could be offered two photos of alternative activities to ensure they had choice.
- People were supported to participate in their chosen social and leisure interests on a regular basis. This was personalised and based on their individual needs and preferences, such as college, shopping or other leisure interests. A member of staff told us, "People choose outings and activities they like to do, and we try to fulfil and support these requests."
- People and their representatives were consulted, and care adapted flexibly as their needs or preferences changed.

### 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.

- There were visual structures, including photographs and use of gestures which helped people know what was likely to happen during the day and who would be supporting them.
- A person used a communication board with pictures of the staff on duty each day. Staff had changed it from weekly to daily, as the person became anxious when they had too much information in advance. Another person living at the same address did not use pictures but preferred to use a tick list. This flexibility represented good practice and ensured people were given information in a way they understood.
- People had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.

#### Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. A relative told us, "I am very confident things should be resolved I've never had a problem I've only had slight queries and it's all resolved quickly."
- The registered managers gave us an example of how they had managed a complaint, "Meetings took place with the family member, we set discussions about actions and outcomes, around active support approaches with the person including up to date weekly timetables." After the meetings, senior staff set up regular reviews to check the person and their family continued to be satisfied.

#### End of life care and support

- No one at the service was receiving end of life care, however there was ongoing work on ensuring staff had the required resources when necessary. Senior staff had worked with a person to develop an end of life care plan and were about to go on an in-depth end of life training course.
- People who had died in the past whilst receiving support from Autism Anglia were remembered in a personalised and dignified way.

# 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 meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff encouraged people to be involved in decisions about the support they received. There was scope to use the internal resources to involve people further in the running and development of the organisation. The provider responded positively to this feedback during the inspection and was enthusiastic about ways they could enhance people's involvement in the future.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. The provider arranged questionnaires to get people and their representatives view on the quality of care. They analysed the results in depth and took action, for example contacting the local authority for review of a person's funding arrangements.
- The provider was committed to supporting people to give feedback so they could ensure the service worked well for them. They had spent time trying to understand how they could improve the process, after a relatively disappointing few responses to a questionnaire. This learning process represented good practice and led to practical improvements. The provider used their internal resources to increase people's feedback and engagement.
- We received positive feedback about how well staff and managers worked together with families to improve their quality of life. A relative told us, "The manager is very approachable, not just responsive but proactive. They called me with one small issue recently, and they were on to it and it was sorted in a day."
- Staff were well supported. A member of staff said, "I cannot think of a single occasion when I needed management support and it has not been forthcoming immediately."
- The service worked well in partnership with advocates and other health and social care organisations, which helped improve the wellbeing of people who used the service. The provider sourced specialist support and advice when it could not be provided internally.

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A member of staff told us, "The person is the centre of everything. People are involved with their care plans as much as possible. Autism Anglia seem to strive to give people a better and fulfilling life."
- Feedback from relatives was overwhelmingly positive. They told us the service took time to get to know people and shape the care around their individual circumstances. A relative told us, "It's very much a home not an institution. It's a happy place as people know [person's] needs."
- The service had developed specialist knowledge and resources around supporting people with autism. The

whole organisation had a passion for achieving positive outcomes for people with autism and all people who received care.

- Senior managers spoke with us during the inspection and demonstrated a passion for promoting high-quality care. They had reflected well on the challenges of the COVID-19 pandemic and told us, "We are coming out of survival mode and moving on." They spoke with enthusiasm about developing the service further.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Senior managers had an electronic system which supported them to have good oversight. The system assisted them to prioritise risk across the service, monitor any actions required and whether anyone needed to be contacted under the duty of candour.
- We found examples where this system had worked effectively. On one occasion, after a medicine error the registered manager had checked a member of staff had received refresher training as planned.
- There was a pro-active response from the provider to managing the risk from staffing shortages affecting the care industry. They had improved staff conditions and managed risk well, for example ensuring a person with complex health needs was never left alone with an agency member of staff.
- Trustees of the organisation took a keen interest in the welfare of the people receiving support. They also carried out visits to people's homes. This promoted good quality care and reduced the risk of closed cultures developing.