Affinity Trust

Affinity Trust – Domiciliary Care Agency – Midlands

Inspection report

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Date of inspection visit:
11 April 2016
12 April 2016
13 April 2016

Date of publication:
31 May 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 April 2016 and was announced. We returned on 12 and 13 April 2016 to complete the inspection.

Affinity Trust – Domiciliary Care Agency – Midlands is a domiciliary care service providing care and support to people living in their own homes. The office is based in Beaumont Leys, Leicester and supports people is their homes across locations in Leicester, Leicestershire, Staffordshire and Sandwell. At the time of this inspection there were 88 people using the service who resided within their own home. People's packages of care varied dependent upon their needs. In some instances people were supported over a period of 24 hours.

The service has two registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection was facilitated by the registered managers and the supported living managers at the six locations we visited.

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Staff were trained and understood their responsibility in protecting people from the risk of harm.

Risks were assessed and took account of people's communication needs. Support plans developed involved the people and where appropriate their relatives and health care professionals to ensure staff had clear information to help keep people safe.

Staff were recruited in accordance with the provider's recruitment procedures. The provider took account of the needs of people they supported to ensure there were sufficient numbers of staff to promote their safety and wellbeing.

People were supported by knowledgeable staff that had a good understanding of people's needs. Staff received ongoing support and training to provide person centred care to keep people safe and provide support if their behaviours became challenging. People were supported by staff to take positive risks to promote their independence, rights and choice of lifestyle.

Staff were further supported through regular supervision and an annual appraisal to ensure they had the knowledge and skills to support people. Staff group supervisions were used to share information as to good practice and used as a learning opportunity to develop staff.

People were supported by trained staff to take their medicines. People's capacity to make informed decisions about their medicines had been assessed and where appropriate best interest decisions had been made. This helped to ensure people's health needs were met when they were unable to make an informed decision.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA), and supported people in line with these principles. This included staff seeking consent from people before supporting them. The registered manager sought advice and made appropriate referrals to the local authority when people had been assessed as being deprived of their liberty.

People's support plans had clear guidance and information for staff to ensure they provided personalised and tailored care and support that promoted people's wellbeing and independence. Regular reviews of people's needs and support plans ensured care provided was effective and appropriate when people's needs changed.

People were supported by staff with their nutritional needs and health. Support plans reflected the support people needed to maintain a healthy diet and manage food tolerances, which included meal planning, grocery shopping and preparing meals.

Records showed staff supported people with their health needs and where required liaised with health care professionals to ensure they had access to appropriate medical care.

People found staff were caring and kind. People had developed positive and trusting relationships with staff and were confident that the support they received was right for them. Staff supported people in their own homes and out in the wider community to promote their independence and social interaction. Staff recognised the importance of promoting and respecting people's privacy and dignity and we saw this in practice.

People were aware of how to complain. There was a system in place to ensure complaints were managed and acted on. People who used the service and relatives views about the service were sought regularly in a range of ways which supported people's communication needs.

The registered managers and the supported living managers and staff at each location we visited had a good understanding as to the needs of people they supported and about the support they needed.

The provider's quality assurance system was robust and used effectively to access and monitor the quality of service provided. Information gathered from the regular audits and feedback from people who used the service, their relatives, staff and health care professionals was used to continually develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely whilst their choices and independence was promoted.

People received support from a dedicated team of staff to meet their assessed needs. Staff were appropriately recruited.

People were supported by staff in all aspects related to their medicines and health needs.

Is the service effective?

Good

The service was effective.

People were supported by staff that were trained, had the skills, knowledge and understood the needs of people.

Staff sought consent appropriately and had a good understanding of the Mental Capacity Act 2005. People's support plans and records showed the principles of the Act were used when assessing people's ability to make informed decisions.

People's nutritional and dietary needs were met, which included support with shopping, preparing and eating meals. People were supported by staff to maintain good health and to access health care services.

Is the service caring?

Good

The service was caring.

People were happy with the supported provided by staff who were kind and caring in their approach. People had developed positive and inclusive professional relationships with the staff and involved in the decisions made about their care.

People's support plans detailed how people communicated their views about the service and the role of staff in their promoting their independence.

People's privacy and dignity was promoted by staff who supported them to access the wider community, pursue their interests and aspirations.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and their care provided was personalised and tailored. People were encouraged to share their views about the support they received to ensure changes to people's needs were met.

People were supported to take part in activities of interest to them, achieve their goals and maintain contact with family and friends, to promote their wellbeing.

People were encouraged to share their views and how to complain, which took account of their individual communication needs. The management team listened and acted upon complaints and concerns promptly.

Is the service well-led?

Good

The service was well led.

The service had two registered managers who provided good leadership.

The supporting living managers and staff had a clear view as to the service they wished to provide which focused on promoting people's rights, choices and the empowering and supporting of people.

Staff were complimentary about the support from the management team and their views were sought about the service's ongoing development.

The provider had a robust quality assurance and governance systems, which enable them to assure themselves that the service being provided was of a good quality and continuously developed.

Affinity Trust – Domiciliary Care Agency – Midlands

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 11 April 2016 and was announced. We returned on 12 and 13 April 2016 to complete the inspection. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

The inspection was carried out by one inspector.

Before the inspection, we sent out questionnaires to people who used the services, relatives, staff and health care professionals. We received eight responses from people who used the service, one from a relative and two from health care professionals, which we reviewed.

We looked at information sent to us from people who used the service, their relatives and the local authority that fund people's care. We also looked at the information we held about the service, which included provider's statement of purpose and 'notifications'. A statement of purpose is a document which includes a standard required set of information about a service. A notification is information about important events which the service is required to send us by law.

The registered managers told us they supported people who were able to express their views about the service. They also supported people who did not have the capacity to make an informed decision about meeting with us and/or have the necessary skills to converse and share their views about the service with us. We were advised that our visiting some people may result in them becoming anxious. We were asked to speak with the supported living manager at each of the six locations we visited to find out if people wished

to speak with us on the day of our visit.

We spoke with 10 people who used the service their responses were not always in relation to the support they received. Therefore we observed up to 15 people across the six locations we visited. We looked the care records of 12 people who used the service, which included their support plans, risk assessments and records relating to their daily wellbeing and health.

We spoke with two relatives whose family member used the service.

We spoke with the registered managers and staff in the office responsible for staff recruitment. We spoke with five supported living managers' at the locations we visited, 13 support staff and the quality assurance manager who was conducting a monitoring visit at a location. We also spoke with the regional director, registered provider, health and safety manager and training manager.

We looked at four staff recruitment files, staff training information and management records which included the complaints, compliments, policies, procedures and quality assurance information.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff and the support provided. One person described how staff helped them to stay safe when they were out in the community. They said, "I like the staff because they help me to stay safe because some people are not very nice" referring to people within the community. Another person told us that staff had helped them to use community services and access local training. A third person said, "I'm quite happy with the staff. There's no danger of anyone hurting me. Staff are here to help but they also know I will ask for it. Everyone is good to me."

Relative we spoke with praised the staff and the care provided to their family member. They said, "Without a doubt I know [person using the service] is safe here."

The provider's safeguarding and whistleblowing policies advised staff what to do if they had any concerns about the welfare and safety of the people who used the service. Staff we spoke with were trained in safeguarding and understood their responsibility in raising concerns with the management team and the role of external agencies such as Police and local authority. Staff had good knowledge of the people they looked after and the support they needed to stay safe. This meant people could be assured of their safety and wellbeing.

Records showed that incidents affecting people's health and safety were reported promptly to the relevant agencies, which showed staff had followed the procedure to keep people safe. For example, arrangements were put in place to support a person to manage their money safely.

The service promoted positive risk taking', where by people's rights to make informed decision about their lifestyle choices, which was supported through appropriate numbers of staffing and their skill mix. People were happy with the support they received and consistency in the staff. One person told us that staff would explain the risks and the options to reduce risks. This showed that staff involved people in managing situations in a positive way to protect them whilst promoting their rights and choices. For example, one person went to the local shop crossing a road safely to buy snacks for themselves.

People's needs and risks associated to their health and safety had been assessed. These assessments recorded the potential risks such as moving and handling, behaviours that challenge the service and communication amongst others. Risk assessments were reflective of people's individual needs and actions required by staff to minimise risks whilst people's choices were promoted and respected. People's health was also considered when assessing risk. For example, a person with epilepsy had a risk assessment which provided detailed guidance for staff to follow should the person experience an epileptic seizure at home or whilst out in the community. This support plan included advice provided by health care professionals.

We saw examples of a range of risk assessment which included the promotion of people's independence such as helping with house hold chores, independent living and managing their own finances. Support plans provided staff with comprehensive information as to people's preferences with regards to how their personal care was to be provided and their daily routines.

Staff we spoke with understood risks to people and described how they supported people whose behaviours may be challenging. The information they provided to us was consistent with the information we read in people's support plans which were reviewed regularly. This meant people could confident that their safety and wellbeing was assured especially when they may not be able to manage risks due to their health condition.

The provider had procedures in place to support people to manage their finances. Staff described the individual support provided to people in relation to their needs and the support plans detailed the role of staff. Records showed people's finances were audited regularly and managed safely.

Staff knew how to respond to emergencies and had access to the emergency 'grab sheet' which contained all the relevant information such as the contact details for the person's GP, family, the person's medical history and their current medicines. This showed accurate information was available should it be needed in any emergency, which meant people's health, safety and wellbeing would be maintained.

The provider's business continuity plan was in place which explained the steps they would follow to ensure essential services continued to be delivered should an emergency situation impact on the people who use services. Health and safety risk assessments were in place at each location including fire safety, personal evacuation plans, protocols and contact details to support people's safety living in their own home. The supported living managers carried our regular checks and audits. Any concerns about people's home were reported to the landlord on behalf of the person they supported. This meant the arrangements in place ensured people were safe.

People's safety was supported by the provider's recruitment practices. We looked at recruitment records for staff. We found that relevant checks had been completed before staff worked at the service. This meant people were assured that staff had undergone a robust recruitment process to ensure they were suitable and had right skills, experience and were safe to work with people.

We found there were sufficient staff to meet people's needs and to keep them safe. Each person using the service had a dedicated team of staff to provide the care and support needed. A supported living manager told us that they considered people's needs and matched those with the skill mix and personality of the staff. Some people received 24 hour support, whilst others received support for an allocated number of hours each day dependent upon their assessed needs, which included support with personal care, daily living and accessing community facilities.

The provider's medicine policy and procedure was up to date and reflected the current guidance. Staff who supported people with aspects of their medicine were confident as to their role in providing support with regards to their medicines. Staff were trained in the management of medicines and had their competency to manage medicines assessed regularly.

One person told us that staff supported them with their medicines, which were stored safely. Their support plans had clear guidance for staff and also detailed their wishes and preferences as to the how staff supported them with their medicines. For example, staff were to ask if they were ready to take their medicines; hand them their potted tablets which they would take with a drink of water. The contents of the support plans and the medicines records we viewed consistently supported the comments received from staff. This meant people were supported to take their medicines safely and at the right times.

A relative had been involved in the best interest decision meeting because their family member did not have the capacity to consent to the use of medicines. Records showed that the service followed the procedure to

assess capacity and best interest decisions for the use of medicines and the support plan detailed how staff were to support the person with regards to the administration of their medicines. This meant people were assured their health needs were met safely.

Good

Is the service effective?

Our findings

One person said, "They're really good. I've learnt to do things for myself with their [staff] help". Another person said, "We all get on very well. They [staff] understand me and what I help I need, it's all about respecting each other." We saw staff understood people's communication needs and offered assurance when they became anxious. For example, when one person was becoming distressed staff distracted their attention by offering them a cup of tea.

A relative told us they were 'really happy with the care provided to [family member using the service]' and said, "The staff are very good; they understand him and have the patience of angels."

Questionnaires we received from health care professional stated that staff were trained and had the right skills and knowledge to support people who used the service.

Staff spoke positively about the induction period which required them to complete a range of training and meetings with the supported living manager to discuss and review their progress. Staff told us that the on-going training provided had enabled them to support and meet people's diverse and complex needs. Records showed staff accessed the training set out by the provider and specialist training to meet people's specific needs. The training topics reflected health and safety awareness, the management and recording of information and training specific to the needs of people using the service such as supporting people with a learning disability, autism behaviours that challenge and schizophrenia. In addition staff were encouraged and supported to continue their professional development which included vocational qualifications in management.

The provider had introduced the Care Certificate. This is a set of standards for care staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support. A supported living manager told us staff benefited from completing the Care Certificate as a way of promoting their knowledge and awareness of up to date practice.

Staff told us they were regularly supervised and appraised by their manager, which included one to one meetings that focused on their personal development and the needs of people they supported. Examples shared included how staff had out training into practice to support people with behaviours that challenge and the importance of checking ingredients in food to manage people's health and dietary needs.

Staff told us meetings were held regularly. These meetings were informative and they were encouraged to share ideas, discuss people's complex needs and health issues, promoting people's safety and wellbeing and through the reporting of incidents and safeguarding. The meeting minutes supported the staffs' comments and showed that staff were given information on the training available and any changes which needed to be introduced to ensure people received support and care that met their needs.

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 when this is in their best interests and legally authorised under the MCA and applications must be made to the Court of Protection Order. A supported living manager told us that one person's support plan reflects the arrangements with a Court of Protection Order, which meant the procedure, had been followed.

We checked whether the service was working with the principles of the MCA. We found that assessments as to people's capacity to make an informed decision about specific areas of their care had been carried out where appropriate. Where it had been identified that a person did not have the capacity to make an informed decision it was recorded how the decision had be made and what measures had been taken to support the person to make a decision. For example, physical gestures, Makaton, or using objects and pictorial images. Records of the mental capacity assessments and best interest decisions made were signed by the senior staff member and the person's advocate and social care professional. These were reviewed regularly

Staff we spoke with were trained and had a good understanding of the MCA and how this applied to people who they support. Staff told us about the restrictions place on people which included security with their own home to ensure they were safe. For example one person was at risk of scolding themselves on a kettle, should they access the kitchen independently This supported the questionnaires we received from health care professional who stated staff understood their role with regards to MCA and how they supported people.

People told us that they were supported to make decisions and choices about their meals. One person said, "When we're shopping staff will show me the healthy stuff to eat." Another person told us that staff helped with the menu planning for the week and shopping at the local supermarket for groceries. A relative told us that staff were aware of their family member's dietary needs, likes and dislike of food and drink, which meant their health, was maintained.

We found the support plans detailed people's dietary requirements and the role of staff supporting them. Staff had good knowledge about people's dietary needs, likes and dislikes and any known food tolerances. Support plans were reflective of people's preferred food and drink and showed people were involved in the decisions made about their meals and their health was monitored.

A staff member described how they supported a person with a specific health condition and food tolerance. Records showed risk assessments were completed and advice sought from the GP and dietician to ensure food tolerances were managed. Information about the health condition was also available to staff to refer to in order that they supported the person to maintain their health and wellbeing. This meant that staff protected people with complex dietary needs and other medical conditions that affect their health.

People told us that they were supported to access health care services where this was required. One person said, "I have regular appointments and staff do take me." A relative told us how the staff supported their family member to attend appointments if they were not available and were kept up to date about any changes.

Staff told us they supported people to attend appointments and had good links with health care professionals to ensure people's continued health needs were met. Support plans had information about

people's health needs with regards to any physical and medical conditions, medication and nutritional needs. Each person had a health action plan which detailed their ongoing monitoring of their health conditions and routine health checks which included well women and well men changes, eye and dental checks. Staff told us they worked closely with health care professionals including the learning disability community nurses in developing people's health actions plans where appropriate. This meant people were supported to maintain their health.

Good

Is the service caring?

Our findings

People were positive about the staff who supported them were happy with the care they received. One person told us, "I'm really happy here; the staff are good to me" and another said "They always treat me right."

A relative praised the supported living manager and staff for the care provided to their family member. This was consistent with the responses we received in the questionnaires from people who used the service, relatives and health care professionals.

People' support plans identified how people should be encouraged to express their views and opinions about the service where appropriate. For some people whose verbal communication was not always possible their support plans detailed how they communicated their wishes and how staff should phrase questions including gestures and behaviours. For example, we saw one person put on their shoes to indicate they wanted to go out and staff supported them to do so. This was consistent with the information in their support plan.

Staff told us people that they supported had different communication needs and abilities, and also recognised when someone was becoming anxious and could display behaviours that challenged others using the service and staff. During our visit to the people who used the service we saw staff approach people they supported in a friendly and respectful manner. Staff responded in a manner that the person could understand, which had a visibly positive impact on their wellbeing. It was clear from the laughter and conversation that people were relaxed and had developed positive relationships with the staff.

One person told us that they were involved in reviewing their support plans and made decisions about their life and aspirations. Another person told us about their achievements and goal setting to promote their confidence and daily living skills. The supported plans we looked at were reflective of what people had told us and showed records were accurate.

Support plans were produced in a format suitable for people which included both written and in easy read format using pictures, symbols and photographs to help promote the person's understanding of important matters. This included the service agreement and information about how to raise concerns. People had advocates or their relative who supported them to made decisions about their life, care needs including managing their finances. Their care records showed capacity assessments had been completed where best interest decisions were made and those were reviewed regularly.

People were encouraged to express their views about the service individually and through a range of meetings. People had the opportunity to participate in regular meetings held at the supported living site and any issues raised were acted upon by the supported living manager. For example, an issue related to one person's accommodation was referred to the landlord.

Staff told us they were given time as part of their induction training to get to know people they supported

and read through their care records. This approach was positive and promoted a person centred culture as staff were always aware and mindful of seeking people's views and considered ways to encourage people they supported to express their views.

Throughout our visit we observed staff treating people they supported and others with respect. Staff understood the importance of respecting and promoting people's privacy and took care when they supported people. They described ways in which they preserved people's privacy and dignity, which for one person it was important for staff to support them to maintain their dignity. Records showed that action taken by the staff was consistent with the guidance detailed in the person's support plan. This meant people could be confident that staff promoted and respected people's privacy and dignity.

The supported living manager told us they regularly work alongside staff in supporting people who used the service to observed staff practices. They used staff supervisions and meetings to discuss and ensure staff were aware of the provider's policies, procedures and any best practice guidance in promoting people's rights and choices. This included whether they had appropriately considered people's equality and diversity and their rights and choices in all aspects of the support they had provided. This meant the provider and management team at each location monitored the quality of service to ensure people received care and support that promoted their wellbeing.

Good

Is the service responsive?

Our findings

People told us that their care and support needs had been discussed and agreed with them when the service started. One person told us that they were involved in their care and were regularly asked if their support continued to be appropriate for them. Another person told us that staff were reliable, arrived on time to help support them to maintain their personal hygiene, prepare their meals and access the wider community and shopping for groceries.

A relative told us that they had been involved in the assessment process to ensure their family member who was not able to make complex decisions received the support to meet their needs. They had regular contact with the staff that supported their family member and attended meetings to review the support provided which included information about their health. They told us that staff were responsive to their family member's needs, which helped to maintain their health and wellbeing.

It was clear from our observations that people received person centred care and support. For instance, we saw staff supported one person who wanted to go shopping. They prompted the person to ensure they had a shopping list and enough money. We saw another person was supported to clean their flat.

People's support plans included information about their personal life history, their needs, interests and abilities to make decisions about their day to day lives. The support plans provided staff with comprehensive information and guidance as to how the person wished to be supported. They also discussed their individual goals, interests and aspirations and the support they needed. Staff told us that people's support plans were continuously monitored and reviewed with the person because of their complex needs. Where appropriate the person's relative and health care professionals were also consulted. This helped to ensure any new needs could be made and to ensure that the support provided was appropriate.

The people we spoke with and a relative was aware that the information kept in their care records and the support plans was accurate. Support plans were developed in a format that the person could understand using pictures and pictorial images. This showed the service encouraged people to be involved in their care.

One person told us that were being supported towards increasing their independence and therefore their reliance on staff to support them. They were supported to access the community, go shopping; watch their favourite sports team play and go to college and do voluntary work. Their support plan identified their goal of promoting independence at home and in the wider community, which included measures to manage risks. Their support plans and their goals were reviewed regularly as the person achieved the goals set, which helped build their confidence, understanding of managing risks and promoted their independence. This showed that the service provided person centred support that was responsive, helped to achieve their goals and promoted their independence and wellbeing.

Staff told us that people received support from a team of dedicated staff who understood people's needs and had a consistent approach to the care provided. One member of staff felt that people's wellbeing had

improved and were happier with their day to day life since being supported by the staff and gave examples of the positive behaviours, increased independence and social interaction and improved health. They shared examples of how people's quality of life had improved, including relationships with family members and for others incidents of behaviours that challenge the staff and others had reduced.

As part of the recruitment process people had the opportunity to meet with potential new staff to see if a positive and professional relationship could be developed. This helped to ensure that people's needs were met by staff that they had confidence in and liked.

The registered managers along with the supported living manager at each location provided the on-call service and had access to information should they need it in an emergency. Staff told us they worked well as a team to support people. One member of staff said, "The on-call support is excellent; she [supported living manager] knows everyone here and knows what to do."

People we spoke with knew how to raise concerns or to make a complaint. When we asked people what they would do if they were unhappy or had a concern, one person said, "Just talk to [supported living manager]" another said, "I tell [support living manager] when somethings wrong and if staff are ok, that way she knows everything." This person told us that when they did complain, it was taken seriously and addressed.

A relative told us "I'm quite confident to complain but not had to because anything no matter how small has always been dealt with straightaway."

The complaints procedure was included in the people's support plans in easy read format, which helped people understand how to complain. The information included how complaints would be addressed and contact details for the provider's complaints team, local authority, Care Quality Commission, the Local Authority Ombudsman and the advocacy contact details, should people need support to make a complaint.

There was a system in place to record and investigate complaints. Records showed the service had received five complaints, which were investigated and the outcome shared with the complainant along with any actions taken, where appropriate. This supported the questionnaires we received from people who used the service, relatives and health care professional who stated that complaints were well managed. This meant people could be assured that their complaints were taken seriously and acted upon.

The registered manager told us that the provider also reviews complaints and compliments as part of the quality assurance process to assess the quality of care provided. We looked at a sample of compliments received, such as thank you cards, e-mails and messages from people who used the service, people's relatives and health care professionals involved in people's care.

Good

Is the service well-led?

Our findings

People told us they were happy with the quality of care and support provided. One person said "I like living here and the staff – they've helped me a lot." Another person shared some of the positive experiences and skills they had developed since being supported by the staff, which included their personal confidence, making decisions about their life and how they wanted staff to support them.

People told us that their views about the service were sought through individual discussions, meetings and satisfaction surveys, which were produced in easy read format. We viewed a sample of the responses received. These showed people were satisfied with the support and were involved in the decisions made; aware of how to complain and happy with the staff that supported them. One registered managers told us that they reviewed all the responses and as part of the quality assurance process would monitor actions in response to areas of improvements and developments.

People's supports plans and records showed they and their relatives where appropriate, were involved in the planning and review of their care. Staff had contact with the relatives of some of the people who used the service, which provided them with an opportunity to comment on the service. This showed the staff where possible encouraged and sought views about the service provided from people who used the service and their relatives.

The service has two registered managers. They worked well together and had clear areas of responsibility. They kept their knowledge up to date in relation to health and social care and supporting people with a learning disability and autism. They were supported by a management structure, a team of office staff who helped with staff recruitment and training and supported living managers. All the staff we spoke with from the provider, management team to the staff supporting people who used the service had a consistent view of what 'good' care looked like.

The registered managers were responsible for the day to day management of the service. They encouraged people who used the service and staff to share their views about the service and had an 'open door' policy, which meant they were available to listen to the views of people who used the service and staff.

The provider had produced easy read documentation which provides information to people with a learning disability and autistic spectrum disorder. That meant people who used the service could be supported by staff and encouraged to be involved and make decisions about their care and their future.

We asked people for their views about the staff and the management of the service. One person told us that the staff and supported living manager were 'easy to talk to'. Another person told us that they had a 'good relationship' with the manager who regularly visited them and asked for their views about the service. They went on to praise the service and said, "I think a lot more people like me would benefit from this type of support; it's very good."

The questionnaires we received from health care professionals stated that the registered manager,

supported living manager and staff were accessible and approachable.

Staff told us that the registered managers and the supported living manager were approachable and felt they provided good leadership. One staff member said, "We've got a good manager and staff here and we all work well together." This was clearly and consistently evident in practice when we visited each location.

Staff received regular supervisions where they could discuss areas for concern and personal development. Records showed that staff were regularly supervised, their work appraised and received a range of training to staff that enabled them to develop. We saw the minutes of the regular staff meetings where the organisational values were discussed and issues that may have arisen about the care and welfare of people who used the service could be raised. This showed that the staff provided quality support to meet people's needs and the provider's expectations of providing person centred support.

The registered managers with the regional director who present during our visit they welcomed the feedback and shared some their plans to develop the service. This showed the provider continuously looks to improving people's quality of life and service provided

The registered managers were supported by the provider's internal departments who provided expertise on health and safety, quality assurance, training and legal support which included employment law. The registered manager told us that the provider ensured they were made aware of any changes to legislation which affected the business and provided revised policies and procedures to reflect changes. All policies and procedures had been reviewed and were updated to reflect the current legislation and good practice guidance.

The provider's quality assurance and governance system was in place. We spoke with the quality assurance team who carried out regular internal inspections and who were visiting the service. They explained their roles in supporting and monitoring the service through regular quality assurance visits, audits and checks. Where any issues were identified, the registered manager monitored the ongoing improvements through the weekly meeting with the managers from all the supported living sites. We saw the rolling action plan, which the provider monitored. This showed the provider had robust systems and management support in place that effectively monitored and ensured the provider's expectations of providing a quality service was maintained.

The provider had a business contingency plan which detailed what action they and staff would take in the event of an unplanned incident to ensure people continued to receive the support they needed.

A relative told us that staff liaised with the relevant health care professionals to ensure their family member's health needs were met. People's support plans and care records also demonstrated that the service worked in partnership with other agencies to ensure people who used the service received quality support that was appropriate and promoted their independence and wellbeing. This supported the responses received in the questionnaires from health care professionals.