

Aurora Options

Aurora Options

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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Aurora Options is a supported living service which provides care for people with learning disabilities living in the boroughs of Lewisham, Southwark and Bexley. This service provides care and support to people so they can live in their own homes as independently as possible. People's care and housing is provided under separate agreements. CQC does not regulate premises used for supported living and so this inspection looked at people's personal care and support. On the day of the inspection 57 people were using the service.

What life is like for people using this service:

- At this inspection we found that the service was outstanding in empowering people to have as much control over their lives as possible and to achieve their maximum potential.
- People' care was consistently personalised to their need. During our inspection, we found multiple examples to demonstrate the staff and management team were passionate about providing an innovative and excellent service.
- Relatives felt the care was highly personalised and that the staff team worked well to deliver an excellent level of care. People were set realistic goals to improve their independence and they were supported by staff to achieve key outcomes.
- People were educated on making healthy lifestyle choices for themselves and supported to maintain good health. Staff supported people to access healthcare services and liaised with health professionals promptly when required.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were empowered to make day-to-day decisions for themselves and to make their own choices about how they would like to live their lives including where they lived and people they lived with.
- The service had a strong sense of promoting social inclusion and people were supported to be active members of their communities. Staff understood the Equality Act and empowered people to explore their diversities whilst supporting them to maintain their own safety.
- The service had established good links in the local community and had worked in partnership with key organisations including local authorities and other agencies that provided social care services to improve people's opportunities and experiences.
- The service had an open approach to feedback and encouraged people and staff to be actively involved in

service development. Where people provided feedback about the service these were acted upon to improve the service delivery and enhance people's experiences. The provider had a robust quality assurance system in place and lessons learnt from each audits or accident and incidents were used to continuously develop the service.

- There was a registered manager in post who understood their role and responsibilities and at the same time empowered and developed staff. Leaders and managers were accountable for their staff and recognised the importance of their role. Staff understood their individual roles, responsibilities and the contributions they made to the service.

More information is in detailed findings below.

Rating at last inspection: Good (Report published 10 May 2016)

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected: This was a planned inspection based on the last inspection rating. At this inspection we found the provider had improved the service to achieve an outstanding rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-led findings below.

Outstanding ☆

Aurora Options

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: Two inspectors visited the office on the first day of the inspection and an expert by experience spoke with people on the telephone to gather their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection, one inspector visited people in their home at a supported living scheme.

Service and service type: Aurora Options provides care and support to people living in 14 separate 'supported living' settings, so that they can live as independently as possible.

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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the manager would be in.

Inspection site visit activity started on 25 October 2018 and ended on 30 October 2018. We visited the office location on 25 October 2018 to see the manager and office staff; and to review care records and policies and procedures. We visited a supported living scheme on 30 October 2018 to visit people, speak with staff, review records and review medicines administration processes.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accident and incidents. We sought feedback from the local authorities who commission services from the provider and professionals who work with the service. The provider completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with nine people and eight relatives to ask about their experience of the care provided. We spoke with 10 members of staff including the registered manager, a supported living manager, a team leader and support workers.

We reviewed a range of records. This included 11 care plans and risk assessments and medicines records and 10 staff files including staff recruitment, training and supervision records. We also looked at records used in managing the service including policies and procedures, audits and quality assurance reports, surveys and minutes of meetings.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. They had received safeguarding vulnerable adults training and knew the reporting procedures. Where there were concerns of abuse the registered manager reported this to the local authority and CQC.
- People and their relatives explained to us how staff maintained their safety. One relative said, "The service is safe because when I visit [my loved one] the safety procedures they put into practice are very good." Another relative told us, "People are safe, most definitely because of the [staff], they really care. The people using the service are all different but they manage them so well and I am so happy I can sleep at night."

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm.
- Emergency plans were in place to ensure people were supported in the event of a fire and these were also in easy read and pictorial formats to support their understanding.
- Where required health and social care professionals including GPs and speech and language therapists were involved in assessing risks and provided staff guidance on how to manage these risks safely.
- Care plans contained clear control measures for staff to follow to keep people safe in areas including personal care, eating and drinking, communication and accessing the local community.

Staffing levels and recruitment

- The service had deployed enough staff at each supported living scheme so that people received support in a timely way. One relative said, "There are plenty of staff to meet [my loved ones] needs."
- Internal bank and regular agency staff were used to cover staff vacancies and absences. A staffing rota we reviewed showed adequate staffing levels were in place.
- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they were employed to work.

Using medicines safely

- Medicines were safely acquired, stored and administered. When people refused to take their medicine or they were no longer required, these medicines were destroyed safely. People were encouraged to manage their own medicines where they had necessary skills.
- Where people were prescribed 'as required' medicines there were guidance in place for staff on when they should administer these medicines. Medicines administration records (MARs) were completed accurately and the amount of medicines in stock matched what was recorded on the MAR. Staff who supported people to take their medicine had completed medicines training and their competency had been checked.
- People and their relatives were happy with the support they received to take their medicines. One relative commented, "Medicines are managed well, staff make sure my [loved one] takes it morning and night they

are very careful with medication, they count the pills and make sure it tallies with what is in the book."

Preventing and controlling infection

- The service managed the control and prevention of infection well.
- Staff had completed infection control and food hygiene training and followed safe infection control practices; they wore personal protective equipment and disposed clinical waste appropriately.
- People were also supported to understand and practice safe hygiene levels including regular hand washing to help prevent the spread of infections. For example, staff told us and records confirmed, that people were supported to wash their hands before food preparation.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- Evidence was available to show that when things went wrong the registered manager responded appropriately and used this as a learning opportunity. For example, the provider reviewed how people's finances were managed following a safeguarding incident at one of their supported living schemes. They liaised with local banks to provide monthly bank statements and this ensured people's finances were checked regularly.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people used the service, an initial assessment was carried out by the registered manager and another member of staff. Prior to their admission in a supported living scheme, people were invited to spend time at the service to enable them to make an informed choice.
- These assessments were carried out to ensure people's needs could be met. People's support and risk management plans were developed from information acquired during these assessments.
- Where required, healthcare professionals were involved in assessing people's needs and provided staff with guidance in line with best practices, which led to good outcomes for people.

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled and performed their roles effectively.
 - Staff had completed a comprehensive induction and monitoring programme. New staff completed the Care Certificate which is the benchmark that has been set for the induction standard for new care workers. All staff were placed on a six months' probation to ensure they were monitored, assessed and found suitable for the role.
 - All staff had completed comprehensive mandatory training and other training programmes relevant to the people they supported. Staff were supported to complete level 2 or 3 qualifications in health and social care within 18 months of starting their employment.
 - Staff told us they had received positive support through training, supervision and appraisals. They said they felt well supported in their role and felt adequately equipped to perform their role to the best of their ability.
- Supporting people to eat and drink enough with choice in a balanced diet
- People had a choice and access to sufficient food and drink throughout the day. Staff supported them to purchase and prepare healthy food for their well-being. A relative told us, "The food is fresh and healthy, they put [my loved one] on a healthy diet as they were overweight and they have lost a lot of weight and are so much fitter."
 - Where people were at risk of poor nutrition and dehydration, staff monitored them and liaised with appropriate professionals.
 - Where people needed their food to be prepared differently due to a medical condition this was catered for. For example, the service was working closely with the speech and language therapists (SALT) to enable one person with swallowing difficulties to have their favourite drink on a special occasion that was important to them. The provider worked in partnership with a local grocery company to provide people with swallowing difficulties pureed food to maintain the right consistency and nutritional values.
 - People were educated about healthy and unhealthy food and were supported to make healthy nutritional choices.

Staff providing consistent, effective, timely care

- People were registered with various healthcare services including GPs and staff supported them to book and attend appointments. Staff followed appropriate guidance provided by healthcare professionals such as SALT, occupational therapists (OT), community learning disability team (CLDT) and shared information with other agencies including the day centres involved in people care and support.
- Each person was supported to attend annual health checks with healthcare professionals such as opticians, dentists and psychologists to maintain good health. Assessments and reviews were also carried out by professionals in areas regarding diabetes, epilepsy, skin conditions and dementia pathway.
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and safety needs. People also had my 'OK Health Check' which showed the care and treatment they had received from staff and various healthcare professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service continued to work within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had completed MCA training and sought consent from people when supporting them and respected their decisions. A relative told us, "Staff have a lovely way with them and they ask permission and ask if it is okay to do things for them." Staff knew what needed to be done to ensure decisions were taken in people's best interest.
- Where people lacked capacity to make specific decisions for themselves, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Information was provided in formats that suited people's needs. People's family, friends and advocates were involved in best interest decision where appropriate.
- Where people were deprived of their liberty for their own safety, the service had made an application to the Court of Protection and the conditions of the authorisation were being met.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were treated with kindness and compassion. A relative told us, "I have always witnessed staff being caring, all staff are kind and thoughtful."
- People and their relatives told us that staff knew people's preferences and provided care and support that met their needs.
- Each person had their life history recorded and staff used this information to get to know people and build positive relationships with them.
- Staff understood the way each person communicated and provided the care and support they required.
- Staff were respectful and caring towards people and called them by their preferred names when referring to them. A staff member said, "I like working here, making a difference to people's lives and I like the people I am supporting and Aurora Options treat us all well."

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

- People and their relatives confirmed they were consulted about the care and support delivered. A relative said, "There is a meeting every year and we all sit round and we discuss what [my loved one] wants. [My loved one] has a weekly one-to-one session with staff where they discuss what they want to do and places they want to visit."
- Key worker sessions and tenant meetings also gave people opportunities to express their views about the service they received. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs or progress.
- Where required people and their relatives were referred to external professionals for advice and support.
- People were supported to make day-to-day decisions for themselves and were provided with information in formats which best suited their preferred mode of communication.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their rights to confidentiality was upheld and they were not discriminated against in anyway.
- Staff showed genuine concern for people and educated them about respecting each other's space and maintaining confidentiality.
- People were supported to maintain their independence. People's care plans included information on things they could do for themselves and those that they needed staff support with. Depending on people's ability, they were involved in house chores, cooking, shopping, cleaning their homes and taking their own medicines.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were regularly updated with people's wellbeing and progress.
- People's communication needs had been assessed and information was presented in formats that

supported their understanding.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs. Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care

- We found that the service was outstanding in the way it worked with each person to establish their strengths, it empowered people to make choices and supported them to gain as much independence as possible. People were included in developing their care, support and treatment plans as well as given opportunities to develop the service.
- The service worked towards positive outcomes for people based on their strengths and abilities. The service had a '10 Step Outcome' system which they used to encourage and support people achieve goals that were important to them. This included goals including the use of mobile phones, finding a paid or voluntary job, losing weight, travelling or accessing the local community independently, acquiring a driver's licence and moving into independent accommodation.
- People were supported through regular key worker sessions to identify specific goals in their lives. There were detailed key worker progress reports about each outcome until people had achieved their goal. Where people had successfully achieved their set goal, this was recognised and celebrated and their success stories were featured in the service's newsletter called 'Newsliner Aurora' to motivate people and promote their confidence. This had enabled the service to move people successfully onto independent living.
- The service had a strong sense of promoting social inclusion. People were supported to find either paid or voluntary work with various organisations and this enabled them to be active members of their local communities. The provider had its own social enterprises which included card making; where people designed, made and sold cards and crafts in local shops and their own allocated market stall at the town's shopping centre. The service also operated a weekly gardening social enterprise and a cleaning agency which provided paid work for people.
- People were supported to access meaningful educational courses they had shown interest in to enhance their knowledge and skills and to make them employable.
- The service supported people to be involved in local events organised by charities and this helped improved their self-esteem. For example, people were supported to organise a karaoke fundraising event for Alzheimer's society. People also took part in 'race for life', a Cancer Research 5K walk and a yearly McMillan coffee morning. A newsletter article also featured one person who wanted to 'save the whales' after a documentary they watched on television about the damages plastic bottles caused in the ocean; their aim was to create an awareness and educate other people to 'love the planet'.
- People were supported to register and vote in both local and general elections and people were supported to make informed decisions about who to vote for.
- People were supported to participate in activities that stimulated them including karate, swimming, football, discos or attended classes or clubs. People were also supported to participate in festive activities including Christmas and birthday parties. In May 2018, people were supported to travel on a coach to attend a music festival. Comments from people in the provider's newsletter about the 'Festibility' festival included, "It was good fun, I was dancing and have this on video" and "Great! The band was really good although it was raining all day..."

- Staff supported people with their dreams and aspirations. One person told us enthusiastically about a dream holiday they had booked with their family to the United States of America. Records showed some people would like to see the red arrows, attend an England rugby game and travel to Scotland and staff supported people to make their dreams and aspirations a reality. The service supported one person to attend the Special Olympics in 2017.
- Staff understood the principles of the Equality Act and supported individual needs regarding disability, race, gender, religion, sexual orientation and cultural backgrounds and supported them in a caring way. Where people had expressed an interest in engaging in relationships, staff educated them about the different relationships that existed and supported them to join suitable dating groups. For example, one person had been supported to get married and other people were supported to attend dating groups including gay and young people groups.
- People were supported to practice their faith and attended church services where they chose and those without any religious beliefs had their views respected.
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Records including care plans, menus, activities planners, and emergency evacuation plans 'service user handbook' and how to make a complaint were in easy read and pictorial formats. The provider used videos to educate and inform people about various lifestyle choices. People also had electrical appliances such as one-touch kettles, tin openers, iPads and other new technology including voice activating devices to promote their independence.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint and told us their complaint would be listened to and acted upon in an open and transparent way by management; who would use any complaints received as an opportunity to improve the service.
- The provider had policies and procedures on how to make a complaint.
- A complaint log we reviewed showed three complaints were received in 2018. Both formal and informal complaints were acknowledged within five working days and addressed within the provider's time frame. The service also received a lot of compliments from people, their relatives and professionals.

End of life care and support

- People were supported to make decisions regarding their end of life care and support and staff empowered people and their relatives to discuss and develop their end of life care and treatment plans. Staff supported people to purchase a funeral plan to ensure their wishes would be respected.
- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's preferences.
- Where required the provider had involved appropriate healthcare professionals to support people with their end of life treatment and to ensure they were comfortable and their end of life wishes respected.
- The service supported people's relatives and friends as well as staff, before and after a person passed away.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The service had a culture which aimed for everyone to fulfil their maximum potential by setting realistic and achievable goals for people, whilst at the same time giving people opportunities to have maximum choice and control over their life.
- Leaders and managers demonstrated a commitment to provide meaningful, person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- People, their relatives, and health and social care professionals provided consistent positive feedback about the service and the leadership of both the registered manager and other managers at the service. One relative commented, "[Manager's name] is a diamond, she has sorted out everything for [my loved one] and has put everything right."
- The service had a culture of empowering people to lead and make decisions about their support and managers acted on feedback received from people. For example, one person raised an issue of getting support to check their emails, we saw the person was supported to acquire an iPad to regularly check their emails.
- Staff spoke positively about the leadership of the service and told us they felt listened to, appreciated, motivated and supported in their role. All staff we spoke with were proud of the service and their individual contribution to it. Comments from staff included, "I like working here and being able to make a difference in people's lives, Aurora options treats both their staff and people well."; "It is a very good service, the staff engage a lot with people and they have good relationship too. The registered manager visits us regularly, she is a very nice person and very keen on staff getting things right."
- A staff member was nominated by a relative and won a local authority 'Caring at its Best' awards 2018. The relative stated, "[The staff member] takes emotional support and physical support to the next level and puts my mind completely at ease about the care provided. I cannot imagine my [loved one] being in better hands."

Engaging and involving people using the service, the public and staff

- The service empowered people to make decisions about their care in a meaningful way.
- The service had 'Thumbs Up' meetings at the provider's office and representative from each supported living scheme attended these meetings to discuss any issues important to them with the registered manager. The meetings were chaired by people with support from a manager and reports were sent to the Board of Trustees which included recommendations every six months. We saw that people were listened to and action was taken by the Board to improve the quality of the service. For example, through these meetings, people had been trained in recruitment and equality and diversity and were now part of interview panels when new staff were being recruited. The 'Thumbs Up' meetings were also used to educate

representatives about matters including 'hate crime', junk food' and constipation. Key workers helped representatives prepare for these meetings and helped them update other people living in their homes. Agendas, minutes of meetings and other information were presented in easy-read and pictorial formats to support people's communication.

- Feedback questionnaires were used to seek people's views about the service. For example, a recent survey was carried out to assess what people thought about the service and about the 'Thumb up' meetings at the office. Results of the survey had been analysed and the feedback was positive. Relatives feedback were also positive. One commented, "We are very satisfied with the support and care given by staff." Where issues were raised such as the use of agency staff, the provider told us they were finding it difficult to recruit permanent staff and were using regular agency staff who were treated as part of the team.
- Where people were involved in service developments such as writing to the board of trustees, or staff training and recruitment, they were provided with gift vouchers to recognise their contribution and to encourage them.
- There was a positive, inclusive and open culture and staff were empowered and given opportunities to question practice and make contributions to improve the service delivery. Staff felt valued and told us any suggestions they made to management staff was taken seriously and acted upon.
- The provider had incentives in place to retain staff and to recognise their performance and contribution to the service. For example, they had a quarterly 'above and beyond' scheme in place to reward staff commitment, and staff who had not had any unauthorised absence within three months received "thank you" payments.

Continuous learning and improving care

- The registered manager informed us they completed a recent training session for people on constipation. This training was delivered due to a national serious case review where someone had died due to constipation and the lessons learnt were being used to enhance people and staff knowledge and to improve on the service delivery.
- The provider had a business continuity plans and people were empowered to understand risk and act in the event of an emergency. Incident testing or mock tests were carried out so that people and staff knew of the types of incidents that could occur. For example, in April 2018, senior managers carried out a mock scenario of flood in a person's flat, this was also done as a reflection on an incident that occurred at the service. Where issues were identified, action plans were put in place and acted on. Documents, procedures and staff were updated to ensure appropriate emergency procedures were in place.

Working in partnership with others

- The service had established good links in the local community and had worked in partnership with key organisations and other agencies that provided social care services to improve people's opportunities and experiences.
- The registered manager told us, "We work with the local authority commissioners and we have quarterly meetings and provide them with quarterly reports about the service, we also attend providers forum." Feedback we had from the local authorities that commissioned the service were exceptionally positive. One local commissioner wrote, "We have always found Aurora Options an excellent partner organisation to work with. They deliver high quality supported living, services in the borough. The organisation is proactive in informing commissioners of any issues or changes in the service that we need to be aware of and in dealing effectively with these. Whenever we have had cause to contact the service they have always responded promptly. They are innovative and outward looking particularly with a view to gaining meaningful employment for the people they support. They have established a cleaning agency, a gardening group and a card making group." Another commissioner wrote, "Aurora are a highly regarded provider of Supported Living Learning Disability (LD) services in our borough... We have had positive feedback from people, their relatives and our quality team, particularly in relation to the outcomes achieved for individuals."

- The service had partnered with other learning disability services to run a day centre for people with learning disabilities. The service had also partnered with Nature's Gym where people volunteer to clean up the local community including parks and rivers. The provider had liaised with local shops who sold cards from their card making enterprise and had a market stall in the town's shopping centre. The service also worked in partnership with Bexley Mencap and with a housing association to provide housing management and wrote tenancy agreements for people with learning disabilities and in formats that suited their preferred mode of communication.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements

- The service was well-led. There was a registered manager in post who knew of their responsibility under the Health and Social Care Act 2014 and had notified CQC of any significant events at the service. The registered manager understood their role and responsibilities and at the same time empowered and developed staff.
- There was an organisational structure in place and staff understood their individual roles responsibilities and the contribution they made to the service. Leaders and managers were accountable for their staff and recognised the importance of their role.
- The registered manager had a highly effective oversight of what was happening in the service, they demonstrated an in-depth knowledge in all areas and responded to all questions asked with precision.
- The service had an effective out-of-hours system in place and managers also took turns to be on-call during out of hours.
- The service had a strong and effective governance and accountability system in place. Each supported living scheme had daily, weekly, monthly, quarterly and annual checks carried out by staff, supported living managers and the registered manager. Internal audits were mostly unannounced to ensure they were effective and lessons learnt were used to improve on the quality of the service. The registered manager had an annual internal audit schedule in place and this was used to assess and monitor specific aspect of the service.
- The provider was proactively working towards establishing an eco-friendly environment and were transitioning from paper to electronic records. As part of their audits, checks were carried out in areas including the use of electricity, recycling, sending information electronically and using eco-friendly cleaning products.
- The management team demonstrated a passion for providing a high-quality service, which was continually being developed to meet each person's needs in a holistic manner.