Aspects 2 Limited

Aspects 2 Supported Living Service

Inspection report

Unit 1, Salmon Springs Trading Estate
Cheltenham Road
Stroud
Gloucestershire
GL6 6NU

Tel: 01453763600
Website: www.aspects2.co.uk

Date of inspection visit:
05 April 2016
06 April 2016
11 April 2016

Date of publication:
20 May 2016

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5, 6 and 11 April 2016 and was announced. Aspects 2 provides care to people with a learning disability, physical and/or sensory disability and/or mental health needs living in their own homes in Gloucestershire. Some people lived alone in their homes and others lived together in a house they rented, receiving shared care from Aspects 2. At the time of our inspection 23 people were receiving personal care. The provider was also responsible for supporting people to take part in social activities, education and employment opportunities as well as maintaining relationships with people important to them.

There was a registered manager in post, who was also one of two directors of the company. 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 and associated Regulations about how the service is run. The registered manager was unavailable at the start of the inspection but was present on the final day.

People received highly individualised and personalised care which reflected their needs, likes, dislikes and aspirations. They were involved in planning and reviewing their care, talking with staff and managers about their experiences and how they wished to be supported. Their care records described their individual needs providing clear and specific guidance for staff. People were supported to be as independent as they could be; making choices about their day to day lives or being supported in their best interests if this was needed. People were supported by staff who knew them well and understood their needs. People liked to have the same staff helping them and this was achieved by allocating staff teams to work with people on a regular basis.

People were kept safe by staff who understood how to uphold their human rights. People's diversity was respected and people were treated with dignity and sensitivity. Staff were kind, good humoured and reassuring. People were supported to stay well and healthy. Staff understood how to support people when anxious or upset.

People benefitted from innovative and imaginative staff who created opportunities for them to try out new activities or explore new ways of living. People said "It's amazing" and "its cool" about their lifestyles. They enjoyed meaningful activities in their local communities such as going to day centres, college, voluntary work or helping in a school. They liked to socialise going to pubs, bowling, cinema and the theatre. They kept in touch with family and friends.

Creative systems had been introduced to help people to understand information. Some people had their care plans produced in an electronic format which they could engage with. People had taken part in films to explain to people how to make a complaint or to help to understand their tenancy agreements. Easy to read information had been produced to make information more accessible to them. People use technology to remind them to take tablets or as alarms in their homes to keep them safe.

People were supported by staff who had been robustly recruited to make sure they had the aptitude and values looked for by the provider. They had access to training to equip them with the skills and knowledge they needed to support people. Staff felt supported in their roles and had access to managers through face to face meetings as well as over the telephone. Staff said managers were open and accessible and always there for them if needed. Staff said there was some flexibility in the way they were allocated to make sure people's needs were met.

Quality assurance processes enabled people and staff to voice their views and opinions. They were confident they would be listened to and action would be taken in response. Managers closely monitored and audited people's experience of care. They had responded to feedback about poor communication between relatives and reviewed the way staff were supported and nurtured in their roles. People and staff respected the registered manager and the other director who were open and accessible. As a result the visions and values of the provider had been embedded in people's experience of their care. They received "outstanding care and support" which "enables and empowers people to live a life that is meaningful to them".

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's rights were upheld. Risks had been assessed and minimised to prevent injury or harm.

Recruitment and selection processes were robust ensuring staff of the right character had been appointed. There were enough staff with the skills and knowledge to meet people's needs flexibly and to ensure their safety.

Medicines were administered and managed safely.

Is the service effective?

Good

The service was effective. Staff had access to training to acquire the skills and knowledge relevant to people's individual needs. They were supported in their roles and had the opportunity for professional development.

People were supported to make choices and decisions about their care and support which reflected the requirements of the Mental Capacity Act 2005.

People were supported to stay well and healthy. Their individual dietary needs were taken into account. They had access to a range of health care professionals to maintain their physical health and mental well-being.

Is the service caring?

Good

The service was caring. People were involved in making decisions about their care. Modern technology had been used to make information accessible to them.

People had positive relationships with staff and were treated with respect, sensitivity and kindness. Staff were passionate about encouraging people to be independent whether in their homes, their local community or trying out exciting new initiatives within their own organisation.

Staff understood people's needs really well and showed concern for their well-being making sure they responded to any distress or anxieties.

Is the service responsive?

Outstanding ☆

The service was very responsive. People's care focussed on them as individuals and they received personalised care and support. Staff understood them really well and worked with people to direct their care and to help them to achieve their ambitions and aspirations.

Creative and innovative methods were employed to engage people in a range of activities and opportunities which improved their well-being and enriched their quality of life.

People knew how to make a complaint. Resourceful ways had been used to explain how to raise concerns. Feedback from people, their relatives and others was used to improve the service.

Is the service well-led?

Good ●

The service was well-led. People and staff were actively encouraged to express their views and opinions. They were confident they would be listened to and improvements would result.

The visions and values of the provider were embedded in every part of the service promoting a personalised service and a positive culture.

People benefitted from a robust and passionate management team who were constantly seeking to improve and drive the service forward.

Robust quality assurance systems focussed on people's experiences ensuring the service they received was safe and of the highest quality.

Aspects 2 Supported Living Service

Detailed findings

Background to this inspection

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

The inspection took place on 5, 6 and 11 April 2016 and was announced. Notice of the inspection was given because we needed to be sure that the registered manager would be in. One inspector and an expert by experience carried out this 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. The expert's area of expertise was people with sensory or physical disabilities and mental health conditions. 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with sixteen people using the service. We also sent out questionnaires to people and staff. We spoke with the registered manager, a representative of the provider, four managers and seven care staff. We reviewed the care records for six people including their health care records. We also looked at the recruitment records for five staff, staff training records, complaints, accidents and incident records and quality assurance systems. We observed the care and support being provided to seven people. We had feedback from the local commissioners and peer reviewers who had inspected this service on their behalf. We also contacted five health and social care professionals asking them for their views about this service.

Good

Is the service safe?

Our findings

People's rights were upheld. People who responded to our questionnaires said they were safe from abuse. People told us they felt safe living in their homes, being reassured by staff supporting them to either access their community or to stay with them overnight. People were guided by staff about how to stay safe when using the internet, being at home alone or going out into their local areas. People had been advised about "Stranger Danger" and not to engage in conversation with people they did not know or to let strangers knocking on their doors into their homes. One person had attended a local drop in centre to learn more about how to stay safe in their home when dealing with 'cold callers'. People told us they would contact the "office" if they were worried or had a problem. Some people knew the out of hour's telephone number and others had this stored in their mobile phones.

People had been given information about how to stay safe. Staff had also completed safeguarding training and described what they would do if they had any concerns about people's safety or suspected abuse. Their knowledge and understanding of safeguarding procedures was discussed with them individually at meetings with their line managers. Staff were confident about raising concerns under the provider's whistleblowing policy and said management would follow these up and take the appropriate action. A safeguarding alert had been raised following allegations of abuse, which was investigated and found to be unproven. The registered manager had contacted the relevant safeguarding authorities and notified the Care Quality Commission. The Provider Information Return said the management team reviewed any safeguarding alerts "to see if there are common areas that need addressing".

When people had accidents or incidents robust records were kept detailing what had happened and any action taken by staff to prevent these from reoccurring. If necessary risk assessments were reviewed and referrals were made to health care professionals. For example, requests were made for an assessment for the provision of a helmet to protect a person experiencing epileptic seizures. Where changes had been made the accident or incident records were reviewed to assess whether the actions taken had been effective or risks to people's safety and well-being had continued. Reviews confirmed no further accidents or incidents had occurred.

People were kept safe from the risk of harm or injury as far as was possible. Positive risk taking was explored with people encouraging them to be independent whilst maintaining their safety. Comprehensive risk assessments described the hazards people faced and how any risks could be minimised. These were reviewed every six months or sooner if people's needs changed. New risk assessments were put in place in response to incidents. For example, after a fall an alarm was fitted to the landing in a person's home to alert staff if they had wandered out of their bedroom at night. People confirmed they talked to staff about any hazards in their home such as using a microwave to cook meals rather than a cooker.

People's homes had been assessed to make sure a safe environment was maintained. This included looking at the arrangements for access to their homes. People said they felt safe keeping their doors and windows locked. Some people had keys to their front doors, other people had a key safe outside their home and some people had chosen not to keep their keys, which were kept safe by the staff supporting them. Risk

assessments described how people were supported to make sure fire systems were effective and personal evacuation plans were in place.

People were supported by staff who had been through a robust recruitment and selection process. The PIR stated, "The organisation follows the 'Safer Recruitment Good Practice Guidance by Gloucestershire Safeguarding Adults Board' …. to ensure robust safeguarding measures are in place at all stages of the recruitment process". Each applicant had completed an application form supplying a full employment history. When people had worked previously with children or adults their former employers had been contacted to ask them why they left their employ. Checks had been made on applicants' character and experience. They had also completed Disclosure and Barring Service (DBS) checks. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. The provider had advertised for a person using the service to become part of the recruitment team and a person was appointed who is now fully involved with interviewing new applicants.

People said there were enough staff to meet their needs. Some people received just a few hours of support whilst others shared care with people living in their homes. Rotas evidenced how staff were allocated to people to ensure they had the support commissioned for them by their local authority. Staff said a new system of electronically logging in when they supported people was working well. This made sure people had the correct number of hours and levels of support contracted to them. People liked to have staff they knew supporting them and staff confirmed the rotas ensured consistency and continuity of support. Staff and people said there could be some flexibility if people decided they did not want their support as it had been allocated. Spare hours could be banked to use at a different time for example for day trips.

People were supported to manage their medicines safely. The PIR stated medicines had been dispensed by different pharmacies and in different systems which potentially increased the risks of errors in the administration of medicines. To reduce these risks most people had agreed to have their medicines dispensed in the same system prepared by the same pharmacy. Where people did not wish to change the system they used this was respected. A comprehensive medicines administration chart was provided which included a photograph of the person as well as a photograph of each medicine being taken. Staff said this system also allowed people to safely take out with them just the medicines they needed. The medicines were still in the original packaging and with all the information that would be needed.

People had also decided whether they wished to have their medicines stored securely in their bedrooms. Some people had chosen to keep their medicines together in a secure cabinet in the guest room of their home. People had their medicines at times they needed them and were encouraged to be independent getting a drink or managing their medicines for themselves. Staff had completed training in the safe handling of medicines and their competency had been assessed through observations of their practice.

Good

Is the service effective?

Our findings

People were supported by staff with the skills, knowledge and experience to meet their individual needs. People told us staff knew them well and understood how to support them. Staff confirmed they had access to an induction programme which equipped them with the knowledge and skills they needed. They had access to the Care Certificate as part of their induction which included observations of their performance and assessed their understanding of courses they had completed. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. The training needs of staff were monitored and they were prompted when they needed to complete refresher training. Staff said they completed training specific to people's needs such as autism and epilepsy. Training was delivered internally using open learning packages, face to face with staff trained as trainers and through several external trainers. The Provider Information Return said managers kept up to date with local and national guidance through membership of a local learning exchange and a local provider association. Newsletters from local and national organisations provided updates which were shared with staff promoting good practice.

People benefitted from staff who felt supported in their roles. Staff confirmed they had individual meetings (known as supervision sessions) every six to eight weeks and an annual appraisal to discuss their performance and professional development. Staff stressed that if they needed to talk with managers in between supervisions they could arrange a meeting or telephone call. One member of staff said, "You never feel you can't approach them, they support me very well." Staff were positive about the career opportunities open to them and said when they moved into a different role they had access to training relevant to their new responsibilities such as supervision training. People told us, "Staff are alright" and "Staff are really good". Responses to our questionnaires confirmed everyone was happy with their care and the staff supporting them.

People made choices about their day to day care and support. People's care records clearly indicated which aspects of their care they were able to make decisions about such as activities and what to eat. They also highlighted where people might need help such as budgeting their finances or taking their medicines. Staff were prompted to accept that people might make what they believed to be "unwise" decisions and to give them sufficient information so they could make an informed decision. People were observed talking with staff about what they wanted to do and making decisions which staff respected. They made choices about what to eat, drink and how to spend their time.

People's care records stated how their capacity had been assessed in line with the Mental Capacity Act 2005 (MCA). The 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. Occasionally people had legal powers of attorney appointed to make decisions on their behalf. Managers confirmed proof of this had been verified. We checked whether the service was working within the principles of the MCA and whether they had liaised with social care professionals about people being deprived of their liberty. The Court of Protection had authorised one person to be deprived of their liberty to keep them safe

from harm. Another four people had been identified as possibly being deprived of their liberty and social care professionals had been informed.

People occasionally became upset or anxious. Staff talked through the way they supported people using a positive behaviour support model to identify what might cause these anxieties or responses and guiding staff about how they should support people to become calm. Staff had a good understanding of the triggers which could affect people such as noise or routines being changed and how to help them regain their emotions by offering reassurance, a change of activity or space to be alone. Staff confirmed they did not use physical intervention. Any incidents were recorded and closely monitored to look for emerging themes or to see if further action was needed. For example, one person was offered another room in their house creating more space between them and another person who was upsetting them.

People's arrangements for preparing their meals were individualised reflecting their personal requirements and abilities. Some people liked to plan their meals together and do a weekly shop. They shared the preparation and cooking of their meals. Other people chose to do this individually. People had their own cupboards to store their food. People's dietary needs had been considered and their care records identified if any specific support was required. For example, if people were at risk of gaining weight they were supported to manage their portion sizes and intake of snacks and sugary drinks. People living with diabetes were supported to monitor their diet and ensure they ate sufficient carbohydrates. Any food allergies people had were clearly highlighted.

People were supported to stay healthy. Each person had a health action plan which outlined their physical and mental health needs. Any medicines they took were also recorded. In addition, each person had a document which could be taken with them in an emergency which described their health needs, medicines and how best to communicate with them. People had access to a range of health care professionals and they confirmed they had been to see their GP, optician or dentist recently. Staff supported them to attend appointments if they wished this. People living with diabetes attended regular appointments with the community nurse to check their blood sugar levels as well as the chiropodist and optician. People also had access to the local specialist learning disability and mental health teams when needed.

Good

Is the service caring?

Our findings

People had positive relationships with staff who treated them kindly, with care and compassion. People enjoyed the company of staff, seeking their company and sharing jokes or laughing together. Peer reviewers were very pleased with the quality of relationships between people and their staff. People who responded to our questionnaires all said the staff were "kind and caring". A person commented, "I am very satisfied with the care I get." A member of staff said, "We get to know the people we support, so we can achieve that personal touch." Some staff had worked with people for a long time and knew them really well. People knew the managers by name and spoke positively about them. A member of staff commented, "The managers know everyone, people and staff, they are always greeted by name and with a smile."

People's human rights were upheld. Staff had completed equality and diversity training and respected the diversity of the people they supported. People's care records identified their cultural, religious or racial needs and how these impacted on their care and support. Their care records identified whether they had any preferences about the gender of staff supporting them with their personal care; a person told us, "I prefer male staff, they respect that." People's right to confidentiality was respected. Their personal records were stored securely in the provider's office. People's family and private life was promoted. People said they were supported to keep in touch with people important to them through visits, telephone, social occasions and meeting in private.

People were supported when unwell or distressed. Staff responded quickly to any signs of changes in people's well-being. For example, one person told staff they had pain in their shoulder. They were immediately offered pain relief. A person described how staff had supported them when a family member had died. They shared with us photographs of the grave and said staff took them to lay flowers on the grave. Another person told us how staff had helped them when they had a health care scare and how additional staff support had been provided when they needed it. Staff were passionate about the support they provided and one member of staff said there was "a lot of goodwill, to make sure people are ok". They explained they would not leave people just because they had worked the allocated hours and staff often worked extra hours to make sure people's needs were being met. The Provider Information Return (PIR) stated pain profiles had been developed to "look at proactively managing pain where service users may struggle to communicate this effectively and in a timely fashion". A manager explained this was so that staff could interpret people's body language to assess when they were uncomfortable or poorly so they could offer them the appropriate care and support, such as pain relief medicines.

People were confident talking with staff. Staff listened to them and were observed responding to people in a timely fashion. People liked to communicate in a variety of ways. They had a communication passport which described their preferred form of communication such as verbally, using sign language or using photographs and pictures or objects. Staff had guidance about how to interpret people's body language, such as if a person was smiling and happy this indicated "yes" but if they waved their hands or ignored staff this meant "no". Staff were observed using sign language and a variety of communication aides were used with people. People had information about local advocacy services and had advocates when they needed them. Advocates are people who provide a service to support people to get their views and wishes heard.

People were supported to make decisions about their care and support. People's care records evidenced their involvement. For example, some people had signed their records and other people had talked through their individual needs with staff and with input from their relatives. The PIR confirmed, "Time and information is given to individuals so that they can be supported and encouraged to make decisions for themselves."

People benefitted from creative systems which made information more accessible to them. Electronic devices and films were used to make information more accessible to them in formats they could engage with. For example, showing them how to make a complaint or to understand their care records. Easy to read formats using photographs and pictures to illustrate plain English had also been used to make the complaints procedure more accessible and were being developed for care plans. A new system had been purchased to help improve the accessibility of easy to read information for people. Recognising the complexity of people's tenancies agreements, the provider had produced a film with people using the service to explain people's housing contracts. This could be accessed on Ipads which had been provided for people and staff to use. A manager described how they had sent a short film to all people in their homes by email introducing the new supported living manager to them before they were visited in their homes.

People's dignity was paramount and they were treated with the utmost respect. A person told us staff supported them respectfully when helping them with their personal care making sure they did not feel embarrassed. People were observed being supported with sensitivity and discretion. If personal care or medicines were provided this was done in private. Staff described how they needed to respect people's specific conditions (such as autistic spectrum disorder). They acknowledged that at times the support they provided was not right so they needed to try something else. This could mean reassuring people when there were changes or trying alternative types of support. For example, the registered manager described how by observing staff supporting a person they quickly assessed other staff working nearby were accidentally upsetting them. Once working practices were changed the person was more settled.

People's right to privacy was respected. Staff said alarms which were used were used to alert them about a person needing support were only switched on when needed such as overnight. A person said, "they always knock on the door and talk to me in a respectful way". The registered manager said people had been asked if they wanted keys to their rooms and these had been provided if they wanted them. A manager described how they had been trained with the registered manager as dignity champions and would be cascading this to staff to ensure they followed national guidance for supporting living services in respect of the "10 Dignity Do's". This would focus staff attention on improving people's experience of their care and support and treating them with dignity.

People were encouraged to be independent in their day to day lives. Their care records clearly identified what they could do for themselves and what they needed help with. One person who took their own medicines had an alarm set up on their mobile phone to remind them to take their medicines. A person said they directed staff about what they needed help with. People helped around their homes keeping them clean, doing the laundry and the shopping. Some people liked to do the same tasks and others had chosen to rotate them. Peer reviewers of the service commented that people were well supported and lived as independently as possible.

People had access to a wide range of exciting opportunities such as being involved in developing their service by helping out with recruitment and selection and taking part in making films to make information more accessible. They had also been supported to try out voluntary positions as well as working in their local communities. Staff proudly talked about people's achievements, telling us "We try and make things better, make people as happy as possible" and "We are always looking for new things for people to do".

People talked about how their family and friends visited them in their homes and how they were supported to keep in touch with them by telephone or visits.

Outstanding ☆

Is the service responsive?

Our findings

People's care was individualised to a high level and reflected their personal wishes, likes and dislikes and routines important to them. People's needs had been assessed by the commissioners of their services to make sure Aspects 2 could meet their needs. People's care records indicated how they had been involved in contributing to the assessment of their care and support. For example, some people had signed their records confirming their involvement and other people had talked with staff and their legal representatives or parents about what was in their plans. This had been achieved through discussion, meetings and observations of people. People told us, "I talk to staff about my care plans" and "They went through my support plans they know what makes me happy". People were observed directing staff about how they wished their care and support to be provided. A member of staff confirmed, "We achieve a more personal and individual approach to the people we support."

People's care plans had been planned proactively with them and included a one page summary which described what people liked and admired about them, their personal history, what they would like to improve and how best to support them. A pen picture also gave an overview of their likes, dislikes and what they enjoyed or did not enjoy. These areas were then explored in greater depth in their care plans. State of the art technology in the form of electronic devices (IPad) had been used to display some people's care records in a format which they engaged with. This had been done individually for each person. For example one person responded to photographs and so their care plan was illustrated with photographs they recognised. Another person reacted to sounds, so their photographic care plan was accompanied by sounds such as staff talking to them or familiar sounds such as birdsong or music. The result was that people who had formerly not been engaged with care planning were now able to be actively involved in making choices about the care they received.

People were supported by staff who had an excellent understanding of their needs. People's care records provided staff with clear step by step guidance about how they wished to be supported. For example, one person only liked to use one particular type of toothpaste and if they did not have this they would refuse to clean their teeth. When people's needs changed their care records were kept up to date. For example, in response to changing health care needs or after incidents or accidents. People told us, "I am very happy with the care I receive" and "I know staff well and they know me". Staff confirmed, "We treat people as individuals, recognising their own needs and responding in the right way" and "We do the best we can for people and make sure they enjoy their lives".

People were at the centre of their care and support. Their daily notes evidenced how this was provided. A representative of the provider said they had changed the daily notes because the format used had not prompted staff to provide an individualised picture of people's lifestyle and support. The daily notes format used for each person was different providing a very personalised account of their day to day lives. They evidenced how people had been supported to achieve their individual goals and the care and support provided. A person told us, they talked with staff about their day and staff then wrote this into their care records.

People lived full and varied lifestyles participating in a range of meaningful activities of their choice. People participated in age appropriate activities which supported them to be involved in their local communities and with the general public, avoiding social isolation. People's day to day activities reflected their interests, their future goals and routines important to them. For people living with autistic spectrum disorder their routines were vital to maintaining a sense of well-being and contentment. Staff understood this well and described how they supported people to maintain these routines whilst balancing the needs of people they lived with. For example, staff allocation was used creatively providing structure for set periods of time so people could go swimming or bowling and then having unstructured time in the day to be more flexible with activities like going for a walk or to the cinema. People told us they enjoyed a wide range of activities including going to day centres, social clubs, day trips and holidays.

People had access to new and exciting opportunities to explore and expand their personal ambitions. For example, three people had taken part in a local initiative called the "Kitchen Challenge" where they had 10 weeks work experience in a variety of hotels and restaurants. At the end of this one person had achieved their "dream" of gaining work in a school kitchen. Another person told us how they had successfully made the transition to a different style of living which had proved a great success for them and for a person they were sharing with. They said they got on really well and this had encouraged the other person to try new activities and to be more engaged in their local community. Other people said moving into their new home, learning to use the bus, gardening and having the confidence to access their local communities had all been achieved with the help and support of staff.

People had also been involved with the local authority helping them to make a film about supported living. As part of this one person had appeared on national television promoting the film. Other people had become volunteers or worked for the provider such as interviewing new staff or working in one of the provider's residential care homes. The registered manager described people's achievements which they would not have previously thought possible; they said, "We expect greater community involvement, we are confident we are doing the best we can." A member of staff confirmed, "It's great to see people's journey, where they were and where they are now. They have grown and come on really well." For example, a person who had previously not engaged with others was now trying activities such as sailing and needed less support from staff when out and about. A person told us, "It's really amazing" about the support they received.

People knew how to raise concerns or complaints. They said they would talk with staff or directly with the registered manager. People confirmed, "If I have any problems I call the managers" and "I talk to staff about problems but I don't have any". Reports produced by peer reviewers working for the local authority had raised concerns that two people were unsure of how to make a complaint. The registered manager said they had resolved the actions raised. People told us any complaints, which ranged from noise to loss of personal items had been resolved. People had access to an easy to read complaints procedure and a film had been made telling them how to make a complaint. People using the service were involved in this which also increased their awareness of how to make a formal complaint. The provider had received two formal complaints in the last twelve months. These had been investigated thoroughly and action taken where needed to improve the service. Feedback had been provided to the people who complained. The Provider Information Return stated complaints are used "as an opportunity to gather information and feedback learning from past experiences and alter future practice".

Good

Is the service well-led?

Our findings

People, their family and staff were involved in developing and improving the service. In response to our questionnaire people told us they had been asked for their views about the service they received. People, relatives and staff responses to surveys as part of the quality assurance process were seen. Reports had been produced summarising their feedback and these highlighted any action taken as a result. Improvements included strengthening the support of staff individually through supervision sessions, allocating staff teams to people and appointing a new supported living manager and deputy manager to enhance management support. This meant people had greater consistency and continuity of care and dedicated staff teams who knew them well. The additional management support ensured better monitoring of people's experiences of their care and support. Feedback to the provider from relatives indicated that communication with them could improve. The registered manager said they had addressed this by arranging meetings with relatives individually and keeping in touch by telephone or email. Surveys had been repeated to assess whether there had been improvements and the responses from people, their relatives and staff confirmed significant improvements all around. Staff also commented that they felt they could contribute towards service improvements; ideas were "welcomed, listened to and considered".

People sharing houses with other people had tenancy meetings in their homes to talk about how their service was being delivered. Staff told us, "People talk between themselves and chat with us about what they want to do" and "People have a very good quality of life". The registered manager said people knew how to contact them and other managers by mobile phone or visiting the office if they wanted to talk with them privately; they did this regularly.

Staff said management was open and accessible. They had confidence raising concerns and would use the provider's whistleblowing policy and procedure. The registered manager said, in response to feedback, they had recognised communication and staff confidence needed to change so they had visited all staff and people to engage with them face to face. They said, "I want staff to know I want to hear about the bad stuff, I listen and give feedback." This was confirmed by staff. A member of staff said, "They [managers] are fantastic, they are always at the end of the phone, you never feel you can't approach them." Staff also had meetings together with their managers to discuss people's well-being and the support provided. A manager said whenever they covered out of hours support they now sent an email to all managers to make sure they were kept informed of any issues or incidents. In response to our questionnaires a member of staff said, "The directors [the registered manager and another director] of the company work on the ground level and like to get to know people we support, so they can achieve that personal touch."

People when talking about the registered manager and another director said, "they're the best" and "brilliant". They also said, "I think the management is 10/10" and they are "amazing". A social care professional confirmed this, "they provide excellent leadership and lead by example". Staff said they were approachable and accessible regularly visiting people in their homes to assess the quality of care and support being provided. Staff commented, "They are very service user orientated; they look out for their well-being" and "Management support us well". The registered manager was supported in their role by a team of four managers. They were aware of their responsibility to submit notifications to the Care Quality

Commission. Statutory notifications are information the provider is legally required to send us about significant events.

The registered manager's visions for people using their service were to deliver "outstanding care and support" which "enables and empowers people to live a life that is meaningful to them". The statement of purpose for Aspects 2 had recently been updated to reflect these visions. The registered manager said they had taken a decision not to expand Aspects 2 until their values and the culture of the service had been embedded throughout the organisation. They said they were now ready to starting moving forward and had been asked to provide new services to people in their own homes. The registered manager said, "We listened to what people said, feedback wasn't as good as it could have been." To reinforce this all staff had completed training delivered by an external organisation to promote these goals. Staff spoke positively about the effect of this and how it had changed their perceptions of the support they provided. Staff said, "We support them the best we can" and "We are more proactive in the support we provide, focussing on each individual. We are very person centred". An example of this was acknowledging people had not always chosen who they lived with. People were now involved in meeting people and expressing their thoughts about whether they should move in. Other people had the opportunity to move to other houses to live with others or on their own if they wished.

People and staff had strong links with the local community. People used community facilities in their neighbourhood and told us they had developed positive relationships with people living locally. People also offered something back to their local communities for example, by working in a school or doing voluntary work. Staff had attended training held locally as well as completing courses arranged by the local authority. The registered manager and other managers participated in a local learning exchange network, they were members of a local provider's association and worked closely with the local authority and commissioners. The registered manager said they were part of the local authorities' pilot schemes to test new ways of working. This ensured they kept up to date with local developments and could influence best practice by sharing their values and visions and promoting how supported living should be delivered.

A range of quality assurance processes were in place to monitor people's experience of their care and support. These included checks completed in their home to make sure a safe environment was provided. Service assessments provided a comprehensive and robust overview of how people, their home and staff were kept safe. The registered manager along with another director and the managers visited people in their homes to assess the quality of their experience. They knew people individually, had personal relationships with them and encouraged people to give them feedback about the service they received. They also talked with staff as well as monitoring how well people's medicines and finances were being managed. A manager explained how they assessed the service in line with the Care Quality Commission's Key Lines of Enquiry which had been incorporated into many parts of the service such as staff supervision records and quality assurance audits. This provided the opportunity for staff to reflect on the service they provided in terms of whether it was safe, effective, caring and responsive.

The registered manager said they had appointed an independent adult social care consultant to audit their service and make sure that Aspects 2 was up to date with current best practice. This audit also enabled managers to reflect on their performance and how they would make sure they delivered a service of a high quality. Managers kept their knowledge up to date by exchanging information gained through attendance at national conferences and newsletters from national organisations. Aspects 2 had been independently audited by the local authority and peer reviewers working on their behalf. The registered manager said they had "taken on board" their comments and had addressed any actions they had suggested such as people using the service being involved in choosing people moving in with them. They gave the example of how people's feedback about a prospective housemate had resulted in the person not moving into their home.

An alternative more suitable house had been identified for the person. To illustrate this one person told us, "I love living here with my mates."

The registered manager discussed the challenges of providing a service which met with their high expectations and "looked at more innovative ways of practice to make the best use of resources". A social care professional told us, "They have not over-stretched their development, as far as I know, and have focused their energies on ensuring the quality of the services that they do provide." People using the service had been reassessed by the commissioners of their care and for some this had meant a reduction in their hours of support. Creative ways had been found to ensure staff still had time for meetings and individual support without impacting on people's care. Increasing use had been made of technology for instance to improve the accessibility of training to suit staff needs and the use of electronic call monitoring to log in people's support hours. The registered manager said it was important to retain staff and they constantly reviewed how they valued and supported staff who were mostly lone working. A member of staff commented, "They run a really good company" and a person using the service said, "I am very satisfied with the care I get".