Burrow Down Support Services Limited

Burrow Down Community Support

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 was announced and took place on 13 and 14 September 2017. The inspection was carried out by one inspector. We gave the provider short notice to ensure the registered manager (or a suitable deputy) would be available to meet us at the provider's office, and also to make arrangements for us to visit some of the people in their own home.

Burrow Down Community Support provides a 'supported living' service. This is where people live in their own home and receive care and/or support in order to promote their independence. The support that people receive is often continuous and tailored to their individual needs. It aims to enable the person to be as autonomous and independent as possible. There is genuine separation between the care and the accommodation, the care they receive is regulated by CQC, but the accommodation is not. The service is registered with the Care Quality Commission (CQC) for the provision of personal care in people's own homes. The service was registered on 7 July 2015 and was well established. It had previously been managed from another location, so this was the first inspection at this location.

At the time of the inspection the service supported 25 people, who had individual tenancy agreements, living in eight houses. Personal care was provided to 15 of these people. People who used the service had varying degrees of support needs, ranging from mild to severe learning and physical disabilities and autistic spectrum conditions. Some people had complex needs and required 24 hour support, whereas others were relatively independent and just needed assistance for a few hours each day. The service also provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. For example, in addition to personal care, the service also assisted people with their housekeeping, shopping, attending appointments and other independent living skills.

There was a registered manager in post. 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.

Policies and procedures helped ensure people were protected from the risk of abuse and avoidable harm. Staff had received a range of training and information including safeguarding adults and they were confident they knew how to recognise and report potential abuse.

People's risk assessments and care plans were clear and contained clear guidance for staff to help them meet people's support needs safely, according to their wishes and preferences. Staff had a good understanding of people's individual nutritional needs in line with their care plans. They followed recommendations from health professionals to ensure people's nutritional needs were met safely.

The service placed a strong emphasis on a 'person centred approach', and this was promoted throughout the service. Staff respected people's privacy and dignity. They promoted their ability to make decisions

about their lives, and how they wanted their support to be provided. People's communication needs were catered for to ensure they were able to participate fully and make meaningful choices. Care plans contained clear guidance for staff to help them support people to maintain as much independence as they were able and achieve their personal goals.

Where people needed assistance or prompting to take their medicines, systems were in place to ensure they received their prescribed medicines safely. Where necessary, people were also supported to access other health and social care professionals to maintain good health and well-being.

Staff were well supported. Managers were very visible and accessible to them and the people they supported. Staff received regular one-to-one supervision and attended monthly staff meetings. They were supported with their immediate training needs, as well as their continued professional development. They told us, "It's a massively well managed service. It was already good in the first place. The registered manager gets out more, comes and sees people. They are always on the end of the phone no matter what the issue is".

The provider had a range of monitoring systems in place to check the service was running smoothly and to identify where improvements were needed. This included the 'Support Hive' (the service's electronic care planning system), which enabled the registered manager to have constant oversight of the support being provided to people as it took place. They were instantly alerted via their mobile phones if any accidents or incidents such as seizures or challenging behaviour had occurred. People were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. They were asked to complete satisfaction survey forms seeking their views on all aspects of the service, and any identified areas for improvement were acted upon.

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 were protected from the risk of abuse and avoidable harm.

All new staff were thoroughly checked to make sure they were suitable to work at the service.

People's needs were assessed to ensure risks were identified and safely managed. Risk assessments also supported people to take positive risks, enabling them to do what they wanted to do in a safe way.

There were appropriate staffing levels to safely meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet.

People were supported to maintain good health and to access health and social care professionals when needed.

Is the service caring?

Good

The service was caring.

Staff were passionate about their roles and committed to providing person centred care.

People were treated with kindness, dignity and respect and were supported to achieve their individual goals, whatever their starting point.

Staff had a detailed understanding of each person's preferred

communication methods and how they expressed their individual needs and preferences.

The service was proactive in ensuring people were fully informed and involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were involved in creating and reviewing their support plans. This meant support plans were personalised to each individual and helped staff understand how they wanted their care to be provided.

People were supported to participate in a range of employment and activities, and were actively involved in their local community.

There was an effective complaints process, which people were encouraged to use if necessary.

Is the service well-led?

Good

The service was well led.

People using the service and staff were well supported by the management team who were 'hands on' and very accessible.

People and staff were encouraged to express their views and the service responded appropriately to their feedback

The provider was committed to continual improvement, and had a range of effective monitoring systems in place to assess the quality and safety of the service.

Burrow Down Community Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 14 September 2017 and was announced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we went to the provider's office and spoke to the registered manager, the deputy manager, the company director/provider, and the human resources and training officer. We looked at a range of records the provider is required to maintain, both in the office and sent to us via email. These included five service user care and support plans, staff rotas, four staff recruitment files, staff training records and safeguarding and quality monitoring records. We also looked at records of accidents, incidents, compliments and complaints and the minutes of staff and managers meetings. We visited three houses and met four people. We spoke to five care staff in the office and at people's houses, and received additional written feedback from seven. We contacted two health and social care professionals and had feedback from one.

Good

Is the service safe?

Our findings

The majority of people we met who were receiving a regulated activity were unable to communicate verbally due to their learning and physical disabilities. We therefore observed their interaction with staff and talked with care workers to gain a better understanding of their experience of the service. We saw people were at ease and comfortable with the staff supporting them. One person told us they felt safe with the support they received.

Individual risks to people's health and safety had been identified and there was information in each person's care plan showing how they should be supported to manage these risks. This included risks related to activities of daily living, such as eating and drinking or bathing and showering, and risk assessments related to managing behaviour that challenges. In the PIR the registered manager stated, "We have comprehensive behavioural plans which advise staff on how best to support customers in times of distress and heightened anxiety. Our plans aim to reduce the risk of behaviours escalating". One person's care plan contained a comprehensive risk assessment and a management plan related to their risk of becoming distressed or angry, and challenging for staff to support safely. The guidance advised staff that although the person may cause injury to themselves or others, "restraint must NOT be used. Staff should back off and ensure people and objects are removed to a position of safety. Staff were advised to intervene as soon as the persons behaviour began to change using a "calm tone and simple language". Another person's care plan contained a risk assessment related to them travelling as a passenger in a car and behaving in a way which put them and others at risk. There was clear and detailed guidance for staff about how to reduce the possibility of this occurring and what to do if it did. This helped ensure people were kept safe without having their liberty restricted.

Risk assessments also supported people to take positive risks, enabling staff to promote their independence and do what they wanted to do in a safe way. The registered manager told us, "Risk assessments are there to enable people to take positive risks in their lives. For example, if somebody wants to access the community independently, a risk assessment is done with the person. We ask them, "You want to go out into the community on your own. What do we put in place to help you if something goes wrong?"

The service had taken a number of proactive measures to support people to protect themselves from abuse or harm. Accessible 'easy read' information about keeping safe on the internet had been sourced from the local library. People were supported to attend 'blue light' days run by the emergency services, to learn how they could keep themselves safe in the community. If carrying a mobile phone, care staff made sure the contact numbers for the service were on them.

The risk of abuse to people was reduced because there were effective recruitment and selection processes for new staff. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff disciplinary procedures were in place and had been used effectively when required to ensure the safety and quality of the service.

The service protected people from the risk of abuse through the provision of policies, procedures and staff training. Staff knew about the different forms of abuse, how to recognise the signs of abuse and how to report any concerns. Staff were familiar with the whistleblowing policy and told us they felt confident to use it and knew action would be taken. The deputy manager told us they, "made sure that staff were aware they could whistle blow about anything". Records showed safeguarding concerns had been managed appropriately, and the service had worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

Systems were in place to ensure people received their medicines safely. The service ensured staff were trained and competent before allowing them to administer medication. Staff received training in providing the required medicines in the event of a person having a seizure, and there were guidelines and a protocol in place. Care plans contained clear guidance for staff about the individual support people needed to take their medicines, for example, "Staff will need to ensure I am sat up properly so I am not at risk of choking". The registered manager told us the service encouraged people to administer their own medicines where possible. Risk assessments were completed with them and reviewed regularly to ensure their safety in administering their own medicines. Staff then checked to ensure the medicines had been taken as prescribed.

Medicines were clearly documented in care plans and signed for by two members of staff when administered, on paper medicine administration records (MAR charts) and on the service's electronic care planning system known as the 'Support Hive'. Regular medication audits were carried out and any medication errors investigated, with action taken to minimise the risk of recurrence and keep people safe, The Support Hive enabled the on call duty manager to monitor the administration of medicines and alerted them if a medication had not been given within 30 minutes of the prescribed time. The registered manager advised there had been no medication errors since February 2017.

Staff had a good understanding of the policy and procedures related to accident and incident reporting. The information was put onto the 'Support Hive', which instantly notified the registered manager that an incident had occurred. This allowed them to take immediate additional action if required. The information was collated and analysed at weekly managers meetings and monthly reviews, to identify any causes and wider preventative actions that might be needed to keep people safe.

The registered manager told us, "Sufficient staff are on duty to keep people safe and protected from harm and abuse". Staffing levels were determined by the number of hours commissioned by the local authority and the level of people's support and social care needs. Every person using the service had a key worker, and each home had a senior member of staff. All the houses had overnight sleep in staff, or waking night staff. The registered manager told us, "We decided to stick with sleeping staff rather than use assistive technology as it's safer." An effective on call system meant that a manager was available to provide additional support or advice 24/7.

Although the service was not directly responsible for people's premises, the provider and the landlords of the property worked together to ensure the premises were safe for people. Staff carried out environmental risk assessments and checks. They had received training in fire safety, and regular fire checks and drills were carried out. People living in the houses had a personal emergency evacuation plan (PEEP) so that staff and emergency services could access information about the safest way to move people quickly and evacuate them safely. Any property maintenance requests were made through the 'Support Hive' and emailed to the landlords to be carried out.

Good

Is the service effective?

Our findings

The service provided effective support to people. Staff knew people well and were knowledgeable about their needs and preferences. A senior member of staff told us, "They are a good staff team. They understand people like strict routines and things done in a certain way".

Support was provided in line with people's agreed care plans. One person required calm sensory input and intensive interaction to help them manage their challenging behaviour. Intensive interaction is an approach designed to help people with autism or complex learning difficulties to develop communication skills. When we visited them they were quietly being supported in the garden by a member of staff, drawing on the paving slabs with coloured chalks. The person was relaxed and smiling and appeared to be enjoying the activity. The registered manager told us the skilled support given to this person meant they were now accepting of support with personal care and able to access the community, whereas previously this had been very distressing for them.

Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. A health professional told us, "They make sure staff have the tools they need."
There was a six month probationary period during which new staff completed a thorough induction programme. This included training on a range of topics such as safeguarding, the Mental Capacity Act 2005, medicine administration, infection control, fire awareness, manual handling and challenging behaviour. The training officer told us all of the training was delivered face to face, saying "We have discussions, look at scenarios and get them to think, 'What would you do in this situation?' They are tested at the end to see if they've understood it". New staff also completed the national skills for care certificate, a more detailed national training programme and qualification for newly recruited staff. During their probationary period staff were also shadowed and observed by senior staff to ensure their competency.

After staff had completed their induction training they were able to undertake further 'in house' training in a range of topics relevant to the people using the service, which meant their skills and knowledge remained up to date. Comments from staff included, "They are good with training, keeping on top if it and making sure everybody does it. It's done in our normal work time and on the rota" and, "I've done every bit of training I asked for. Burrow Down has given me every opportunity to expand my portfolio and my own knowledge and understanding". Additional training to meet people's specific needs was arranged, for example in autism, and challenging behaviour and breakaway techniques. Health care professionals worked with staff, helping them to understand people's individual needs and how to support them in line with their care plan. This included professionals from the local specialist learning disability team helping staff to safely support a person with challenging behaviour, and speech and language therapists (SALT) working with staff to develop person specific communication tools

Care staff received regular supervision from senior staff and an annual appraisal. The supervision agenda was structured around the CQC's 'key lines of enquiry' allowing staff to reflect and comment on how well they and the provider were doing in meeting the minimum standards for quality and safety set out in law. Senior staff told us about their commitment to providing good quality support and supervision. One

member of staff said, "I'm supportive to them. If I'm not they will fall by the wayside...New staff can be scared of challenging behaviour. I try my hardest to lead the team in such a way that they can learn from me and my experience. We need to make sure we support them and help them to become more confident".

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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA, and found that the service had consistently carried out decision specific assessments of capacity, and ensured a best interest process had taken place where required. For example where people without the capacity to consent were given their medicines covertly, it was clearly documented that this decision had been made in their best interests.

People can only be deprived of their liberty to receive care and treatment which is in their best interests, and legally authorised, under the Mental Capacity Act 2005 (MCA). The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. If a person is subject to continuous supervision and control, is not free to leave, and lacks capacity to consent to these arrangements, they are deprived of their liberty. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. Staff had used a tool developed by the local authority to determine whether the people they were supporting met these criteria, and referred them for assessment where appropriate.

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. People were supported individually with menu planning, food shopping and cooking. One member of staff told us, "On Monday we do the food plan for the week where they pick their meals. The people in the house help with cooking to a certain extent. They do the chopping; we try and make it fun so it keeps their attention. They wash their own dishes. We do food shopping on Tuesdays, when they are learning about unpacking and the safe storage of food". Staff had a good understanding of people's nutritional needs. The registered manager told us, "All staff have had diet and nutrition training, so know what to include on menus to make sure people have a balanced diet. Pictures of two food choices are pinned up, any more than that is too complex for people".

Risks related to nutrition were identified and support provided. People who were at risk of weight loss had their food and fluid intake monitored and documented, and an assessment under the MCA completed where necessary to demonstrate this was in their best interests. Care records showed that people at risk of choking had been referred to the SALT team, and care plans contained clear guidance for staff about how to minimise the risks. For example, "Due to my SALT assessment I need to sit in an upright position after my meal for at least 30 minutes to reduce the risk of choking".

People were supported to access appropriate health care services to maintain their physical and emotional health where required. A health care professional told us the service was very quick to contact them if necessary, and "very quick to arrange core group meetings". Support plans contained details of peoples health needs and appointments, and a 'hospital passport', which could be taken to medical appointments, hospital admissions or any situation where health information is important and the person might not be able to provide it themselves, due to a learning disability or difficulties with verbal communication. People were supported to attend appointments if necessary. The registered manager told us, "Sometimes families like to take them, it depends on the customers wishes. If they want a particular member of staff to support them, for example a trusted member of staff to go with them to counselling sessions, we will make sure that

member of staff is on the rota."

Good

Is the service caring?

Our findings

We met one person who was visiting the office with their key worker, and visited other people in their homes who did not communicate verbally with us. We noted that people seemed relaxed and happy with the staff supporting them and appeared to have a trusting relationship with them. Staff spoke to people in a patient and kind manner. They took time to assist people with their understanding and then respected and acted on people's choices. Written feedback from one person said, "I like my staff, they make me laugh".

Staff spoke passionately about their roles and their commitment to person centred care. They told us, "Everyone is working to make sure the customer has a fulfilled life". In one of the houses staff had created a sensory room which was well used by the people living there, as a calming or stimulating interactive space. One member of staff told us they were trying to arrange a holiday abroad for one person. They said, "it's a complex process, but it will be worth it. They've never been on a plane". Another person had recently had a birthday party with a barbeque arranged by staff. The house had been decorated with banners and balloons, friends and family had been invited and staff had attended in their own time.

The registered manager told us they were careful when recruiting, to employ staff "who share the same values". Potential new employees were asked to do a trial shift to meet the people they would be supporting and the staff team. People and staff were then asked for their views about the person's attitude and interaction during the shift. The service had developed an accessible 'easy read' form to enable people using the service to give feedback that was meaningful. The registered manager told us, "I always ask, "Would I feel comfortable to have that person looking after my family?" We don't make an offer to anybody until they've done that first shift".

There was a commitment to promoting independence and ensuring people were fully involved and consulted in all aspects of their lives. The service supported people to make choices by providing information in an accessible format. This included feedback forms and the support agreement, signed by the person, which contained important information about the service, charges, the support plan, how information is recorded and why, rights and responsibilities, how to make a complaint and how to cancel the service. Staff were able to tell us how they supported people to make choices. For example, a member of staff described how they had supported people to decorate their rooms how they wanted them, with new bedding and curtains. Some people had been able to say what wanted, some had chosen from colours and pictures in catalogues and others had chosen what they wanted in the shops. Another member of staff told us how they had helped a person choose a new car which they could get in and out of easily, by taking them for a test drive. They said, "We don't want to be taking things away that give them a sense of empowerment." Care plans reminded staff to offer only two choices at a time to some people with autism, or they might find it overwhelming. Staff told us, "We always question our practice at house meetings, supervision and reviews, ensuring we are not over protecting the customer and preventing their growth".

Staff respected people's privacy and dignity, and this was promoted by the service. When staff spoke with us they were respectful in the way they referred to people. A member of staff told us, "I always make sure personal care takes place in private with the door and curtains closed. I always explain to the customer what

I am about to do and why. We are trained to treat people the way we expect to be treated and I don't think you can do this job unless you have genuine respect for human kind".

Where appropriate people were supported to maintain relationships with their families, with the support of staff where required. Staff told us how one person frequently visited their family and had regular overnight stays. A communication book had been set up with the family so information could be shared.

Care plans showed that people had been supported to express how they would like to be cared for towards the end of their life. Their wishes had been documented, which meant staff would be aware and ensure they were respected.

Good

Is the service responsive?

Our findings

The support provided by the service was personalised and responsive to people's individual needs. These meant that whatever goals people had they were able to progress and achieve, whatever their starting point. For example, one person we spoke with had been offered paid employment following a period of voluntary work, while another person was now able to accept support with their personal care without becoming distressed and aggressive.

The service provided assistance with personal care based on people's assessed needs and preferences. This included assistance or prompting with washing, toileting, dressing, eating and drinking. Some people needed 24 hour support with all of their personal care needs, while others were relatively independent and needed less support. The service also provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. In addition to personal care, the service assisted people with their shopping, attending appointments, maintaining social friendships, planning holidays and other independent living skills. Staff told us that people had a 'home day' once a week, when they did domestic tasks such as laundry and housework.

The PIR stated, "Before a person receives a service, a comprehensive assessment of need is carried out with the person. Information is also gathered where appropriate from their relatives and any professionals involved in their care. This information details the person's needs, preferences and aspirations. A package of support is then drawn up for the person to consider". The registered manager told us they worked well with the shared tenancy company to facilitate a smooth transition into the supported living service. Prospective tenants could be shown photographs of the property and come and view. The service considered whether a new prospective tenant would be a 'good fit' with the existing tenants, with shared interests. It could be a 'slow' transition over time, with the person coming for dinner or joining in an activity beforehand. The registered manager told us, "It's important to make sure everybody is happy".

Each person had a comprehensive care plan, based on their assessed needs. This was documented on an electronic care planning system called the 'Support Hive' which was monitored and updated daily if required. The registered manager told us, "The care plans are working documents. We are constantly reviewing and updating them. People change on a daily basis. I know I do…paper copies are only relevant the day they are printed". People and their relatives where appropriate, were fully involved in drawing up the plan, which meant their needs, and how they wanted them to be met, were accurately documented. The PIR stated, "People are fully involved where possible in the planning of their care and person centred tools such as 'A guide to a good day' are used to ensure people's views and wishes remained paramount." The registered manager told us that people with the capacity to do so wrote their own care plans with a senior member of staff through key worker meetings. Written feedback from one person stated, "I went to a meeting, my support plan was discussed with my family and social worker. That's when I say if I'm not happy with something".

The care plans provided clear guidance for staff about how to support people, containing detailed information about managing risks, communication needs, behaviour support, personal care, nutrition,

physical health needs, medication and daily routines. They were person centred, and advised staff what was important to the person, what they needed to do to support the person and what made the person happy or unhappy. One person's care plan said, "This is how I communicate with you. I will talk to you but my speech is very limited and sometimes difficult to understand. However, I am very patient when trying to get you to understand me. I will give the thumbs up if I am happy or if I like something". Care plans were regularly reviewed with the person at meetings with their key worker, at core group meetings attended by advocates and professionals, and a formal annual review. An accessible 'easy read' template was used which enabled people to contribute fully.

The service aimed to ensure people were supported by a consistent core team of staff, who knew the people they were supporting well. This meant staff had a good understanding of people's needs and the ways in which they communicated. One member of staff told us, "I can tell if a person's not having a good day by their body language". Staff were matched with people at interview stage, according to their skills and interests, so that they could provide the support the person needed to achieve their individual goals. For example one person enjoyed trampolining with a member of staff who was a fitness instructor.

People were supported to participate in a range of employment and activities in the local area according to their interests and preferences, and staff rotas were altered where necessary to accommodate this. this included paid employment or voluntary work and recreational activities such as horse riding and attending local day opportunities. A member of staff told us, "At weekends they do what they want to do, they've been working all week! We keep an eye out for things happening locally that they might want to do. One person likes to go and see steam trains, and have lunch out. They might want to go to Dartmoor, have a movie night or work on the vegetable patch in the garden where they grow fruit and veg".

The service had a clear complaints process and policy with an 'easy read' complaints guide which was accessible for people. There was guidance for staff about how to respond if a person was unhappy, to ensure the person was heard, their concern responded to, properly documented and followed up. The PIR stated, "Management monitor and review incidents and complaints every week and put into action changes required to rectify the issues raised. We never forget to apologise for any wrong doing on our part, aiming to do our upmost to ensure people feel well cared for and safe in our hands".

Good

Is the service well-led?

Our findings

Burrow Down Community Support was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. They told us, "I'm very passionate about what I do. It's not a job it's a way of life". They said their ethos was to, "Stand up for the rights of the people we support. Stand up for people who can't speak for themselves, ensuring they live the life they want to." They told us they didn't want to expand the service, but to focus on quality and continuous improvement. They said, "Rome wasn't built in a day, every day we can do better."

The registered manager and provider worked very closely together to run Burrow Down Community Support. They were both committed to working in a person centred way and were 'hands on', which meant they knew the people they were supporting well. Staff told us, "The director and manager have come out and worked a shift. It's lovely. They know all the clients". Other comments included, "It's a massively well managed service. It was already good in the first place. The registered manager gets out more, comes and sees people. They are always on the end of the phone no matter what the issue is", "[Provider's name] and [registered manager's name] have taken it to the next level. There are no questions. If that's what the customer needs or wants to do, that's what they do. It's really powerful."

Staff told us they were well supported. They said, "My experience of working within the company is a very happy one. I am valued as an employee and supported greatly". A staffing structure, including the provider, registered manager and senior support workers provided clear lines of accountability. The senior staff supervised and supported the junior staff, and the registered manager supervised the senior staff. The registered manager told us, "Sometimes I supervise the junior staff so I can get to know them. I try and be there when new starters start so I can introduce them to the customers and the team". They told us the office had an 'open-door policy', "and staff often come in to touch base with management, to make suggestions or just to have a cup of tea." There were monthly staff meetings where staff told us they could put forward their ideas to improve the service.

A comprehensive programme of audits was carried out to assess the quality and safety of the service. This was based around the CQC's fundamental standards to ensure the support provided was safe, effective, caring, responsive and well led. The programme looked at every aspect of each person's care and support, including their care plan, risk assessments, environment, finances and medicines. The registered manager also carried out regular unannounced spot checks to observe staff working with people and gather feedback from people about staff practice to ensure their competency. In addition the 'Support Hive' (the service's electronic care planning system) enabled the registered manager to have constant oversight of the support being provided to people as it took place. This included the administration of medicines, recording, meals prepared and whether staff had arrived at people's houses on time. They were instantly alerted via their mobile phones if any accidents or incidents such as seizures or challenging behaviour had occurred. Any incidents, safeguarding concerns or health and safety issues were discussed at a weekly management meeting, and an action plan developed where required.

Satisfaction surveys were sent to people and staff to seek their views. 17 of 23 responses to a survey in May

2017 showed that there was a high level of satisfaction amongst the people using the service. One person, when asked if they were given time to make choices, said, "[Staff name] always says, 'It's your home, you decide." Another person said, "I'm religious. My staff never comment but they listen to my views and help me get to church". The results of the staff survey were published in a staff newsletter with the service's response and planned actions.

The registered manager and provider were committed to their own professional development and keeping their knowledge and skills up to date. For example they subscribed to publications relevant to the sector, and were registered with organisations such as Learning Disability England. They received monthly clinical supervision from their in-house psychotherapist, which enabled them to provide effective support to staff and the people using the service. They also attended manager's networking meetings run by the local authority, which kept them informed about changes in commissioning arrangements for supported living services, and were an opportunity to share ideas about best practice. The registered manager told us, "It's nice to be able to express our views, get feedback and see how other people are working".

The provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. A health care professional told us, "They are happy to say, we got this wrong, we're not doing it right. The transparency and open door is brilliant. It's an honest relationship. They are very transparent in what they do." This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment