

Royal Mencap Society

Warwickshire 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

This inspection took place on 27 October 2016. The inspection was announced. We gave the provider 48 hours' notice of our inspection. This was to make sure we could meet with the manager of the service and care workers on the day of our office visit.

The service was last inspected on 30 January 2014, when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Warwickshire Supported Living is registered to provide personal care to people living in their own homes, including supported living locations. At the time of our visit the agency supported 17 people with personal care. Support hours provided by the agency depended on people's assessed needs. Some people required 24 hour support.

The service had a registered manager. A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider regularly sought feedback from people and relatives. There were systems in place to monitor the quality and safety of the service provided.

There were enough suitably qualified care workers to meet people's needs effectively. People received their care and support from care workers who they knew, and at the times needed. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people in their homes.

The manager understood their responsibility to comply with the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Care workers gained people's consent before they provided personal care and knew how to support people to make decisions.

People and relatives told us they felt safe using the service and care workers understood how to protect people from abuse. Risks to people's safety inside and outside their homes were identified and care workers understood how these should be managed. Systems were in place to manage people's medicines safely and care workers had received training to do this.

People were supported with dignity and respect. People were enabled to live as independently as possible, according to their needs and abilities. People told us care workers were caring, understood their needs and supported them to achieve their goals.

Care workers completed training considered essential to meet people's needs safely and effectively. Care

workers completed an induction when they joined the service and had their practice regularly checked by a member of the management team.

Care workers supported people to see healthcare professionals when needed and people who required support had enough to eat and drink.

People were involved in planning and reviewing their care. Care plans and risk assessments contained relevant information for care workers to help them provide the care and support people required. Changes to people's care and support needs in some care records were not clearly documented. The service manager was taking action to rectify this.

People knew how to raise any concerns and were confident these would be listened and responded to effectively. People and relatives did not have any complaints about the service

People, relative's and care workers felt the management team were approachable. Care workers felt valued because the management team listened to their views.

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

People told us they felt safe with care workers and there were enough care workers to support people safely. There were procedures to protect people from harm and care workers understood the risks relating to people's care. The provider checked care workers were suitable to deliver care and support to people in their own homes. There were procedures for administering medicines and staff were trained to do this safely. Changes to people's care and support needs were not always clear in some care records. The service manager was addressing this.

Is the service effective?

Good ●

The service was effective.

Care workers had completed training to ensure they had the knowledge and skills to deliver safe and effective care to people. The registered manager understood their responsibilities under the Mental Capacity Act 2005. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People were supported with their nutritional needs and to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People felt supported by care workers they considered to be caring and kind. Care workers ensured people were treated with dignity and respect. People were able to make every-day choices and were encouraged to maintain and increase their independence. People had privacy when needed. People received care and support from care workers they had developed positive relationships with and who understood their needs and aspirations.

Is the service responsive?

Good ●

The service was responsive.

People received visits from care workers at the times they needed and as agreed to support them effectively. People decided how they were cared for and supported and staff respected their decisions. Care workers had a good understanding of the needs of people they supported and people were involved in developing and reviewing their care. People and relatives knew how to raise concerns about the service but had no cause to do this.

Is the service well-led?

Good ●

The service was well-led.

People and relatives told us the service was very well managed and felt able to speak with the management team if they needed to. The management team supported care workers to carry out their roles. Care workers considered management approachable and responsive. The provider had effective systems to review the quality and safety of service provided and to make improvements where needed.

Warwickshire Supported Living

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.

Prior to our office visit we looked at the information received from our 'Share Your Experience' web forms, and statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law

We conducted telephone interviews with four people who used the service and five relatives of people to obtain their views of the service they received. We also contacted the local authority commissioners to find out their views of the service provided by Warwickshire Supported Living. Commissioners are people who contract care and support services provided to people. They had no further information to tell us that we were not already aware of.

The office visit took place on 27 October 2016 and was announced. The provider was given 48 hours' notice of our visit. The notice period ensured we were able to meet with the registered manager and staff during our visit. The inspection was conducted by two inspectors.

During our visit we spoke with, the registered manager, the service manager, the assistant manager and three care workers.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at three staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other supplementary records which related to people's care and how the service operated. This included checks management completed to assure themselves that

people received a good quality service.

Is the service safe?

Our findings

People who used the service told us they felt safe with the care workers who supported them. One person told us, "I feel safe because my carers look after me." Relatives confirmed they also felt their family members were safe with their care workers. One relative told us, "I have no concerns about [Person's name] safety. I have absolute confidence the staff keep [Person] safe." People and relative's knew who to speak to if they didn't feel safe. Everyone we spoke with told us they would share any concerns with the care workers or the service manager.

People were safe and protected from the risks of abuse because care workers understood their responsibilities and the actions they should take if they had any concerns about people's safety. Care workers told us they regularly attended safeguarding training and were able to explain how people might experience abuse. One care worker said, "People can be financially abused for example. With financial issues, we check people's finances to make sure they are what they should be." They added, "If I felt there was a concern I would speak to the manager about it." Another care worker told us about the provider's whistleblowing policy. They said, "I know our manager would sort things but the policy is there if needed." Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public.

People were protected by the provider's recruitment practices which minimised risks to people's safety. The provider ensured, as far as possible, only care workers of suitable character were employed. Prior to potential staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Care workers told us they were not able to start working at the service until all pre-employment checks had been received by the registered manager. Recruitment records confirmed this.

There were enough care workers available to support people at the times they preferred, and people received the support they needed. One person told us, "They [Care workers] come every morning." A relative told us their family member had been supported by Warwickshire Supported Living for 'many years'. They said their family member had "very specific requirements" and staff had always been available to provide support when needed.

Care workers told us they worked flexibly as a team, including the service manager and assistant manager, to ensure staffing levels were sufficient to meet people's needs and keep people safe. They told us agency staff (temporary care workers) were also providing cover whilst the provider recruited new staff. Care workers described how they ensured people's needs could still be met by staff who might not be familiar with people. One care worker said, "We [regular care staff] explain to them [agency staff] how people are, we ask them to look at the support plans to get familiar with people." The service manager told us the use of agency staff was a short term arrangement until vacant staff positions were filled. The management team recognised the need for consistency of care workers so ensured the same agency workers were used when cover was needed.

The registered manager described recruitment of care workers as the services biggest challenge. They told us a range of recruitment initiatives were being used, including attendance at provider recruitment days organised by the local authority and issuing 'recruitment' flyers in the local area. They said whilst staff recruitment was on-going staffing levels had recently increased. Records confirmed two new starters were scheduled to begin their induction into the organisation the day after our office visit. One care worker commented, "There is always high turnover of staff in care and you have to choose staff carefully. You need staff who help people explore life and they [Provider] choose staff who do this."

There was a procedure to identify potential risks related to people's care, such as risks in the home or risks to the person. Care plans and risk assessments instructed care workers how to manage and reduce the risks to each person. Risk assessments included photographs to help people understand and manage their own risks. For example, one person had a risk assessment for 'going out independently'. This included a photograph of a busy road to help the person identify hazards they might encounter when out. Risk assessments were regularly reviewed and updated to ensure they reflected people's current needs.

However, the way in which some changes to people's support needs had been recorded in care records meant it was not clear which was the most up to date and accurate information. Amendments were handwritten on the front of records and had not been recorded in date order. For example, one person had a risk assessment to reduce the risk of the person falling. Information in the risk assessment stated the person needed support from staff when using a specific piece of equipment, but an additional note stated the person no longer needed this equipment. Another care plan informed care workers the person needed to take 'dextrose' tablets in the afternoon if the person's blood sugar level was low. An entry in the top corner of the care plan stated the tablets should be given in the morning. We were concerned when care was provided by care workers who were less familiar with people, agency staff for example, there was a risk people's current needs would not be responded to because information for care workers to follow was not always clear.

We discussed this with the service manager. They told us this issue had already been identified and care records were being rewritten. They added, "All agency staff are given a "job list" which explains every detail for their shift and I can assure you records in people's homes are up to date. We know we are behind with updating office records but we have focused on ensuring care calls are covered whilst trying to recruit staff." However, they acknowledged office staff might need to access up to date and accurate information about people in order to support people in emergency situations. They told us they would prioritise updating care records held at the provider's office.

Despite changes to some care records not being clear, care worker had a good knowledge of people's current needs. They told us about the risks associated with people's care and how these were to be managed. One care worker told us, "They [People] all have risk assessments in their support plan which we follow. If anything suddenly changes the service manager rings us to make sure we know." Another care worker explained "everyone" [employed by the service] was responsible for managing risk. They said, "If we see anything of concern we ring the office so a risk assessment can be done."

The provider had systems to minimise environmental risks. People in supported living services had personal emergency evacuation plans to instruct staff or emergency services how people needed to be supported in the event of a fire or other emergency situation. Staff knew the arrangements in place and were able to tell us the emergency procedures.

Accidents and incidents were logged and appropriate action was taken at the time to support people safely and to check for trends or patterns in incidents which took place. The registered manager told us, accident

and incidents were also reviewed by head office who automatically added any action required to the services "compliance record". The registered manager told us this ensured they responded to patterns of risk to reduce the possibility of a reoccurrence.

Care workers supported people to take their medicines if this was part of their planned care. One person told us, "Yes, they [Care workers] give me my tablets." Relatives told us they were confident care workers supported their family members to take their medicines. One relative explained their family member needed to take their medicine at regular intervals. They said, "The carers understand this, and I know they make sure [Person] has it. It's part of the staff's job."

Care workers had received training in how to administer medicines safely and had their competency to do this checked during their induction and on a regular basis thereafter. One staff member told us, "Often it is the medication that helps people be part of the community, so it is important it is administered correctly." Another care worker explained how they checked medicines were correct when they arrived at supported living services. They told us, "We check medication when it comes in. We cross reference the MAR and the blister pack. If there are any problems or discrepancies we ring the pharmacist to clarify."

We looked at three people's medication administration records (MAR). Two MAR had been completed correctly, showing medicines had been administered safely and as prescribed. The third MAR contained hand-written alterations which meant the prescribed dose of medicine was unclear and the information recorded on the MAR did not match the detail in the person's care records. We were concerned the person may not have received the correct dose of medicine. We raised our concerns with the service manager who took immediate action and gave assurances the person had received their medicines as prescribed. The service manager also told us they had made improvements to the way medicines audits were completed to ensure issues were effectively identified in the future.

Is the service effective?

Our findings

People received their care calls and support from care workers who had the knowledge and skills to meet their needs. People and their relatives spoke highly of care workers and the support provided. Comments made included, "I know all my carers and they know what help I need.", "Without a doubt the carers are very skilled." And, "Carers really understand [Person] and are trained in the right way to provide care."

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way possible.

The provider had trained their staff in understanding the requirements of the Mental Capacity Act. One Care worker told us, "Everyone should be assumed to have capacity to make decisions and we support people if they need it. We look at whether they understand the information." Another care worker told us, "It's their [People's] life and it's up to them to decide how they live it. If they don't have the ability to understand we have to make sure the decisions made are in their very best interests."

Care records informed care workers of people's capacity to make decisions and the level of support people needed. For example, some people had been assessed as not having capacity to understand and manage their finances. Care records showed MCA assessments and 'best interests' meetings had been held involving the person, their family members and other professionals. Records informed care workers how best to support the person and contained details of persons appointed to make decisions on people's behalf.

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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The registered manager understood the relevant requirements of the Mental Capacity Act (2005) and told us one person using the service had a DoLS authorised by the Court of Protection.

People told us care workers sought consent before providing any care or support. One person said, "My carers ask me if I'm ready for help." Care workers told us they understood the importance of gaining consent from people before they supported them. One care worker said, "All the time we are with them [People] we are checking what is needed and if the person wants our help. It's all about respecting choices."

Care workers told us they had been inducted into the organisation when they first started work. They said their induction included being taken through the services policies and procedures, and completing training the provider considered essential to meet the needs of people using the service. A recently recruited care worker told us, "I had an initial two week induction. I had very good support." They told us their induction included working with experienced staff to learn about people's support needs and having their

competency to work independently observed and assessed. The service manager told us, "If new staff are assessed as competent but are not feeling ready to work on their own, they continue to work with other staff whilst they build their confidence."

The service manager told us the induction for new staff was linked to the 'Care Certificate'. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. Care workers told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported.

On-going training was planned to support staffs' continued learning. The registered manager maintained a training record which showed staff training was up to date. Care workers spoke positively about the training they received which they said gave them the skills and knowledge need to do their work. One care worker said, "The training here is really good. I love the training as it gives you the right tools to do the job."

Care workers told us training was also linked to people's specific needs which assisted in supporting people effectively. For example, care workers had recently completed 'Positive behaviour management' and 'Dementia' training. One care worker told us how the Dementia training had helped them when supporting a person who had recently been diagnosed with the condition. They told us "Before the training I had a very basic knowledge [of Dementia]. Now I understand the reasons for some behaviour's and the possible triggers. It has helped me and [Person's name] so much."

People's nutritional needs were met by care workers if this was part of their planned care. One person told us, "The carers help me with breakfast. They ask me what I would like and I pick from the things in the cupboard." Care workers understood the importance of assisting people to eat healthily. One care worker told us, "Whilst it's their [People's] choice what they eat we encourage them to eat things like fruit and vegetables and not too much fatty foods." There was no one using the service at the time of our inspection who had any specific dietary requirements.

Care workers supported people to manage their day to day healthcare. One person told us, "We [Person and care worker] go to the doctors together." A relative told us their family member was supported by care workers at all health care appointments because the relative lived too far away to attend. Each person had "hospital passports" which contained important information. Care workers told us people took these passports to appointments so they were reminded to share information with the health care professional they were visiting. Care records showed people were supported to access health care services on an on-going and routine basis, as well as when their needs changed or their health deteriorated.

Is the service caring?

Our findings

People spoke positively about the care workers who supported them. One person told us their care workers were important to them because they were their friends. Another person described their care workers as "kind and caring." When discussing care workers with relatives we were told, "The carers I've met are friendly and chirpy." And, "The staff are really nice. [Person's name] likes them and that is what is important. [Person] always seems happy when the carers are around."

We asked care workers what being 'caring' meant to them. Comments made included, "As long as we are providing quality to the people we support that is the main thing. Everything is about quality not time." And, "I think it's about gaining trust ...and not making people feel we are just here because it's our job." Another said, "It is all about giving people the support they need to lead a fulfilling life. I get satisfaction from doing that."

Care workers had developed positive, respectful and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One said, "I am very clear I have been invited into their [People's] lives and I respect that. It's my job to understand them. Over time you get to really know what's important to them." A relative described their family members care workers as 'an important part of their life.' They said, "The carers are perfect. They have been with [Person] for a long time and have developed a caring relationship."

People said they received care at their pace and were not rushed. People said care workers stayed long enough to complete all the tasks required of them. One person told us, "They [Care workers] come every day to help me and they do the things I need."

Care workers said they were allocated sufficient time to carry out their calls and had flexibility to stay longer if required. One care worker told this was made possible because staff worked "as a team." They said, "If someone [Person] needed more help but I needed to get to my next call because I was doing medication I would ring one of the others and they would come to take over from me."

We looked at the call schedules for four people who used the service and four care workers. These confirmed people were allocated regular care workers where possible and care calls were planned in advance at the times agreed.

People's privacy and dignity was respected by care workers. When discussing privacy one person described how care workers always knocked on their bathroom door to ask if they could enter. Care workers told us they understood the importance of promoting people's dignity and privacy. One explained how they protected people's privacy by ensuring doors, windows and curtains were closed and people were covered to protect their dignity whilst assisting with personal care.

People were supported and encouraged to make choices about their day to day lives. Care workers respected the decisions people made. One person told us, "I do lots of things. I tell them [Care workers] what

I want to do." The assistant manager described how joint working between the service, social care and health care professionals had resulted in one person choosing to undergo 'life saving' treatment. They said, "Our staff did some amazing work to support [Person's name]. They used life story work to help the person understand the choices available and to make decisions."

People's care plans were written in a personalised way, and included information about people's life history, their likes, dislikes and preferences, and how they wanted to be supported. They also contained information on people's religious and cultural needs and preferences. Care workers told us they used this information to build relationships and bond with people over shared interests.

Care records showed the provider also worked with people's advocates if they were involved in making decisions about the person's care. For example, records showed, where advocates had been appointed to help people manage their finances, the provider followed advocates instructions about what people spent their money on.

People were supported to maintain and increase their independence and the support they received was flexible to their needs. One person told us they managed their personal care needs with minimal support. They said, "I do it myself but they [Care workers] help me when I can't."

Care workers told us they supported people be as independent as possible because they understood this was important for people's well-being. One care worker described how they were trying to enable a person to maintain their independence by requesting a longer care call. They told us, "I identified [Person's name] can do many different things themselves with encouragement and if they had more time. So I reported it back to the office and went to a meeting with the social worker to ask for extra care hours. We are waiting to hear."

Is the service responsive?

Our findings

People and relatives told us they were very satisfied with the service they received because the service was reliable, provided by care workers they knew, and who understood their needs and preferences. One person told us, "My carers know all about me." A relative told us, "They [Care workers] know [Person] better than I do." They added, "The carers have never let [Person] down."

Care workers knew the people they supported well. They told us this was because they visited the same people regularly and read people's care plans. One care worker said, "We spend a lot of time with people so we have time to chat and learn all about them and there is lots of information in the care plans." Another care worker told us, "I like to observe the people I support so I can learn about them. If I learn something new I can add it the support plan to share with the others [Care workers]."

The service manager told us before agreeing to provide a service the management team met the person and their family or representative, to carry out a detailed assessment. They explained this gave the service the opportunity to assess if they could meet the persons support needs and expectations. They added, "This is really important because we need to be honest with the person and their family if we can't provide what they want and need." The assistant manager told us when a new service started the manager who had completed the initial assessment went to the first care call to introduce the care worker to the person.

Care plans contained information from the person's perspective about how they wanted to live their lives, what they liked and did not like doing, and how they wished to be supported. Plans gave care workers instructions about what to do on each visit and showed people had been involved in developing and regularly reviewing their care plans.

The service supported a number of people whose behaviour could be challenging to other people and staff. Where this was the case, care plans included guidelines for care workers on how they could support the person to manage this. For example, one person's care plan noted they could become agitated if care workers did not understand what the person was trying to communicate. There was information included in the person's care plan to help care workers understand what the person might be trying to say if they behaved in a certain way. This meant staff could prevent and reduce incidents where the person became frustrated and challenging.

Care workers had the information they needed to support people and respond to any changes in people's needs. Care workers completed records at each visit with information about the care and support provided and any changes to the person's needs. One care worker told us, "We fill the daily 'diary' before we finish so the on-coming staff member have the information they need." The service manager told us care records were reviewed each month by the management team as part of the quality checking. Records confirmed this.

Care workers told us they supported people to achieve the things that were important to them, and people's care records showed how people were supported to plan outings and to maintain interests. One person had

planned an outing and overnight stay, their care plan showed how this had been planned, but also that it had been evaluated afterwards to assess how well the outing had gone, and whether it had been a success. This information was used to consider how the person could be supported differently when they next identified a goal they wanted to achieve.

People were allocated a consistent named worker [keyworker]. These staff members were responsible for overseeing people's care, and supporting people to plan how to meet their goals and aspirations. One person told us their keyworker had supported them to go on a cruise which had been a lifelong dream. The assistant manager told us people who used the service chose who they wanted as their 'keyworker' which was usually a care worker they had formed a relationship with. They explained new staff were allocated as 'second' keyworkers which enabled them to work with an experience keyworker whilst they learnt about the role and accompanying paperwork.

We looked at how complaints were managed by the provider. People and relatives told us they had no complaints, but knew how to complain and would be confident to raise any concerns with the management team, or care workers if they needed to. One relative told us, "Everything is fine but I would definitely raise a complaint if I had a concern." The assistant manager told us people were encouraged to discuss any concerns at their monthly meeting with their keyworker.

Care workers told us they would support people to share any concerns or make complaints. Speaking with us about what they would do if someone told them they wanted to make a complaint, one care worker said, "We ask people regularly if they are happy. I also say to people if they ever felt sad or unhappy about anything that I could help." Care workers told us they would refer any concerns people raised to the manager on duty and they were confident concerns would be dealt with effectively.

The registered manager confirmed the service had not received any formal complaints in the last twelve months. They told us any complaints received would be managed in line with the provider's policy and procedure.

Is the service well-led?

Our findings

People spoke positively about the quality of the service provided. One person told us, "It's a good service. I wouldn't want anything to change." Relatives agreed. One described the service provided as "splendid." They told us they felt 'very fortunate' their family member was supported by the service. When discussing relatives views about the way the service was managed we were told, "All my contacts with the management have been positive." And, "They [Management] have always been very helpful. They are very good."

The service had a registered manager. There was a clear management structure within the service; this included the registered manager, a service manager and assistant manager. We were told the 'day to day' running of the service was the responsibility of the service manager, with the registered manager focusing on decision making, compliance monitoring, systems and processes.

The registered manager was also registered to manage other services within the provider group so was not always in the services office on a daily basis. The service manager told us they communicated with the registered manager every day. They said, "If [Registered manager] is not in the office they are always contactable by telephone if I need advice. I definitely feel supported."

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications to inform us about important events and incidents that occurred. They also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

Staff told us they enjoyed working for the provider. One care worker said, "This is a good place to work. I am part of the 'here I am' campaign. Mencap are trying to promote the rights of people with learning disabilities and I am part of that. It inspires me." They added, "Working in care for Mencap has really opened my eyes to the world." Another care worker told us they "loved" their job because the people they supported were the priority. They added, "It's good because you get a lot of praise when you have done something well. It makes you feel valued."

People told us the management team were approachable and supportive. One person said, "[Service manager] is nice. I like it when they visit. We have a chat." Another person told us they regularly went to the office to have a cup of tea with the service manager and assistant manager. They told us, "We can pop in any time."

Care workers spoke positively about the support they received from the management team. One told us, "The managers have a good understanding of the job and the support we need, as they have been support workers themselves."

Care workers told us they had regular team and individual meetings with the management team. One said, "Staff look forward to team meetings. We discuss what is working well and what needs to change. The management are really good they listen and take things on board. We come up with a solution together."

Another care worker told us they regularly met with the service manager to talk about their own practice and professional development. They said, "Development is the key to good practice. I am always active and willing to learn. I am encouraged and supported [by the provider] with this." Records confirmed meetings were regularly held.

Prior to our inspection we received information through our 'share your experience' web forms about a lack of management support for care workers. We shared this information with the registered manager. They told us all staff were provided with telephone numbers, including those of senior manager's within the provider group who could be contacted when the management team were away from the office. Care worker confirmed they knew how to contact the management team during and outside of 'normal' office hours. One care worker told us "I have never needed to use the 'on call' myself, but I know other staff who have and there has never been a problem."

The provider asked people their views about the service they received through an annual survey. Records of the latest survey sent to people in October 2015 showed 98% of respondents said they were getting the right support to help them achieve the things which were important to them, and they felt in control of their lives. Comments made included, "Nothing will make it better. Its top standard." And "Doing very well. Nothing needs improving." The registered manager told us the provider had reviewed how feedback was obtained from relatives and a revised survey was due to be issued.

The registered manager and service manager monitored and audited the quality and safety of the service provided. This included monthly checks of care records to ensure they continued to accurately reflect people's needs and observations of staff performance to ensure they followed policy and procedure. Quality checks identified what the service did well and where improvement was needed. For example, the registered manager had identified some care records needed to be re-written to ensure the most current information was clearly recorded. We saw the registered manager maintained an action plan where a need for improvement had been identified. The action plan was regularly reviewed and updated to show when actions had been completed and those which still needed to be addressed.

During our visit we asked the registered manager what they were proud of about the service provided by Warwickshire Supported Living. They told us they were proud to have a dedicated staff team who were full of energy and had developed a great rapport with the people they supported. They added this meant people received good support which enabled them to be as independent as possible and helped them achieve "great outcomes".