

Community Supported Living Limited

Community Supported Living Limited

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 3 and 16 June 2016 and was unannounced.

Community Supported Living is a community based organisation, supporting people who have mental health support needs to live in their own homes. All people held their own tenancy to their own home. Some people had a tenancy on an apartment within a block where there was support from staff during the day and night. Other people lived more independently and received times of support during the day. At the time of our inspection Community Supported Living supported 56 people who lived in Wirral.

All the people we spoke with told us they were happy with the support they received. People told us because of good support they had experienced improvements in their wellbeing. People told us about positive outcomes they had achieved and changes they had been supported to make in their lives. One person told us, "I've gained my independence back".

The support people received was reliable and was delivered at a time agreed with them. People's support plans were person centred and focused on their individual support needs, aspirations and goals. The support plans had been written with the person and anyone else the person had wanted to be involved. When completed the support plan was signed off by the person.

There was evidence that people's support plans had been regularly reviewed and updated. They provided clear guidance for support staff and enabled people to direct their care and support. People had been supported to go to college, explore hobbies and interests and develop their relationships with people. Some people told us they were supported to maintain their homes. Other people had been focused on living in their community and maintaining their tenancy. People who had experienced a history of being repeatedly admitted to hospital had been able to live in their community for many years with support without being admitted into hospital.

The service was fully staffed with trained and experienced support workers. Staff told us they were well supported and were happy in their roles. New support staff were recruited based upon their values and life and relationship skills. They received an in-depth and comprehensive induction, training and support programme. Established staff received regular supervision meetings, staff meetings, appraisals and knowledge and training refreshers.

People told us they felt safe. Staff were trained and were knowledgeable in safeguarding vulnerable adults. People's care files contained appropriate risk assessments which guided staff on any immediate responses that may be necessary and an ongoing strategy to mitigate any risks to a person. There was a system in place for documenting any accidents, incidents or near misses that happened. These were reviewed by community based team leaders and centrally by the manager for any future learning and to ensure appropriate responses had been made. Staff had access to a 24hour senior member of staff through an on-call system for advice and support.

People told us the support they received was caring. One person told us, "The staff care about me". People we spoke with described in detail and gave examples of how a positive and caring relationship with their support worker helped them. People were respected in their choices, decisions and in their independence. The organisations style of communication with people and the wording and approach of people's care plans demonstrated a caring and respectful approach in everyday practice.

The service supported people within the principles of the Mental Capacity Act (2005). Staff received training on the Mental Capacity Act and were knowledgeable with regard to how this impacts the support people receive. People were listened to and their consent was sought in the planning and providing of their support. If people needed to make a major decision people were supported to access an independent advocate.

The manager had a strong set of values relating to how people should be respected. He set a person centred and aspirational culture within the organisation which cascaded into the support offered by all staff. People supported and staff told us he was approachable and was often seen visiting people and getting feedback about their support.

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.

There was an experienced and trained staff team, large enough to meet people's assessed support needs. Staff had been trained in and were knowledgeable about the safeguarding of vulnerable adults.

The service had a robust system to ensure they were reliable and people received the support they needed. A senior member of staff was available 24 hours a day.

Medication was observed by staff and recorded.

Is the service effective?

Good ●

The service was effective.

Staff received training that was relevant to their role. This training had been regularly assessed and developed.

New staff went through an in-depth and thorough induction. New staff we spoke with told us they had been well supported.

Staff received ongoing continual professional development and support in supervision meetings, staff meetings, appraisals, refreshment training and updates to their knowledge.

The service operated within the principles of the Mental Capacity Act 2005. People were involved in planning their support and their consent was sought.

Is the service caring?

Good ●

The service was caring.

Caring for people was embedded in the support provided. The service aimed for people to do well in their lives. This caring approach promoted actions by staff that enabled people to achieve outcomes in their lives.

There was a strong ethos that positive and respectful

relationships between staff and people supported were important in people's development.

People were listened to, choice was promoted and people's decisions respected.

Is the service responsive?

Good ●

The service was responsive.

People had aspirational and person centred care plans. The care plans provided staff with meaningful guidelines in how the person wished to be supported.

People were supported to work towards expressed life goals and explore their hobbies, interests and passions.

Support plans were regularly reviewed, involving people important to the person. These reviews ensured people's support was responsive to their changing needs.

Is the service well-led?

Good ●

The service was well led.

The manager set a person centred culture in the organisation. He was known to people supported who described him as approachable.

The manager sought to continually improve the support provided. This was done through seeking feedback from different sources and trying new ideas.

The service had appropriate policies.

Community Supported Living Limited

Detailed findings

Background to this inspection

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

This inspection took place on 3 and 16 June 2016 and was unannounced. The inspection was conducted by an adult social care inspector.

We spoke with eight people who received support from the organisation and we spoke with a visiting health care professional. We looked at the care files and support plans for six people and observed their care, support and interactions with staff. We checked a sample of records relating to people's medication and finances.

We spoke with nine members of staff; five support workers, two team leaders, the training and compliance officer and the registered manager. We visited the organisations head office and looked at administration records, staff training files, policies and procedures and the staff files for six members of staff.

We checked the records held by the CQC prior to our inspection.

Is the service safe?

Our findings

One person told us, "I like having my own place. I also like the support being available, I feel safe with the support being there". They added, "I think without the support I'd become unwell again". Another person told us, "I feel very safe knowing the staff are here and we have cameras". People we spoke with mentioned that they found it reassuring that the communal areas of the apartment blocks were covered by CCTV. There were notices when entering the building informing people of the CCTV. One person told us they felt safe because "There are lots of people around".

As part of their care plan people were assessed for the support they wanted and needed. Some people required higher levels of support and other people were more independent. Some people lived in a block of apartments where there was a member of staff available day and night. Other people lived in their own home and received times of support during the day but were mostly independent.

The manager told us that staff carried company identification but do not wear badges or uniforms. They explained that because the support was community based they had not wanted people to stand out in their community because they received support. This had been done to protect people's safety, dignity and privacy. People knew their support staff because there was a stable team of staff all known and introduced to the people supported before they support them.

A senior member of staff we spoke with told us the organisation was fully staffed which enabled the organisation to keep people safe and people could rely on them to provide the support that was needed. The manager also explained that they "never miss a call". When a staff member was lone working in the community, they phoned in to a community based office at the start of their shift. If the office had not received an expected call they called the staff member on the rota and if needed make arrangements for another staff member to attend as quickly as possible. We observed this procedure in practice, along with the call records when we visited a community based office. The staff member responsible for the procedure when we visited told us, "We are really good at making sure people get the calls they need when they are planned". On a recent service user questionnaire one person commented, "Community Supported Living are always on time".

The manager told us he liked to be visible and to know what support people have received. A lot of the support provided was one to one and staff were lone working. The manager told us he periodically visited during the night where staff are working waking nights and frequently visited people to get regular informal feedback about their support.

New staff had been recruited in a safe manner. Staff files we looked at contained completed application forms outlining the candidate's background and skills. Records we looked at showed that a candidate's identification had been checked along with a criminal records check (DBS) which were reviewed every three years. We saw that successful candidates with a criminal record participated in a risk assessment to ensure any appointment was safe. Candidates attended an interview conducted by two staff members and people who are supported by the organisation. The organisation sought references from candidate's previous

employers and if necessary verified the references supplied.

Records we looked at showed that staff received safeguarding training which was refreshed according to the training schedule. We saw records that showed staff knowledge of safeguarding was assessed during supervision meetings using scenarios to check staff awareness, practices and knowledge.

Staff we spoke with were aware of their responsibilities in safeguarding vulnerable adults. They were able to explain to us what clues there may be if a person was being abused in some way. Staff knew what they would do if they had reason to believe a person was at risk of abuse, including how to document this and when to contact outside organisations. In the staff offices we visited there were copies of the safeguarding policy and safeguarding reminders for staff including a flowchart to guide staff through the process and a list of contact numbers they may need. Staff had become vigilant to people being taken advantage of by people who told them they were their friends and finding the balance between people making potentially unwise decisions and somebody being abused by a person. This helped to keep people safe whilst maintaining their dignity and independence. One staff member told us, "It's really important, people may not realise they are being taken advantage of. Safeguarding is everybody's responsibility".

Staff supporting people in the community had access to a senior member of staff through a 24hour on call phone number. Staff we spoke with told us they had confidence in this.

The manager told us that staff do not administer medication. They may prompt a person to take their own medication, support them to check it is correct and provide guidance as necessary. Staff attended annual medication awareness training. One person told us, "Staff give me the medication pack and watch me take them. When I was unwell I stopped taking some tablets, so these prompts help". Another person told us, "Staff give me the blister pack and I open it, they watch me take the medication and then we both sign for it".

We saw that people's care files contained appropriate risk assessments to keep people safe. These were detailed and regularly reviewed. They contained guidelines for staff for immediate responses to risk and an ongoing strategy to mitigate risks. For example one person who was deaf had a risk assessment for fire evacuation containing staff immediate responses and an ongoing strategy that they had adapted fire alarms in their flat, we saw records that these were checked weekly.

There was a system for documenting accidents, incidents and near misses that may have occurred. A copy of all these were sent to head office after initial actions by a community based team leader. These were also reported in the moment to the 24hour on call senior member of staff. We saw this system working. One support worker attended a community based office to fill in an incident report about an incident that happened in the community. This had been read by a team leader and was being sent to the head office. In the head office we observed the records of accidents and incidents that had been reviewed.

We saw one area of the building which was used by staff which may have posed a health and safety risk to staff members supporting people. We highlighted this to the manager and he responded quickly to resolve the concern.

Is the service effective?

Our findings

One person described the staff as, "brilliant". They added, "If I have any problems I'm always free to go to them. They help me with any problems I have". Another person told us, "The staff are sound, I can't fault them". A third person told us, "I get reminders from staff and support with all my appointments".

One visiting health mental health professional said, "The staff are very supportive and friendly. The support they give is excellent".

New staff partook in a thorough three month induction program. This started with staff being familiarised with the different building's they may work in and being introduced to and spending time with each person they may support. Next there was a two week period of shadowing an experienced member of staff. One new staff member told us, "There was a big induction over the first three months, including training on the care certificate, regular meetings with my line manager, shadowing an experienced staff member and loads of training. I was well supported; there was plenty of support at the start of my role".

When we looked at new staff files we observed that during their three month induction new staff members had a catch up and review meeting every two weeks with their line manager. From the notes of these meetings we saw that staff had been commended for areas of their work that had been going well and guided in areas where they needed support. At the end of a nine month probation period, new staff members who had completed a thorough personal development plan became permanent members of staff.

The manager and the training officer spoke with us about new staff development. They told us that all eight staff recruited in the past two years were still working for the organisation and many staff members had stayed with the organisation for a long time. The manager told us they believe this was due to intensive support in the first six months of the person's role and where possible being flexible with staff.

Established staff participated in regular supervision meetings and an annual appraisal with their line manager. During supervision meetings they could discuss any matters they wished to. The manager also discussed a particular aspect of their work in more depth as part of the staff member's development. During supervision meetings staff were often asked to do some research on a topic related to their role and to bring any learning and ideas they had to their next supervision meeting. One staff member told us about appraisals, "In the appraisal we set objectives to be achieved in the next year, this had helped me to develop".

Training provided by the organisation was by face to face classroom style courses and practical exercises. One staff member told us, "I think the training is good, there is a relaxed atmosphere during training. In group training it's good to be able to ask the trainer if you are unsure of anything". All staff had received training appropriate for their role; the majority of this was delivered by a qualified in house trainer. We saw that training courses were a mixture of workbooks, instruction, group discussions, questions and working through realistic scenarios. At the end of a training session staff feedback was sought we were showed how

this feedback had been used by the trainer to develop the courses.

Training for new staff was scheduled to happen in their first two months starting with the prioritised training first. We looked at the training records for the organisation that showed staff training was up to date in line with the organisations training schedule. In addition to the scheduled training some staff had received training specifically for a person they supported, such as Makaton and epilepsy. Senior staff had received training in conducting supervisions and appraisals. All staff had or were in the process of gaining a relevant National Vocational Qualification (NVQ) . One staff member who had gained an NVQ said, "They have supported me in my learning a lot, I had a great mentor". Training was an ongoing process; we saw that each staff member had a CPD (continuous professional development) folder in their place of work.

We were told that every year, every staff member spent a day with the manager to review their knowledge and awareness of supporting people with mental health needs and health and social care in general. The manager told us, "It's for us and the staff to know their development needs and how we are meeting them". The organisation used the information gained in planning future training. After completing a test staff received additional refresher information on needed subjects. The test is then repeated with before and after scores compared. The before and after scores showed that everybody had benefitted from the review with the manager. One staff member said, "It's a bit nerve racking! But it does help, it highlights any gaps in your knowledge that you can work on". Another staff member told us, "Staff think it's a good thing to do, the manager is extremely approachable". The manager told us, "Staff leave with confidence in their role". One staff member commented, "I was amazed how much I knew".

Team leaders have a weekly meeting with the manager; any necessary information is fed back to their teams. Other staff members have a meeting every two months. One staff member told us, "This is a necessity it helps us to work as a team and people's support runs more smoothly, it helps communication and things to improve".

Staff received training on the Mental Capacity Act and how it affects their work. The staff we spoke with had a good understanding of the Mental Capacity Act and its principles. One staff member said, "People can make mistakes, we all make bad choices. Our job is not to hold people back, but to make sure safeguards are in place". Another member of staff told us, "People have capacity to make decisions unless it's assessed as otherwise".

Because of identified risks some people's bank cards, money or cigarettes were kept in a safe in their apartment. For some people the organisation is a spare key holder. People were at the centre of making these arrangements, their consent was sought and the people we spoke with understood and had the capacity to agree to the arrangements made. Any such arrangements were planned beforehand and formed part of the person's support plan which was signed by the person and any community health professionals that were involved. Support in this way enabled people to live as independently as possible in the community and was agreed as the least restrictive option. People supported and staff understood that this support is only to happen with a person's consent. One person told us, "If I said to staff, I want to take more [cigarettes] they would give them to me. But I don't bother. I'm happy with my progress".

Staff understood that people's capacity can fluctuate, mental health relapses and misuse of substances can affect a person's capacity. The staff knew it was important to follow people's guidelines in the least restrictive way during these times. When a person had a major decision to make in their lives they had been supported to access independent advocacy.

The organisation has a policy of not restraining people, staff had been trained in how to deescalate difficult situations. Physical restraint did not form part of anybody's support plan.

Is the service caring?

Our findings

People told us the way staff supported them contributed to a nice atmosphere. One person told us they thought the atmosphere in the block of apartments where they lived was "lovely". Another person told us, "I love it here". A third person said, "I'm happy where I am at the moment, there is a nice atmosphere". A fourth person when talking about their neighbours and the staff said, "We've got a good gang here".

We observed that staff were kind, patient and caring in their approach towards people. One person told us, "If you feel low, staff are always there for you. They help you deal with things and sometimes give you prompts. But I still have my independence". Another person told us, "I use the staff to talk to about my problems. They reassure me when I become anxious." A third person said, "The staff care about me".

Staff we spoke with talked with enthusiasm about the positive relationships they had built up with people. We observed people being comfortable and at ease with their support staff. One staff member told us, "I like this job, I love the relationships I have built up". People supported spoke about the relationships with staff having a positive impact on them. One person told us, "The staff are great with me, they help me with my wellbeing. I have known some of them for years". Another person said they have been able to get through problems with the help of, "Support workers about the same age as me who can understand me". The manager told us about the importance in people trusting their staff, he said; "It's people's choice to be supported by us. I believe stability in the staff team and people having the opportunity to build up relationships with the staff is really helpful in people staying well". One staff member gave us a recent example, telling us, "I recently had the opportunity to listen to a person talk for a whole hour, a person usually quiet and not known to talk. It's about building relationships". Another staff member told us that one person went to the hairdressers for the first time in two years. It was the relationship with the staff member that enabled them to conquer their fear and go.

People were respected as independent adults and the support was arranged to promote people's independence yet be there when needed. One person told us their independence was important to them. They told us they like to; "Take each day as it comes. But when I do have issues they are always there for me when I need them. That's really important." We observed staff respecting people's private and independent space. One person told us, "The staff really respect my space, it's my own flat. When I need my medication staff knock on my door and wait for an answer". One staff member told us how they respect people. They said; "I always ask people, I don't assume that my way of looking at things is their way of looking at things".

People's choices and decisions were acted upon. For example when recruiting new staff members the organisation involved some people supported in the interview process and in selecting candidates. Candidates are selected on how they interact and respond to people supported and the feedback people gave about this. During recruitment the organisation is looking for life experience and life skills, listening skills and a caring approach to people.

One staff member told us that the manager ensured staff are matched with people's preferences and if possible people picked their own staff. We saw in the staff communication book, "[name] had requested

[name] for his support tonight". This showed people had choice in day to day practice. One person told us, "I often get to pick my staff".

It was an organisational priority to listen to people. In the induction period staff were trained in understanding how their conversations and their style of communication can have an impact on people. The manager told us, "We may be the only people the person we support sees each day, all week. We need to listen". Staff told us about the importance of empathy in trying to understand a person. One staff member said, "What is nothing to me, may be a big deal to somebody else. I learnt not to judge". In people's support plans there was a focus on empathic listening. We saw in one staff office area a document reminding staff of 'the aims of listening'.

One staff member gave us an example of how they communicated in a kind and caring way. They told us, "Sometimes you need to be in the background and not overbearing. It's the way you say things, like 'how are you getting on with your cleaning?' Not, 'I need to help you with your cleaning'. It shows respect for people. Some people have a long history of having been told what to do".

Staff took people's feelings and potential anxieties into account when supporting people. One staff member phoned a person in their flat and after telling the person that the CQC had visited, asked if they would like to speak with us. They asked the person if they would like to do this with a support worker or by themselves. When the person accepted and asked to be with a support worker they were told who was available and were asked which support worker they would prefer.

Some people had experienced periods of social isolation. People who were at home over Christmas can choose to join with people and staff to have a Christmas dinner in the communal lounge and socialise with people afterwards. People showed us pictures of this along with pictures of a Christmas party in a local pub. The staff told us they encouraged people to socialise during these times. Some people we spoke with told us they had made friends since being supported by the organisation. One person had reconnected with a person from their past at a recent barbeque. Other people we spoke with told us they came to socialise in the communal lounge, which they liked.

The organisation made sure information was available for people. We saw that on the notice board in some communal hallways there was information available for people supported. Some of this information was also in an easier to read format to help make it more accessible. There was a service user guide, complaints form, helpful phone numbers, information about a recent BBQ and a timetable of free and reduced price activities available to people. There was also accessible information on safeguarding and health and safety. This enabled people to be informed of their rights and where to go to if they needed help from outside the organisation.

When people had big decisions to make the organisation had supported people to access independent advocacy. One staff member gave us a recent example of this with regard to a financial decision a person had to make. This helped the person to make the best decision for them, being aware and understanding their options.

Is the service responsive?

Our findings

One person told us, "This has been the best move for me, moving into supported living". When we asked a person what they thought about the support they receive they told us, "I can't fault it". Another person said, "I love it". One person told us they had been supported to, "Go all over the place".

People we spoke with told us about their support plans. We saw that people's support plans were person centred and had been contributed to by those who the person had wanted to be involved. The plans were 'signed off' in agreement by the person. One person told us, "I was involved in my care plan, along with my dad, the team leader and my community nurse". People's support plans had a focus on goals that a person wanted to achieve. They explained what areas the person needed or wanted to have support with and how the person wanted this support to happen. The plans also gave staff information that would help them to support the person, such as important information from their life, what they like to be called, the person's hobbies, interests and their likes and dislikes. We saw that people's support plans were regularly reviewed and any changes in a person's support documented.

There was evidence that people's support plans directed their support. In the support plans the focus was on the person as well as their support need. The support plans asked the questions; Who am I? What is important to me? What are my main current concerns? What is working and not working for me? How do I want my life to be? And the person's long and short term goals.

One person told us, "I'm an avid reader; staff support me to go to the library". Another person had become involved in gardening. They told us, "I did all the garden. I love it". Other people told us they had been supported to buy clothes and organise their wardrobe, go food shopping and learn to cook, go to the cinema, play golf, attend college and have a job.

Some people's support focused on them living in the community, maintain their tenancy and the upkeep of their home. One person said, "Staff help me to change my bedding and the upkeep of my flat. I struggle with motivation and this helps me". One person we spoke with had a history of spending time in hospital and had not been admitted to hospital in nine years since moving into a flat with supported living. One person had expressed a desire to go on a short break, this was planned and it happened.

All the people we spoke with told us they get involved in choosing when they wanted to have support and plan this time together with their Team Leader. A few people told us they had been helped to keep in touch or reconnect with their families. One person told us they had been encouraged to go clothes shopping and go out for lunch. Another person told us they had been supported to make decisions and choices as they told us "I change my mind too often and it's a problem". A third person had been supported with their anxiety of being around different people. They told us, "I never used to like going out but now I get out much more. It's helped with my confidence. I'm now out more than I am in".

Some people had chosen to reduce their smoking and had asked for support with this. One person said, "I smoked 60 cigarettes a day when I first came here, the support the staff gave me works for me. I now smoke

12 a day, it's helped me to budget and I've been able to save up money to buy clothes".

People's care files also contained risk assessments. All risk assessments had been agreed by and signed by the person whose care plan it was. They contained guidance for staff on immediate actions and how to reduce risk long term. We saw risk assessments for a breakdown of tenancy and utilities, financial abuse, drug or alcohol relapse, self-neglect and social isolation.

Some people's care files contained a document which outlined what signs staff look out for which may indicate a person is becoming unwell in their mental health. We found these were individualised to each person and listed information about potential and past triggers which may contribute to a person becoming unwell and what staff can do if this happens. Some people's care files had a risk assessment which identified what may contribute to a decline in a person's mental health and guidance for support staff.

A visiting mental health professional told us, "Communication from the staff to us is particularly good. This has been a really important part of one person's care when they became unwell. Good communication contributed to good results".

People's care plans were progressive and focused on people developing skills when possible. One person was identified in their care plan as a high risk of substance abuse relapse. They had agreed to a budget that mitigated this risk, the budget had become less restrictive as the risk lessened. The person told us "My money is regulated because of risk of drugs, I agree with this". Another person who had a history of not wanting to go outside their flat. When the support focus on increasing the person's confidence, they have; joined in BBQ, their personal hygiene improved, they have been shopping and they are getting involved in the upkeep of their own home. The person told us, "I needed a bright bubbly person to motivate me. I love [name] she is there for me".

People told us that they had been responded to when they had raised concerns with staff members. One person said about their concern, "I went to the Team Leader and I was happy with the way it was handled". Another person told us about when they raised a matter, they told us it was handled well and "That's been solved now".

Is the service well-led?

Our findings

The manager was known to people and was involved in people's support in the community. He told us he made sure he spent time with people on a one to one basis. People we spoke with were familiar with him, some people told us he had supported or visited them from time to time. One person told us, "He's lovely, he's down to earth and he understands you". Another person told us how the manager came and helped them to sort out their benefits. They said, "It's nice to know there's somebody there with you".

One staff member told us, "I love this company; I love the work that I do. Staff are treated very well". Another staff member said, "He's a really good manager, he draws on staff strengths". A third staff member commented, "The manager is really approachable, he's fair. If I ever needed to I'd be confident in going to him". Another staff member gave us an example of when they went to the manager with a concern. They told us, "The manager dealt with the problem, it was sorted straight away with a reasonable outcome".

The manager told us it was important to him that he was visible and people knew him. He had recently cooked the food at a barbeque so that he was able to catch up with people. He led a culture that was centred on listening to and respecting people supported. This was shown in the person centred focus of the organisations training, the person centred focus of people's support plans and the putting together and implementing the organisations policies. When the manager spoke with us he was knowledgeable about recent outcomes people had experienced in their lives. He told us it was important to him that people have positive outcomes helped by the support the organisation provides.

The manager was looking for ways to improve the support the organisation provides. One senior member of staff had been given the role of quality assurance and they worked closely with the manager. They had recently identified support planning as an area for improvement and this led to three documents being combined into one which made them simpler and more effective.

The manager consulted with people and looked for ways to encourage feedback from people. A questionnaire had recent been sent to each person supported. The questionnaire had been developed after learning from what worked in previous questionnaires. It was a tick box form, 60 percent of people returned their questionnaires. When asked if they were satisfied with the care and support they receive 97% said they were satisfied with the support they receive. When asked about the quality of their life 73% replied this was good or better in the past year. It was noted by the manager that this was 13% higher than last year's questionnaire. 100% of people said they knew who they could complain to if necessary. 70% of people said they had adequate social contact with people they like. The manager had identified this as an area the organisation is working on, ensuring individualised support hours reflected the person's wishes and needs. Analysing the feedback showed the manager had a desire to develop the support provided to people from people's feedback. The report included suggestions to improve the next questionnaire.

When staff had left the organisation the manager had wanted to learn from these staff. He had arranged for exit interviews. He had looked for themes that could have indicated areas for improvement. The manager was proud of staff retention, being fully staffed and that all new staff recruited in the past two years had

remained within the organisation, this in an area of work that traditionally has a higher staff turnover.

There had been a recent management audit of policies. The manager told us they had updated the policies using recent best practice guidance. We looked at the safeguarding, whistleblowing, lone working and harassment policies. We found these to be informative and contained relevant guidance and information for staff.