Ansar Projects Limited

Ansar 3

Inspection report

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Date of inspection visit:
21 September 2016

Date of publication:
18 October 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Ansar 3 is a terraced house on a main road on the outskirts of Radcliffe. It is registered to provide accommodation and personal care for one person with learning disabilities and complex needs. The provider, Ansar Projects Limited, has several other properties close by.

This was an announced inspection on the 21 September. Two days prior to the inspection, we contacted the provider and told them of our plans to carry out a comprehensive inspection of the service. This was because the location is a small care home for one younger adult who may have been out during the day; we needed to be sure that someone would be in.

The service had a registered manager in place at the time of our inspection. 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. However, the registered manager was on extended leave and the service was being managed by other senior staff. For this inspection it was the team manager.

Policies and procedures were in place to safeguard people from abuse and staff had received training in safeguarding adults. Staff were able to tell us how to identify and respond to allegations of abuse. They were also aware of the responsibility to 'whistle blow' on colleagues who they thought might be delivering poor practice to people.

Recruitment was robust and helped protect staff from harmful workers.

People were supported by sufficient numbers of well trained staff. New staff received induction training, training was ongoing to meet people's needs and staff were supported and supervised.

The person who used the service was involved in planning, shopping and preparing their meals. Staff encouraged people to take a healthy diet.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

The person who used the service had personalised their rooms to suit their own tastes and also had some input into the homes decoration, which was very homely in character.

Staff were described as caring and observed to be professional and friendly to the person who used the service. Key workers regularly sat and discussed care and activities to ensure people's views of the service were obtained.

Records were kept securely and staff were taught the principles of confidentiality to help maintain people's privacy and dignity.

The person who used the service had a range of social activities to help them lead fulfilling lives. This could be individual or as part of a group. People also had access to the community, went on holidays and were supported to attend college or work.

The person who used the service was able to voice their concerns if they wished and had access to the complaints procedure.

Plans of care were individualised, met individual health care and social needs and were regularly reviewed and discussed with the person who used the service.

There were sufficient audits for managers to help maintain or improve standards.

Policies and procedures were available for staff to follow good practice.

The person who used the service and staff said managers were approachable and they felt supported.

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.

Medicines were administered safely.

Staff members knew their responsibilities in relation to safeguarding. They were able to tell us how they would respond if they had any concerns for the safety of the person who used the service.

Staff were recruited safely using robust procedures.

Is the service effective?

Good

The service was effective.

People's rights and choices were respected. The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards.

Staff received the induction, training and support they needed to carry out their roles effectively.

The person who used the service told us they helped plan their meals and enjoyed helping to cook the food. Staff had received training in nutrition and gave support and advice to the person who used the service.

Is the service caring?

Good

The service was caring.

We observed the very good rapport between staff and the person who used the service. This was partly because staff were matched to people who had similar interests.

Personal records were stored securely to keep them confidential.

The person who used the service told us staff were kind and caring.

Is the service responsive?

Good

The service was responsive.

The person who used the service met with their key worker regularly and planned the week ahead. This meant they were able to help decide how the service was run.

The person who used the service planned their wide range of individual and communal activities each week. This included family visits.

The person we spoke to had no complaints but was sure they could go to the team manager, key worker or family if they had any concerns or was worried about something.

Is the service well-led?

Good

The service was well led.

The person who used the service thought all staff were approachable and we also observed that he knew the team manager well and discussed his support during the inspection.

Staff told us managers were supportive and they all supported each other to work as a team.

There were robust systems in place to asses, monitor and review the quality of the service. The person who used the service felt listened to and was involved in developing the service.

Ansar 3

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 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.

This inspection took place on the 21 September and was announced.

The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. This helped to inform what areas we would focus on as part of our inspection. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning.

We spoke with the person who used the service, the team manager and two care staff

We looked at the care records for the one person who used the service and one medicine record. We also looked at three staff personnel files and a range of records relating to how the service was managed, these included training records, quality assurance systems and policies and procedures.

Good

Is the service safe?

Our findings

The person who used the service said, "I feel safe here nobody bothers me." Two staff members said, "I am aware of all the issues around safeguarding. We have also completed DoLS training. I am very aware of the whistle blowing policy. I have used the policy. It was dealt with thoroughly and professionally" and "I know what I need to report and I would be prepared to use it if I saw poor practice."

We saw from the training matrix and staff files that staff had received safeguarding training. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow a local initiative. This procedure provided staff with the contact details they could report any suspected abuse to. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. There had not been any safeguarding incidents at the service.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal records check called a Disclosure and Barring Service check (DBS). This check also examined if prospective staff had at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The checks should ensure staff were safe to work with vulnerable people.

We saw there were two staff on duty on the day of the inspection for the one person accommodated at the home. The off duty we saw showed us two to one care was normal for this person. There was also the team manager and an activities co-ordinator who worked between the services but were available to provide support if required. A member of staff provided 'sleep in' support during the night and there was an on call system. This meant there were sufficient staff to provide individual support to people who used the service.

We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects of medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. We looked at one medicines records (MAR) and found it had been completed accurately. There were no unexplained gaps or omissions. Two staff members had signed they had checked medicines into the home. We saw the MAR records gave staff details of what the medicine looked like (colour and shape), what it was for, how much could be given and how it could be administered. The MAR sheets and medicines were checked regularly by care staff and managers. This helped prevent or spot any medicines errors.

In the plans of care there was a very detailed description of each medicine and any possible contraindications or side effects. There was also a British National Formulary for staff to refer to for any further advice on medicines.

There was a separate protocol for any 'as required' medicines. This document recorded the person's name, their date of birth, the dose that could be given, the reason it was used for, the maximum number in a 24

hour period and if it needed to be given before or after food. This meant the service provided staff with as many details as they could for this type of medicines to minimise errors. We also saw that there were details around any creams that may be used for people who used the service. This document also recorded what the cream was for and where it should be applied.

Medicines were stored safely in a locked cupboard. The temperature of the cupboard was checked to ensure medicines were stored within the manufacturer's guidelines. Any medicines that needed to be kept cool were placed in a separate container in the fridge. The temperature of the fridge was also recorded.

We saw that all rooms that contained chemicals or cleaning agents were locked for the safety of people who used the service. Staff also received training in the safe handling and storage of chemicals (COSSH).

We looked around the home and found it was clean, warm, well decorated and did not contain any offensive odours. There were frequent fire drills and fire-fighting or fire prevention equipment was maintained regularly. Staff had received training in fire safety. The person who used the service had a personal emergency evacuation plan (PEEP) which was held on the computer. It would be good practice for a hard copy to be made available near the door to be picked up easily in the event of a fire and passed to the emergency services. The service also had a business continuity and contingency plan which gave staff advice on what to do should there be a significant event such as a power shortage or gas failure. This would help protect the health and welfare of a person in an emergency.

We saw in the plans of care that the person had individual risk assessments for activities, any specific medical conditions or any behavioural risks to themselves or others. We saw that the risk assessments were to keep the person safe and did not restrict what they did. There were also environmental risk assessments to keep people safe when they helped in the kitchen and to minimise slips, trips and falls.

We saw and were told by the person who used the service that they helped keep the home clean and tidy but were supported by staff when they needed help. There was an infection control policy and procedure. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. We saw the audits staff completed for infection control, which also covered many health and safety issues. A manager audited what staff had done to ensure it had been completed. These audits were completed every month.

The person who used the service said, "I do a lot for myself but staff will support me if I need help. Like cooking and cleaning." This was a small care home and the person was given the opportunity to live as 'ordinary' a life as possible. The washing machine and dryer were in the kitchen area and we saw they were in operation. The person was encouraged to assist with their laundry. Staff had access to and we saw them wearing personal protective equipment (gloves and aprons) when working in the kitchen.

We saw the service had procedures in place for dealing with accidents and incidents. These guided staff on what to do, who to tell and how incidents should be recorded. We saw that accidents, incidents and near misses were recorded and these were audited by the persons key worker and managers to look for lessons that could be learned and recommend action to prevent reoccurrence.

Good

Is the service effective?

Our findings

The person who used the service said, "The food is very nice. I help choose what I eat. We do our own shopping. I can choose what I want to eat. I go shopping for fresh fish, fruit and vegetables every Friday. I go to college and I am learning cooking." We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. Each week the person's key worker discussed the week's meals with the person who used the service to decide what to put on the menu. The bulk of the shopping was completed online although the person did go out for items of fresh food or items they ran out of. The team manager said the meals were arranged the week before but the person could choose something else if they did not want what was on the menu and it was not set in stone.

We saw there were ample supplies of fresh, frozen, canned and dried foods available for the person to eat. We looked at the weekly menu and could see that people were given a balanced diet. Part of the person's care was to gain confidence in learning and maintaining their life skills. This included helping in the kitchen with the support of staff.

There was a dining area with sufficient comfortable seating. We were also told the garden was used for barbecues and eating at the seating provided if there was good weather. On the day of the inspection the person who lived at the home sat and talked with us. Whilst doing so a member of staff prepared this person a picnic lunch because he was going to have lunch with friends which meant they could take some meals in a more social setting. This person had an ethnic minority background and we saw that staff were aware of their needs and the meals provided were suitable. The person had access to condiments to flavour their food to taste.

There was a system for recording the temperature of the food, fridge and freezers to store and serve food safely. There was a choice of breakfast foods, a lighter lunch and the main meal in the evening. We also saw that the person often went out to eat.

We saw that in plans of care that the person was weighed regularly to check they were not gaining or losing too much weight and nutritional advice was offered or professional help sought. Some staff had also received training in nutrition which meant they could give advice to people who used the service and other staff. All staff had been trained in food hygiene which meant they were aware of the hazards in storing, cooking and presenting food.

We looked at what consideration the provider gave to 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005).

We saw that the person who used the service had a DoLS in place for living at the home. The service had followed the correct procedures by holding a best interest meeting with the person's family, external professionals and one of the homes staff. They then applied for a DoLS for this person following the correct procedures and personnel to decide the least restrictive way to care for them. This meant the person's rights were protected. The DoLS would be reviewed when the current documentation expired.

We saw that the service had looked at a variety of ways of supporting a person when they showed behaviour that challenged the service. Some staff told us and the training matrix showed staff had been trained in how to safely support people with behaviours that challenge. Records we saw included very detailed guidance for staff on what certain behaviours the person showed may mean and what the staff needed to do to help the person. The guidance told staff on how to prevent incidents and included suggestions about; "What you may have done, what you may need to do, what you may need to say." The plans were written using respectful and positive terms. We saw that any incidents were recorded, including what happened before, during and after; and that staff and managers looked at how they could learn from each incident to improve the support they gave the person.

Newly employed staff were enrolled onto the care certificate which is considered to be best practice for staff new to the care industry. They were also given an induction at the home or homes they were to work in. This part of the induction covered the services key policies and procedures, fire procedures, the environment, care plans, risk assessments, the location of first aid kits, the duty rota, cleaning, financial systems, parking, medicines and accessing systems on the internet. Each member of staff signed the form to say it had been completed. The team manager said staff were matched to the person who used the service they had the most in common with and were introduced to people who used the service. We were also told that people who used the service had a say in who was employed although they needed to be guided by management. Managers then observed how the new member of staff developed a relationship with the person and in the past staff had been diverted to another of the provider's services if it did not work out.

We looked at the training matrix, three staff files and talked to two staff about their training. This showed that staff had received the essential training needed to provide care and support to the person they were working with. We saw training staff had received included; health & safety, first aid, food hygiene, fire training, safeguarding, medicines administration, equality and diversity, the safe handling of people with behaviours that challenge, record keeping , person centred planning, diet and nutrition, communication, confidentiality, risk assessment, moving and handling, consent, infection control and Control of Substances Hazardous to Health (COSHH) Regulations 2002. This gives guidance on how to protect employees and people who use the service from hazardous substances at work. Staff records we saw contained certificates for the training staff had completed. Staff were then encouraged to complete a further course such as the diploma in health and social care. We saw that nearly all staff had completed such a course at various levels. Two staff members told us, "We do lots of training and you can always ask for any more you think may be valid" and "I have done all the mandatory training and any more they asked me to do." Staff were given sufficient training to meet the needs of people who used the service.

Staff members also said, "I have had two supervision sessions lately I am building more hours up because I was part time. Supervisions are happy because I am happy with what I do" and "Supervision is every six

weeks but we can have supervision when we want and you get seen within a day or two. It's a two way process but we get more to say really then the managers." Supervision helped management support staff to perform their roles effectively and staff to receive the support they felt they needed.

The plan of care we looked at showed the person who used the service had access to specialists and also attended routine appointments such as opticians, dentists and podiatrists. Each person had their own GP and were assisted to attend appointments. This helped keep their health care treatment up to date.

A person who used the service said, "I like this house and I have a nice room. I have done it myself and made it a Liverpool football room." The person who used the service took us on a tour around the building and was proud of it. We saw it was clean, well decorated, homely and contained everything this person needed to live a comfortable life. They told us they helped keep it clean and tidy with staff support if needed.

Good

Is the service caring?

Our findings

The person who used the service told us, "I like living here. It is a good place to live. The staff are all ok – very nice. They are kind and caring." Two staff members said, "I love working here. What do I get out of it? Knowing I have done my best and have made a difference to someone's life. I like looking after the people who use this service. I would not think twice if a relative needed care here, definitely. It's a good place and there is a good team. Like a big family. If people have a problem we help out" and "The thing is I like the job. I like working here. They are a good organisation to work for."

During the inspection we observed how staff and the person who used the service interacted. Staff were polite yet had a friendly approach which created a good atmosphere at the home. We saw that the person who used the service approached staff and discussed what they wanted to do and obviously trusted staff in the calm relaxed manner they had. We also saw a good deal of laughter and light hearted banter. It was also pleasing to see how the person who used the service had the confidence to take part in the inspection and made a valid contribution to the process.

Staff were trained in confidentiality topics and we saw that records were stored securely to keep them private.

We spent most of the inspection in the dining room so that we could observe and talk to the person who used the service and staff. We did not see or hear any breaches in privacy which helped protect the dignity of the person who used the service.

The person who used the service was looked after by two members of staff with one usually their key worker and the other a member of staff familiar to the person who used the service. This gave staff greater scope in treating the person as an individual and helped raise their self- esteem. They knew each other well.

The person who used the service told us, "I sometimes go home to see my relative. I stay overnight at my family home a lot." The service encouraged people to remain in contact with their family and friends.

The person who used the service told us, "I go to the mosque most weeks with my relative." People's religious needs were recorded in plans of care so staff were aware of their needs.

The person accommodated at the home was a younger adult. We discussed the need for staff to be aware of a person's wishes at the end of their lives. The team manager said they would contact families if a person deteriorated. However, following the discussion it was decided to look into completing some details around a person's preferences or special needs at the end of their life and some staff would complete end of life training, which was available to them. This would ensure that in the event of someone having a fatal accident or illness their wishes would be taken into account and families better supported through this difficult time.

There were details of how to access the advocacy service. An advocate is an independent person who will

act or mediate on a person's behalf to ensure their rights are protected. Likewise people who required a DoLS were assessed by an independent mental capacity assessor (IMCA) for the same reason. The person accommodated at the home had an advocate to act upon their behalf.

We saw that there was a lot of personal information in the plans of care which included their family background, past medical history, records of any behavioural issues, activities and interests. We saw that the person was asked about their future aspirations, for example attending work.

Good

Is the service responsive?

Our findings

The person who used the service said, "I would talk to the manager if I had any concerns. He would listen to me." Key workers sat and discussed the person's care with them at least weekly. This meant the person had the opportunity to talk to staff about any issues as well as any concerns.

Information about how to make a complaint was contained in the service user guide, which was given to people and their relatives when they started to use the service. We were told that an "easy read" accessible version was available for those who preferred the information with images and fewer words.

We saw the complaints procedure told people how to complain, who they could complain to and the time it would take for the service to respond. The team manager told us the service had not received any complaints. We saw that a system was in place for recording and dealing with any future complaints.

We saw that the team manager had a good rapport with the person who used the service. We heard a conversation about how the person will move for a short time because the service is changing ownership and being renovated. The person will move back but this will be supported living in the same house. The team manager answered the person's questions patiently until sure what he wanted to know was understood. This allayed any concerns the person had and also explained some of the differences between supported living and being in a care home.

The person who used the service told us, "I watch sky sports and soccer special. I like my football and go to watch Liverpool. I go to college and learn cooking. I go to work on Tuesday. I help serve the customers, look after the shelves, clean the tables and kitchen. I carry the heavy equipment. I get paid sometimes for delivering leaflets. I am going to Blackpool next week and out for a meal because it is my birthday. I will also see my family."

From looking at the plans of care, the person's activity schedule, group activity schedule and observation during the day we saw that people were encouraged to attend activities to help them lead fulfilling lives. Group activities included going out for meals and picnics, playing football, competitions such as an Easter egg hunt, barbecues, going for walks and going to the Zoo. We were shown photographic evidence of many activities and saw that people were enjoying themselves.

The person was supported to learn cooking at college and worked in a charity shop and occasionally delivered leaflets.

The person also attended activities in the community and we saw this included football matches, swimming, fun days at the local park, football, attending college or work based activities, going to the pub, playing pool and DVD nights in.

Part of this person's activities was learning, maintaining or improving life skills. This included all aspects of keeping a house. Cooking, cleaning, shopping and budgeting. Staff provided support and discussed

progress at key worker sessions. The person was also encouraged to attend activities using public transport to help boost their confidence when in the community.

We also saw that people were taken on holiday. We also saw that the service created a calendar using photographs taken when people were attending activities and this was available for staff, people who used the service and their families.

People who used the service were assessed before they moved into the home. This included visits to the home to check how a new person would like the home and to assess the person to see which staff member would best match their profile. This may take several weeks and involved the person, their family if appropriate and other organisations involved in the person's care. This was recorded and with the effort made to ensure the placement worked should mean the person was suitable to live at the home and be happy with their staff.

The person who lived at the home had been given an induction to the service. This included meeting staff and other people who used the service (the service hold group activities), shown around the home and facilities, had explained what was on offer and if not already done so – introduced to their key worker. This meant people were supported to make the move to this care home.

We looked at the plans of care of the person who used the service. An extensive background history had been obtained as well as the person's choices and preferences. Plans of care were developed using this information. This meant that staff were aware of the person's needs, for example, personal care, health care, life skills, mental health, behaviours, sexuality, keeping safe, diet and nutrition. The person helped complete their own personal care planner and from using all the information a weekly schedule was arranged which took account of people's needs. An action plan was developed alongside the plan for the person to attain their goals. The care plan we looked at was individualised and took account of their social, physical and mental health needs. The plans were reviewed with key workers regularly and updated when required.

Staff were kept informed about the person's needs via email. The person who used the service said, "I live on my own but get to mix with other people. I have friends in the other houses." There were no records of house meetings but we were aware that people were given the chance to have their say in how the service was run during weekly meetings to discuss schedules and activities. The person who lived at the home was friends with people from the other homes belonging to the provider and met regularly and were able to discuss with staff and each other any ideas or wishes they had.

We saw that the person had a 'hospital passport' which gave other organisations important information they would need to support them. There was also evidence in plans of care that the service liaised well with other organisations and attended multi-disciplinary meetings. Multi-disciplinary meetings are where all involved professionals, the person who used the service, family members and care staff from the home meet to discuss best practice and care issues.

Good

Is the service well-led?

Our findings

The service had a registered manager in place at the time of our inspection. 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. However, the registered manager was on extended leave and the service was being managed by other senior staff. For this inspection it was the team manager.

A person who used the service said, "The manager is all right and you can talk to him." Two staff members told us, "The managers are at the end of the phone and are very supportive. The team leader is great. Very approachable" and "The managers are supportive if we need them." People we spoke with thought managers were approachable and available to support them. Both staff members we spoke with said they would be happy for a relative to be cared for at the service.

The team manager told us the service had an on call system so a senior manager could be contacted at any time by staff, people who used the service or relatives.

Before our inspection we checked the records we held about the service. We found that the service had notified CQC of DoLS applications. This meant we were able to see if appropriate action had been taken by the service to ensure the person was kept safe. The team manager told us there had been no notifiable accidents, incidents or safeguarding allegations but was able to tell us what should be notified and how they would do this.

We found there was a robust system of quality assurance. There were a number of weekly and monthly checks and audits including; care plans and risk assessments, accidents and incidents, health and safety, medicines, fire safety, concerns and complaints, cleaning and infection control. We saw that checks were recorded and where issues occurred, records were kept of what action would be taken, by whom and when it would be completed by.

There were policies and procedures for staff to follow good practice. We looked at several policies which included safeguarding, infection control, whistle blowing, complaints, health and safety, medicines administration, confidentiality and complaints. The policies were reviewed regularly to ensure staff were supplied with up to date knowledge. Staff also had access to useful telephone numbers, for example the CQC, local social services team, the out of hours team, local police and safeguarding team.

The service had a service user guide and statement of purpose. The statement of purpose gave professionals and interested parties details of the registered provider, the facilities of each home within the group, principles of care, staffing arrangements and training, finance, meals, activities, visiting, complaints and eligibility criteria for living at the home. The service user guide was given to people who used the service or if appropriate a family member and gave people details around staff details and experience, the services and facilities on offer, care planning, staff training and support, faith and culture, maintaining links with

family and friends, privacy and dignity and how to complain. These documents gave the relevant people all they needed to know to have an informed choice to live at the home or for professionals to make a placement.

Staff were issued with a handbook to guide them in what good care standards should be. The information included the services aims and principles, equality and diversity, the grievance procedure, disciplinary procedure, examples of misconduct, health and safety responsibilities and the fire procedures.

We saw that the service had conducted quality assurance surveys for all the services they provided care in, although the surveys had not been sent out for 2016. The results were good and the views had been obtained from people who used the service, parents and carers, staff and professionals. Comments made were, "I have been impressed and pleased at the quality of the service provided by Ansar. Very professional, caring and dedicated. One of the best providers of care I have worked with. Particularly impressed by the training given to staff and the MDT working with our service. I would highly recommend you as a provider for any of our clients in the future. It's actually refreshing to work with the high quality and calibre of staff who are obviously committed to their work and have the right approach and mind set with working with complex and challenging clients. Many Thanks" and "Your team are a fantastic support. It's wonderful for me to get out with my relative with support from staff and they made it such a happy experience by getting the balance of support just right so we both feel supported and comfortable. Just wanted to share this as I have not had a good time out with my relative like that to town for over two years and your support staff made that possible. There were many other positive comments. We saw that some ideas were acted upon such as holidays abroad.