

The Fremantle Trust

# Milton Keynes Supported Living Service

## Inspection report

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## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

This inspection took place on 8 and 15 March 2018 was announced.

This service provides care and support to people living in 56 different 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service was supporting 72 people with their personal care needs.

The service had 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 service demonstrated an excellent commitment to providing outstanding care which was embedded into the practices of the staff, the management team, and the registered manager. The service put people's views at the forefront of the service and designed the service around their needs. People were given every opportunity to have the best life possible.

People were safe using the service. Staffing requirements were assessed in an innovative and dynamic way following consultations with people that used the service. The rotas reflected the support people required to maintain the choices they had made, and as a result the staffing arrangements were flexible to meet those needs.

The provider took a thorough approach to protect people from harm. Staff were supported to understand safeguarding in a wider context, and staff were confident they would report any matters of concern.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. People's nutritional needs were assessed and regularly monitored. People took as much control over their nutrition as they were able and staff supported people to learn and understand the importance of this.

People were treated with care, compassion, and great kindness. Staff had an empowering and empathetic attitude to support people's personal development, and each person was supported in a way that was individual to them.

The registered manager recognised the importance and value of good advocacy and went above and beyond expectations to ensure people's voices were heard and decisions were made that were in each person's best interests. People's diversity and individuality was celebrated and people were encouraged and able to share private or vulnerable matters with a consistent staff group that they could form caring

relationships with.

Comprehensive assessments were made before people began using the service. People's care packages were completely person centred and designed around each person's individual needs, styles, preferences, and values. The format of each person's care plan was designed by each individual which helped them display to new staff their likes and preferences.

People made great progress whilst they used the service and people were encouraged to discover and achieve their goals. People were able to gain their independence and this was celebrated with staff.

People's end of life wishes were followed with pride and staff took great comfort when they had supported people to have the end of life they had wished for. Staff made significant efforts to ensure people's preferences were followed.

People, their relatives, and professionals felt the service was very well run and commented on the positive approach of the management team. Feedback was acted on promptly and the registered manager was keen to look for new ideas which would further help improve people's lives. Quality assurance systems were in place to ensure the standards of care were maintained and if necessary improved. People were extremely positive about the service they received.

## 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.

Staffing requirements were flexible and people and staff were matched together for compatibility.

A robust approach to preventing people from harm was embedded into the service and people, staff and the management team were clear on their expectations and roles to report any concerns.

People were fully involved in how their medicines were handled and staff offered support to ensure they were safe.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated a detailed understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised support. Staff received personalised training which ensured they had the skills and knowledge to support each individual that used the service.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

### Is the service caring?

Outstanding ☆

The service was very caring.

People were treated with care, compassion and great kindness.

There was a positive emphasis on advocacy support and the service ensured that people's voices were always heard.

People's diversity and individuality were celebrated and strengthened.

### Is the service responsive?

The service was very responsive.

Comprehensive assessments were made before people began to use the service and staff were identified to help build strong relationships with people.

People were supported to create and individualise their own person centred care plan which truly reflected them as a person and the support they required.

People were supported to achieve their goals and dreams and made great progress with the service.

**Outstanding** 

### Is the service well-led?

The service was well-led.

There was a person centred approach embedded into the service.

People were given a number of opportunities to provide their feedback about the service and the management team ensured this was acted on quickly.

Comprehensive quality assurance systems were in place which sought to help improve the service.

**Good** 

# Milton Keynes 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.

This was a first comprehensive inspection for this service, following an office move in 2017. The inspection took place on 7, 8 and 15 March 2018. On 7 March we made telephone calls to people that used the service and their relatives. On 8 March we visited the office to review the documents associated with the running of the service. On 15 March we made telephone calls to staff.

We gave the service short notice of our inspection to ensure that people using the service could decide if they wished to receive a telephone call from us and to ensure we had the correct contact details for people and their relatives.

The inspection was completed by one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service and on this occasion their area of expertise was care for people with learning disabilities.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor

the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection, we reviewed the CQC questionnaires 22 people using the service had completed which gave us feedback about the service. We also met two people in their home and spoke with another eight people on the telephone. We spoke with three relatives of people that use the service, three members of care staff, two deputy managers, and the registered manager. We also received feedback from one healthcare professional.

We looked at care plan information relating to six people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information, handover information, and arrangements for managing complaints.

## Is the service safe?

### Our findings

People told us they felt safe using the service and were able to explain why. One person said, "I know the staff cars and their names and there is a keypad... They are trustworthy. If one staff is running late for any reason I have a call to let me know. I've got rotas of who is coming and I've got the number of the office." Another person said, "I feel safe now because staff help me and take me places and I feel safe." One person's relative confirmed, "I do feel [name] is safe now." Staff were able to build up relationships with people which enabled them to have a good understanding of each person and their capabilities. Staff were aware when people required additional support to keep themselves safe, and when they were able to manage their personal care independently or with minimal support.

The provider took extra steps to empower people to understand how they could keep themselves safe. They arranged events with the local police to help people understand when the police could help them, particularly if they were scared or felt that they were in trouble and needed help. Learning events were also arranged to understand 'stranger danger', and conferences for people were arranged showing people how they could keep themselves safe

People were protected from the risks of avoidable harm and staff had a good understanding of the different types of abuse, and knew how to report any concerns promptly so they could be investigated. One member of staff said, "If I had any concerns I'd report it immediately. If I felt my manager wasn't listening to me or doing anything about it, I'd just go to their manager, or keep going higher but I've never had that problem." The registered manager had a good understanding of safeguarding procedures and raised concerns when necessary. The registered manager investigated and resolved concerns in a timely way, and submitted safeguarding notifications when required. Action was taken at the conclusion of safeguarding investigations to help prevent similar occurrences. In addition, the registered manager attended safeguarding forums to help improve knowledge and share and understand best practice with the staffing team.

People were supported to learn and take on responsibilities for their own and others safety. For example, two people were supported to work with the Health and Safety representative at the service to learn the skills needed to represent the service in the provider's health and safety meetings. This helped enable them to understand the role and support them with undertaking health and safety checks.

Staffing requirements were assessed according to people's individual needs. People were able to make suggestions about the staff they would like to support them, and the management team worked hard to ensure that people and staff were closely matched. For example, people that liked to be active and complete activities were matched with staff that also enjoyed those types of activities. People's preferences for staff were respected wherever possible, for example, if people had a preference of gender to help them with their personal care, staff ensured this was accommodated.

People who used the service played an important role in supporting the management to recruit the staff that they wanted to support them. People were encouraged and involved in the recruitment process, supporting the management to interview potential candidates and spending time with potential candidates



to ensure they had the correct values and ethos to meet people's needs. The registered manager completed checks on each potential new member of staff's identity and right to work in the UK, obtained references from previous employers, and checked whether the Disclosure and Barring Service (DBS) had any information about any criminal convictions.

The service worked with people to enable them to take positive risks. Each person had a unique assessment of their risks and was supported to try new experiences to increase their independence. For example, one member of staff explained that one person had gradually been supported to go out on their own and use a bus. They said, "We take it step by step but encourage people to think how they can manage different situations. It took a while of us going on the bus together with the person before they understood it but now they can get two different buses on their own! It's such an achievement." We saw that each person's risk assessment were relevant to them and gave advice to staff about how those risks could be managed. Risk assessments were regularly reviewed and reflected people's current needs.

People were supported to have their medicines when they needed them. One person said, "Staff check if I have taken my tablets." One member of staff explained, "We encourage people to be as independent as possible with their medicines. Most tablets are in a medicine cassette so we ask them [people] to find the right day. They might need some help to pop the pills out but they can take the pills themselves, and they sign the MAR chart themselves once they've taken them." Staff helped to order and dispose of medicines and oversaw the arrangements for people's medicines to help keep people safe. People signed their MAR charts to record when they had taken their medicines and staff completed regular medicines auditing to ensure there were no problems.

The service had systems in place to reduce the risk of infections. Staff had access to personal protective equipment including disposable gloves and aprons and we saw that staff disposed of these safely when they had finished. Staff helped people to understand about cleanliness within their home and supported people to live in a clean environment.

Procedures were in place in the event of an accident or incident and learning was shared with staff. One member of staff said, "We share ideas, particularly if something has worked well, or not worked very well." The registered manager investigated incidents thoroughly and, where necessary, worked with external partners and stakeholders to identify where improvements could be made. The registered manager had an open and transparent approach with staff and was keen to ensure staff were aware of any relevant information following an incident so changes could be made.

## Is the service effective?

### Our findings

The management team completed comprehensive assessments for anybody new that wished to use the service. These considered people's mental, physical, and social care needs to ensure a full picture of each person was completed. Managers obtained information from all parties that might have an insight into the care each person required and involved the person to ensure the service would be able to meet their needs. The management team used the information they received to ensure they had the staff available which would best meet each person's needs. One member of staff said, "Sometimes there is a bit of trial and error where we think that someone will get on really well with a member of staff and it doesn't work out so we change it. It doesn't happen very often but we'll change staff if we need to."

People received support from staff that had received personalised training which enabled them to understand the specific needs of the people they were supporting. Staff received a comprehensive induction and were required to complete mandatory training which included safeguarding and first aid. The service had innovative and creative ways of training staff to ensure they had accurate and specific guidance about how best to support each person. One member of staff said, "I think the training's really good. There is mandatory training but really the training is tailored to the people we are supporting. For example, when we were supporting somebody that was being looked after in bed, the staff that were supporting them had training about how to do this safely." The management team had systems in place to ensure staff regularly refreshed their training and were up to date with new requirements.

Staff had the guidance and support when they needed it. Staff had confidence in the management team and were satisfied with the level of support and supervision they received. One member of staff told us, "We have supervisions regularly and talk about our training needs, career progression and how we're getting on." Supervisions and appraisals were used to discuss performance issues and training requirements and to support staff in their role.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. 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.

The management team and staff were fully aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that staff received relevant training and when staff had identified that people's mental capacity may be limited, staff understood they had a responsibility to request further support for people. Where necessary, mental capacity assessments had been completed to consider if people were able to consent to the care they required. Staff were fully aware of the restrictions that were in place for some people and understood their role to ensure people made their own decisions, where possible, about their care. The registered manager took action to ensure

that the least restrictive options for people were used whenever possible.

People were supported on an individual basis to have their nutritional needs met. One person said, "The staff walk with me to [supermarket] and help me carry shopping and support me to cook and do [my own] menus." People told us they enjoyed making their own meals with the support of the staff and were able to make their own choices. One member of staff said, "It took some time for some people who used to live in a care home to adjust and realise they could buy and choose whatever they wanted for dinner, instead of whatever was on the menu. They really enjoy it."

People's nutritional needs were monitored and people were given the support they needed to have their meals safely. For example, one person required support and encouragement to eat their meals slowly and chew their food thoroughly to prevent digestion problems. One member of staff told us, "We prompt and encourage people to buy healthy food options. We can make suggestions but it's their choice. We promote choice with everything so it's up to them but often they'll listen to us." Staff had training to help support people's nutritional needs. One member of staff told us, "When one person was [being cared for in bed] and needed help to be fed, we had training about how we could best do this."

People's healthcare needs were monitored, and care planning ensured people had the support they needed. One person said, "Staff help me get appointments with the GP – all sorted!" Another person said, "The support workers take me to the GP." Staff encouraged people to take as much control of their healthcare as they were able, and each person had a health passport which contained all their information about their healthcare needs and appointments. This enabled healthcare professionals to quickly understand people's healthcare needs and any recent support or treatment they had received.

Staff were knowledgeable about people's health needs and staff were vigilant to any changes in these; particularly when people were unable or reluctant to communicate their needs. Due to the strong relationships staff had built with people, they were able to identify signs to indicate when people might be unwell and were able to support people to get the help they required.

People's care needs were carefully monitored and staff worked proactively with external services to support people to have access to the external health and social care professionals. For example, one relative said, "Staff don't ignore any problems. If staff raise issues around mobility, the physio works with staff." We also saw that staff worked with housing organisations, community healthcare professionals and potential employers to ensure people received the support they required.

## Is the service caring?

### Our findings

People and staff had caring relationships. One person said, "I'm happy – it's nice to be happy. I'm really happy with the staff. They are the best staff ever." Another person told us, "The staff are ever so kind – I love them." People were treated with care, compassion, and great kindness. People and their relatives consistently commented on the exceptionally caring approach the staff at the service provided.

Staff consistently went above and beyond required expectations to ensure they provided the best service for people. For example, the registered manager worked through the night to clean a house that people were due to move into the following day due to the short notice they were given to move. The house was in an unacceptable state and it was not the responsibility of the service to complete the cleaning. The registered manager understood how disheartening it could be to move into a home that was not presentable or clean. In another example, staff walked substantial distances during periods of extreme weather when it had not been safe to drive to ensure people were not left without the support they required. Staff also worked extra hours to ensure people received the care they needed and they were not left without support, particularly during times of distress. For example, additional staff support was provided when people were given significant medical diagnoses or if people were required to spend time in hospital. Staff visited people in hospital, and if necessary stayed overnight with them to help reduce their anxiety from being in a new environment. Staff were upbeat and supported people to see the positives in life.

People were encouraged and supported to be as independent as possible and the service used innovative ideas to help promote this. For example, some people struggled to use a door key and this was impacting on their ability to be independent. The management team supported people to have an electronic fob which would help lock the door safely without the need for a key. This helped empower people to take control of their safety without having to ask for assistance from staff.

The management team ensured that people using the service were matched with staff that supported their backgrounds and had shared interests. This relationships between people and staff helped people to make personal progress. One person said, "I've got the best key worker – we have similar interests!" Another person's relative commented on how the staff had helped improve one person's confidence and how much happier they were now. They said, "They [the staff] do everything as we would do it. We have gone from 'I don't want to be here.' to 'I'm looking for work'. This is down to what they do and how they do it – they have built up [name's] confidence." The management team explained that they fully considered staff gender, interests, skills and previous experience, and matched these with people that may respond well to those factors and attributes. They recognised that this helped to ensure people were given the best opportunities to get the most out of their lives.

Staff recognised the value of positive relationships with people and used this to help improve people's lives. For example, one person previously displayed behaviours that could harm themselves or others and was on the brink of requiring further support with their mental health. Staff were able to build a relationship of mutual respect with them and supported them to help manage their emotions and actions and build respectful relationships with other people and staff.

Staffing for each person was consistent and this helped to ensure people could develop open and honest relationships with staff. One person's relative said, "The core team know [name]. There is consistency. The staff are lovely and are happy." Staff had a good knowledge and understanding of people. This helped them to recognise when people were unwell or had something bothering them.

People were empowered to express their views in a way that suited them. Each person's care was tailored specifically around their individual needs, and each person's communication preferences were respected. Some people preferred to communicate their needs in pictures or photographs and staff ensured that these formats were available for people, for example by using pictures around the home about how they could receive safe care, or by using photographs within their care plan to reflect their preferences.

The management team strongly advocated for people requiring the support of other services and did all that they could to ensure their care was suitable for their needs. For example, staff recognised that the costs for one person who required a taxi to travel were extremely high and were using up significant amounts of their budget. The staff worked with other services to help manage and improve this situation for the sole benefit of the person. Staff also advocated and supported people to have better living conditions and levels of support than they have ever had previously.

The registered manager recognised the importance and value of good advocacy for people and valued people's opinions and feedback. The service had links with external advocacy services and used these services whenever necessary. For example, when some people were moving home and changing services, they were supported by an advocate to help them express their views and preferences, and these were responded to by the registered manager.

People were treated with dignity and respect. Staff spoke to people sensitively and respected when people needed some space or time to reflect on their thoughts without interruption from staff. Staff understood people's preferred way of communicating and did not rush people to respond, or take any action until the person was clearly ready to do so. Staff were able to demonstrate how they supported people to receive their personal care without compromising to their privacy or dignity, for example by ensuring that they only entered people's rooms with consent and by ensuring curtains and doors were closed whilst they offered their assistance.

Staff showed genuine interest and concern in regard to people's lives and their health and wellbeing. People valued their relationships with the staff team and there was a nurturing relationship between people and the staff. People were relaxed and confident around staff and expressed the fondness they had for each other. Staff chatted and joked with people in a friendly and informal way which people enjoyed. One healthcare professional had observed this practice for themselves. They said, "I have always found the person to person relationships I observe really empowering and respectful and warm and upbeat. I always enjoy working with Fremantle to assist them in supporting their service users – I really value their service."

People were supported to maintain relationships with their families and friends and to create new relationships with people with common interests. The service focussed on ensuring people's individual needs were respected and people could trust those around them. As a result of this approach, people had been supported to create new friendships. People were encouraged and given opportunities to try different community groups and join in activities with others if they wished.

## Is the service responsive?

### Our findings

People had comprehensive assessments which were completed by the management team before they began to use the service to determine if the service could meet their needs and people were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them including their views, preferences, and cultural needs. The management team sought information from a range of sources so they could have an in depth understanding of each person. In emergency situations, for example, when a previous care provider immediately stopped providing care for people, the management team used a core group of staff to understand and establish people's care needs to complete a comprehensive assessment.

The assessment and care planning process considered people's values, beliefs, hobbies, and interests along with their goals for the future. People were fully involved in the care planning process and their voice was documented throughout their care plans. Each person had their own unique person centred plan which reflected their interests and likes and dislikes. For example, one person had a patchwork quilt with cloth photos and items sewn onto it to help staff understand their preferences. Another person had a photographic care plan with photos of their preferences and how they liked to receive their care. Staff told us that people had enjoyed creating their care plans and each one was a unique reflection of each person.

People also had detailed care plans that gave staff advice and guidance about people's care. The people who used the service had been heavily involved in deciding how they liked their care, and what support they required and this was evident from each completely individualised person centred care plan each person had. The care plans gave a comprehensive outline of the care and support people required but were flexible to meet people's changing and individual needs. For example, they explained how people may like to receive help with their personal care but were flexible to show that people may change their mind or prefer to do things differently at any given time.

People's care plans were reviewed regularly, or as people's support needs changed. The service was extremely responsive and amended the support people were given when required. Staff were proud when people had progressed and required less support due to their ability to manage more tasks independently. Each person had an identified member of staff that worked as their key worker. This member of staff (keyworker) was able to build up a trusting relationship with the person and they were responsible for ensuring that people were given opportunities to work towards their goals.

People had made great progress whilst receiving support from the service. One healthcare professional said, "They [the staff] always work hard not just to meet people needs but support them to develop and explore new skills. Results can definitely be seen in the service users' confidence, enjoyment of life and level/breadth of activity." The registered manager also explained how they had been able to help one person who had previously displayed behaviours that could harm themselves or others. They explained that over time the person had been enabled to build up a trusting relationship with staff and recognised that a specific time of the year were very difficult for the person to manage and this increased their anxiety. Staff worked with the person to formulate a plan in the lead up to this, during this period and after. This had significantly helped

the person and had been successful in helping them to adjust to the changes.

People were encouraged to think about their goals and were supported in an empowering way to help achieve them. For example, many people using the service had identified that they would like to go on holiday. Staff arranged for a holiday roadshow and invited a travel agent to attend. People were able to share their ideas about a holiday, and listen to new advice and guidance about how they could achieve it. For some people this resulted in them working towards a holiday of a lifetime. Other people were supported to have holidays they enjoyed, for example going on a cruise or travelling to new places and countries.

People were supported to pursue their interests and try new experiences. One person said, "I go to work. I do everything – I do dancing and gardening. I have been to [holiday resort] for a holiday. I go to [name of social club] and meet all my friends." Staff were creative with how they supported people to help pursue their interests. One person expressed a wish to visit a Lesbian, Gay, Bi-sexual and Transgender (LGBT) nightclub. The management team rearranged the staffing to make this possible and to ensure the person would be supported whilst they were there.

Staff celebrated people's diversity and individuality. They supported people to understand and develop their own values and think about what was important to them. Staff were supportive and encouraging which enabled people to have honest conversations about some of their personal interests or wishes.

People said they had no complaints about the service. People told us they felt they could talk to the staff if they had a complaint. There were easy read guides available for people to help them understand how they could make a complaint and the registered manager showed an open and transparent approach around complaints, encouraging people to let a member of staff or themselves know if they were unhappy with any aspect of their care. We saw that when people or their relatives had made a complaint this was investigated and steps were taken to resolve the concerns.

Staff had a good understanding of people's communication needs and made efforts to make communication as easy as possible for people. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The service had produced or accessed a number of easy read guides to help support people's understanding of their care. Staff confirmed that if people were unable to read a document they could read it to them.

Without exception, the staff went above and beyond their responsibilities to ensure people's end of life wishes were achieved. Staff supported people before the end of their life to think about how they would like to spend their final moments and what funeral arrangements they may like. Staff supported people to have unique coffins which reflected their lives and which gave people great joy and comfort as they would be surrounded by their memories. For example, one person decided to have their coffin decorated with football memorabilia, and for another person, staff spent a significant amount of time finding photos of good memories and experiences that could be printed onto the coffin. Staff ensured that people were not alone at the end of their life, spending time with people in their own time and supporting people's families and staff members when people had passed away. The management team also went to great lengths to arrange a fundraising event for somebody who had died and did not have the funds for a headstone they had wanted. Staff were proud when people had been supported to have the end of life they had wanted.



## Is the service well-led?

### Our findings

Without exception there was a person centred approach to everything the service offered and how the service was run. The culture and direction of the service put people and their choices at the forefront of the service. The staffing team valued people and supported them to have the best life they could.

People, their relatives, and professionals praised the service and how it was run. One person said, "I talk to the staff and to the manager and any problems are sorted." Another relative said, "We are deeply impressed with the management. The manager is brilliant – she sets the standard. She keeps staff updated. Communication is good and accessible." We saw that the management team had a great knowledge and understanding of each person and their changing needs and ensured that any potential issues were resolved quickly.

One healthcare professional commented on the positive approach of the service. They said, "The managers and care staff have consistently been proactive in identifying difficulties people have and advocating for them developing and maintaining independent living skills. I am confident that they [request professional help] when there are things that I can help with and do so in a timely fashion, and chase things up when they're taking a long time."

People and their relatives, and staff were able to provide their feedback about the service. Each person had access to a feedback form and on an annual basis the provider asked for feedback from each party. The feedback was extremely positive and did not leave much room for improvement however all feedback the service received was reviewed and actioned. For example, one person had suggested they may like additional support with their cooking. This had been actioned immediately and the person was able to have specific time to support this interest.

People who used the service reacted very well to the registered manager. They were familiar with them and the registered manager had a good understanding of people's needs. The staff were happy that the service was well led and they felt confident and sure of the management systems in place. One member of staff said, "The [registered] manager does come and visit or phones us to see how things are, especially if there's been any problems." Another member of staff said, "The registered manager is very approachable. She gives good advice and helps us. We've got a good senior team here."

Comprehensive quality assurance systems were in place which involved management and senior members of staff. All parties understood the importance of these systems and the role they had to play to completing them. The auditing systems were reviewed by the registered manager and if actions were required to make the service better, these were completed promptly. The audits assessed and reviewed all areas of care including care plans, medicines, people's finances, equipment, and accommodation. The audits were robust and had identified when there had been failings. For example, the audit of one person's finances identified that they were at risk of financial abuse. The staff took appropriate action to report this and help support the person to resolve and remedy the concerns.



The service had great links within the local community and arranged events that people could join in. For example, the provider hosted an annual ball which people looked forward to. The management team went to great lengths to ensure people enjoyed the events, and found sponsors to help with the decorations and prizes. The service also encouraged all the people supported to take active roles in the community. Some people were supported to help at a food bank and book shops, and some accessed the local churches.