Care Quality Commission

Chislehurst Care Limited

The Old Exchange

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

The inspection took place on 5 and 7 December 2017. The inspection was an announced inspection.

The Old Exchange provides care and support to people with a learning disability or autistic spectrum disorder living in a supported living setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

People using the service lived in a house in 'multiple occupation' shared by eight people near Tunbridge Wells in Kent. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities.

People had a tenancy agreement and were supported by the same staff team providing their personal care and support to also successfully manage their housing and tenancy arrangements. People had their own bedroom which they could lock with a key and shared all communal areas such as lounges, kitchen and bathrooms. The service was in a residential street, close to shops and public transport so people could easily access community facilities. An office was situated on the premises to store confidential information and provide a private space where people could meet health and social care professionals and hold care plan reviews. The office had a sofa where people were welcome to sit whenever they wished. Due to the nature of the support needs of people, a member of staff slept on the premises each night and a bedroom was set aside for this purpose.

The service was previously registered with CQC as a residential home to provide accommodation with personal care. This was the first inspection since the provider cancelled that registration and registered to provide personal care and support within a supported living setting.

A registered manager was not employed at the service as the previous registered manager had left. A new manager, who was already employed by the provider within another setting was in the process of completing their application to register with CQC for this service. 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 new manager would not be based on the premises, however a team leader was employed to carry out the day to day running of the service. The team leader would report directly to the new manager and in the meantime was reporting to the provider.

Staff were aware of their responsibilities in keeping people safe and reporting any suspicions of abuse. Staff knew what the reporting procedures were and were confident their concerns would be listened to.

Individual risks were identified and management plans to reduce and control risk were comprehensive,

making sure people and staff had the guidance they needed to prevent harm while at the same time supporting independence. Accidents and incidents were recorded in detail by staff with actions taken. The provider monitored incidents to learn lessons from and support people to prevent accidents.

The processes for the administration of people's prescribed medicines was managed and recorded well so people received their medicines as intended. Regular audits were undertaken to ensure safe procedures were followed and action was taken when errors were made.

Initial assessments were undertaken with people before they moved in to the service to make sure their assessed needs could be met and to inform the care plan. People and their relatives were involved in the development and reviewing of their care plans. People's specific needs were taken account of and addressed in care planning and in practice to ensure equality of access to services.

People were supported to make their own choices and decisions. Staff had a good understanding of the basic principles of the Mental Capacity Act 20015 (MCA) and promoted people's rights. Where people needed support with some decisions they were helped by a family member. As people were living within a supported living service, they had a tenancy agreement, protecting their housing rights. They were supported to understand their responsibilities by staff and were provided with an easy read guide to support their understanding further.

People were supported with cooking and mealtimes by staff. Most people chose to have communal meals where they ate together. When people decided they did not want to eat their meal with the rest of the group or at the same time this was respected and supported. People were supported to access health care when they needed it and assisted to maintain their health.

People had access to many different activities of their choice outside of the service and were supported to pursue and maintain these. Within the service, people were supported to take part in activities they said they wanted to do individually or together. Regular residents meetings took place where people were able to raise the issues that were important to them. People, their relatives and others involved in people's care were asked their views of the service and action was taken to make improvements where necessary.

There was clear evidence of the caring approach of staff. People and their relatives were positive about the staff who supported them, describing them as caring and saying they were very happy living in their home. Staff knew people well and were able to respond to people's needs on an individual basis. Promoting independence by developing people's skills and confidence was a theme of staff support.

Suitable numbers of staff were available to provide the support people had been assessed as requiring. Staff support and the times it was given was tailored to the individual, changing when necessary to suit people's changing needs and wishes. Safe recruitment practices were followed by the provider to make sure only suitable staff were employed to work with people in their own home.

Staff were supported well by the provider and the team leader. Staff told us they were approachable and listened to their views and suggestions. Training was generally up to date and staff were encouraged to pursue their personal development. Staff had the opportunity to take part in one to one supervision meetings to support their success in their role. Regular staff meetings were held to aid communication within the team and to provide updates and feedback.

Quality auditing processes were in place to check the safety and quality of the service provided. The provider had developed a more comprehensive care plan audit which had recently commenced.

The relatives we spoke with thought the service was well run and their loved ones were very happy with the service provided. People and their family members knew the provider well and were complimentary about the care and support they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew their responsibilities to keep people safe and knew how to report any concerns they had.

Individual risks were assessed without impacting on people's independence. Medicines were recorded and managed well.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Accidents and incidents were reported and investigated.

Is the service effective?

Good

The service was effective.

Staff were supported to develop in their role. Staff one to one supervision meetings had been held and were planned for the year. Suitable training was provided to develop staff skills appropriately.

People had control over the choices and decisions they made about their support and in their daily life.

Staff supported people to cook their meals and develop skills.

People were supported by staff to access the health care they needed to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People knew the staff well and had confidence in them. People found the staff to be caring and respectful.

People were supported with adaptations to assist with their specific support needs and communication.

People experienced care from staff who promoted their privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People and their relatives were involved in the care planning process and could change things when they wished or their needs changed.

People chose their own activities and were supported to pursue these.

People and their relatives knew how to make a complaint and felt they would be listened to, although no complaints had been made.

People's views of the service were sought on a regular basis.

Is the service well-led?

Good

The service was well-led.

The provider was involved in the running and support of the service and visited regularly. The team leader provided day to day management and supported people regularly.

Staff felt supported and listened to. They felt their concerns would be acted upon.

Monitoring processes were in place to check the safety and quality of the service.

Care Quality Commission

The Old Exchange

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 5 and 7 December and was announced. We gave 48 hours' notice as we needed to be sure the provider was available to meet with us. We also wanted to request permission from the people using the service to visit them to gain their views of the support they received. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place in the service which the provider is required to tell us by law. We used this information to help us plan our inspection.

We spoke with three people who lived at the service and three relatives, to gain their views and experience of the service provided. We also spoke to the provider and three staff.

We were invited into people's home and were able to observe the interaction between people and staff in the lounge and communal areas. We visited the provider's office base and looked at three people's care files and medicine administration records, three staff recruitment records as well as staff training records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems. We also looked at tenants meeting minutes and satisfaction surveys undertaken by the provider.

We asked the provider to send us some documents by email following the inspection and this was sent in a timely manner.

The service had been registered with us since December 2016. This was the first inspection carried out on

the service to check that it was safe, effective, caring, responsive and well led.

Good

Is the service safe?

Our findings

People told us they felt safe living in their home while being supported by staff to live an independent life. One person told us, "I am happy here and I feel safe". The person went on to tell us they liked to be independent and do as much as they could for themselves and how staff helped them to do this. Another person told us they would speak to staff if they were worried about anything. When asked if they would speak to a particular member of staff, they said they would be happy to speak to any staff because they liked them all. Relatives also told us they thought their loved ones were safe living in the service. One relative said, "Yes, absolutely safe".

Individual risks had been identified and people were supported by staff who had the guidance necessary to advise people what steps were needed to keep them safe. One person was at risk of choking and had been advised by a speech and language therapist (SALT) to eat a soft diet. Staff had identified a risk that the person may choose to eat foods that were not soft, increasing their risk of choking. To assist the person to keep safe staff regularly reminded the person that their soft diet included all foods and staff were observant and supportive. Staff were required to stay with the person when they were eating to avoid the risk of choking. Another person had poor eyesight and was registered as partially sighted. This meant they were at risk of falling when descending the stairs. To reduce the risk of this happening staff consistently advised the person to hold onto the handrail at all times and staff were making sure no obstacles were left lying on the stairs or in communal areas that could cause a trip hazard. Some people could bath or shower independently and some required support from staff. Individual risk assessments were in place highlighting the needs of each individual and what measures they and staff needed to have in place so people remained safe yet as independent as possible. Risk assessments were comprehensively reviewed and rewritten once a year. They were also reviewed once a month or if people's circumstances or needs changed to make sure they remained relevant and correct.

Accidents and incidents were well recorded with detail of the incident, the action taken and the outcome. The provider checked accident and incident logs in order to learn lessons or determine any trends to be able to improve outcomes for people.

Staff had access to the appropriate protective equipment to control the risk of infection when carrying out personal care and support.

People were protected from the risk of abuse as staff had received training and knew how to put it into practice. Staff were confident and competent when describing how they would recognise abuse and how they would report any concerns they had. The provider had a safeguarding policy in place that staff could refer to for guidance. This included reference to the Adult protection policy, protocols and guidance for Kent and Medway.' (This document contained guidance for staff and managers on how to protect and act on any allegations of abuse). Staff we spoke with were confident any concerns they raised with the provider would be taken seriously and acted on straight away.

The provider had suitable numbers of staff to provide the personal care and support people were assessed

as needing. Staff we spoke with told us they thought there were enough staff and if there wasn't, due to absences such as sickness, the provider would use agency staff. Any agency staff used were known to the people they supported. However, this was not required often as the staff team covered most absences. One staff member told us they used to work for an agency and had spent time working at the service before applying for a position when a vacancy was advertised.

The provider had safe staff recruitment practices to ensure that staff were suitable to work with people living in the service. Staff told us that they had been through an interview and selection process before they started working at the service. Checks had been made against the Disclosure and Barring Service (DBS). This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with people who needed safeguarding. Application forms were completed by potential new staff. The application form did not have a suitable amount of space to record a full employment history for all new staff. We spoke to the provider about this who said they would re-design the format in order to create more space before the form was used again. The provider had made sure that at least two references were checked before new staff could commence employment. The provider was following safe recruitment policies and guidance when employing new staff to the service.

Medicines administration was managed well, keeping people safe from the risks associated with prescribed medicines. Over the last 12 months staff had been working with people to move their individual medicines from a communal medicine cabinet within the office area into locked storage within their own bedrooms. Medicines were in good order and creams and eye drops were clearly labelled with the date of opening and when to use by. People had an individual care plan and a risk assessment to address the support required with the administration of their medicines. The care plan included the medicines people were taking and any precautions staff needed to be aware of. This meant staff were provided with the information necessary to support people with their individual requirements when administering their medicines. Some people were prescribed 'As and when necessary' (PRN) medicines. Protocols were in place to make sure staff had the guidance necessary to understand when it was appropriate to administer those medicines. For example, the purpose of the medicine and how often it could be taken within a 24 hour period. The GP had signed a 'homely medicines protocol' for each person. This gave information about which 'over the counter' medicines people could safely take. For example cold remedies or cough mixture.

Medicines administration records (MAR) were neat and legible which meant errors were more easily identified. Medicines errors had been reported as incidents and had been followed up to find out why the error had occurred. For example, when a medicine was found not to have been administered at the time recorded on the MAR. Action taken such as contacting the GP surgery for advice and making sure all staff were aware had been recorded. Staff told us they completed an audit every day, checking and counting medicines to make sure the numbers of tablets remaining tallied with the MAR. A full medicines audit was completed of each person's medicines and records every month by a senior member of the team. Where issues were found, the action required was recorded and when the action was completed. Staff meetings records showed where feedback from medicines audits had been discussed in order to improve practice to avoid errors.

One person told us they were happy their medicines were now kept in their room as the medicines belonged to them. The person also knew about the medicines they were taking and spoke to us about the cream they needed to use. They told us how staff helped them to be as independent as possible applying the creams themselves.

Environmental risk assessments were in place with identified control measures to make sure the environment was safe for staff to support people with their personal care and support. The provider had a

business continuity plan to set out the arrangements in place to react to an emergency situation. For example severe weather, power cuts or a serious illness outbreak amongst the staff team. This meant staff had access to all the information they would need in such a situation, such as who to call for help or where people could be evacuated to.

Good

Is the service effective?

Our findings

People were supported to make decisions and choices based on their preferences and wishes. When we visited people in their home they gave examples of the choices they made regarding the assistance they needed with their personal care and support. People told us how they chose when to have a bath or shower, when they went to bed and got up in the morning, with the food they ate, when they went out and where they went and when they wanted to spend time on their own. Relatives also told us their loved ones were given choices and made their own decisions, such as when they got up in the morning and what they spent their money on.

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The provider and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. People's capacity had been assessed where appropriate. People living in the supported living service had been assumed to have the mental capacity to make their own day to day decisions. The provider was aware that they needed to keep this under review and if people were faced with a decision they were thought to have difficulty understanding or unable to retain the information given, they knew how to proceed to ensure people's right were upheld. Those who struggled with some day to day decisions were supported appropriately by family members.

An initial assessment was undertaken with people before they moved in to the supported living service so the provider could be sure staff had the skills necessary to support the person. Once people had moved in a skills assessment was undertaken to determine the level of support they required for various personal care tasks. People, and their relatives where appropriate, were fully involved in the assessment process, making sure their individual needs and preferences were taken into account. For example; washing, dressing, teeth care, nail care, meal times and shaving. One person required prompts and reminders to have a bath. Once in the bath they needed some supervision and support which was detailed in the assessment. The same person had chosen to have a beard and required support to attend the barber every six to eight weeks for a trim. The assessment addressed people's specific needs to make sure the premises were suitable to meet their requirements. Staff had sought advice and guidance from a specialist organisation for one person who was sight impaired. The provider had adapted the lighting in the premises to suit the person's needs to enable their continued access to their home. The landing light was also left on overnight to further support the person's independence. People were supported appropriately to meet their individual preferences and personal care and support needs.

People were supported to access healthcare when they needed it and also for routine health checks. One person was diagnosed with a serious chronic health condition. Information was available in the care plan about how this affected them and the health care professionals they accessed for support, advice and

treatment with the different elements of their condition. Another person was prone to high cholesterol and high blood pressure. Staff supported with access to health care when required and prompted and reminded the person regarding the advice given. For example, regarding their diet and the exercise required to stay healthy.

People's medical history was well documented so staff had access to information that may be important and relevant when people displayed symptoms of possible ill health. One person had previously had a serious life threatening illness in 2015 which they had recovered from. Their records showed that staff had supported the person to seek immediate medical help and advice when a lump was subsequently noticed on their arm. Each person had a hospital passport which was detailed and up to date. A hospital passport assists people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. Staff helped people to complete their hospital passport. It was kept in the service in case of an emergency admission to hospital or a deterioration in health meaning people needed to be admitted to hospital for tests or treatment. People's relatives told us they were very pleased with the help their loved ones received from staff with their health care needs. One relative said, "I couldn't fault the care [Relative name] received with their health problems. [Member of staff] went above and beyond the call of duty".

People cooked and ate together with the support of staff. People were given the option of eating separately but most chose to eat their meals as a group. Staff said they thought people would start to cook more independently in time when they were more used to doing this type of task themselves. People took turns doing an online supermarket shop with the support of staff, choosing the foods each person liked.

Staff told us the induction for new staff was good, giving them the time to gain the confidence needed before they were expected to work on their own. New staff had a period of shadowing more experienced staff until they felt confident to carry out tasks on their own. They were given time to read people's care plans and sit and chat with people to get to know them. Staff were given a period of time after commencing employment to complete all their mandatory training and were then expected to start working towards a National Vocational Qualifications (NVQ). NVQ's are work based awards that are achieved through assessment and training in the work place.

Staff were complimentary about the training, saying it was a balanced mixture of e-learning and face to face training with a group of staff. Staff training was up to date and included; equality and diversity, safeguarding vulnerable adults, MCA 2005, fire awareness, promoting positive behaviours and medicines administration. One relative said, "The staff all seem to be very proficient in their job".

Staff had access to regular one to one supervision meetings with the team leader to discuss their performance and personal development. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff confirmed they had regular supervision meetings and described how helpful they were to enable them to carry out their role providing care and support to people. The team leader kept a supervision matrix which had all the dates for staff supervision throughout the year so staff knew when to expect their next meeting to be. This meant they could prepare for the supervision meeting and think about the areas they wanted to discuss. One staff member said, "We all work well together, it's good team work. We support each other with our strengths and weaknesses".

Good

Is the service caring?

Our findings

Most people could tell us if they were happy living at the service. Some people were not able to fully verbally articulate their views but did indicate when chatting and when observing their interactions with staff that they were relaxed in their home. One person said, "Yes I am very happy here". People's relatives told us they thought the staff were caring and knew their loved ones well. One relative said, "The quality of care is outstanding. The staff are very caring". Another relative said, "I am very happy with the overall care".

The provider made sure people had access to the appropriate support and aids to support their varying communication needs. Staff had developed small picture cards for one person whose verbal communication was limited. The picture cards could be kept in their pocket so staff could show them a picture of what was going to happen next. Staff made sure the picture cards were in order for the day's routine in the morning and then took out the relevant card when the task was completed. For example when the person had completed a task such as shopping or when they had had their bath or shower. The person then knew that task was complete and knew what to expect next.

Staff promoted independence on a daily basis, encouraging people to increase and maintain their independence. One person's health and therefore independence had deteriorated over time. However, their care plan showed how staff encouraged their active involvement in the home and in their community whenever possible. We visited the person in their home and we could see staff supporting and encouraging their involvement. The person told us how they had been out to buy new shoes earlier in the day and brought the shoes to show them to us. The new shoes had Velcro fasteners and the person showed us how they put their shoes on independently. Another person told us how they went out independently on public transport most days, accessing day services and shops. Some people had difficulty reading and writing or understanding money and how to keep their money safe. Strategies to support people were evident in their care plan. These included carrying a card with information about who to contact if they got stuck and needed help when they were out, such as at the bank or the shops.

People's privacy was respected. Staff described how they supported people with their personal care needs while maintaining their dignity by keeping doors closed and making sure people remained covered up as much as possible. Staff helped people to take care of their own personal hygiene as much as possible to keep their privacy intact. One person had a timer while in the bath as they were at risk of spending too long on one task, finding it difficult to move on to the next. To enable the person to have a bath on their own without staff coming in and prompting them they had found a timer worked well. This helped to maintain their privacy and dignity.

Staff knew people well which was evident from speaking to them and from observing their interaction when we visited the service to speak to people. One person had mislaid their house keys and they were worried about this. A member of staff was helping them to look for the keys while giving reassurance and encouragement to keep looking. The member of staff told the person what would happen next if they didn't find the keys within their home and that there was no need to worry.

People's tenancy agreements were separated from their personal care and support arrangements. This meant people could choose to change their care provider if they wished. Our impression from the time we spent with people was that they were happy with the arrangements for their care and support. However, if at any time their views changed, people had the option to look for another care provider if they wished.

Good

Is the service responsive?

Our findings

We saw that people were involved in their care and support and the decisions made around this. People told us how they expressed their views by talking to staff and letting them know if they wanted their care plan changed such as when they went shopping or if they decided to change a regular activity or voluntary work. People's relatives told us they were involved in planning their care. One relative told us, "We have a big review once a year, where everyone involved sits down and talks and we go through everything in great detail. [The provider] is always there too".

People were involved in planning their care. Relatives and other people involved in their lives gave their views and advice when appropriate, for example at annual care plan reviews. Following the comprehensive annual review, care plans were reviewed monthly when changes were documented and incorporated into people's care and support. The provider had a key-working system in place. A key-worker is the focal point in the care team for an individual living in the service. The key-workers were responsible for reviewing and keeping the care plan up to date and keeping in touch with family members or others involved in the person's care. One relative said, "We are always kept informed. The staff often call and we have a chat whenever I visit". Another relative told us, "[Keyworker] calls every week to make plans".

Care plans were kept electronically and staff had access to a computer and laptop to enable them to record the daily care given as well as reviewing care plans when necessary. Staff found the system worked well and those we spoke with were all confident in using the system. Staff told us it saved time completing their paperwork this way which gave them more time to spend with people. Care plans were in a simple table format making them easy to follow. However, the detail required to support people with their personal care needs was relevant and suitable. Care plans were developed from the skills assessment, providing the detail required to enable staff to provide the care and support.

Each care plan had a pen picture at the front to give a brief description of the person and their life history to enable staff to quickly understand what was important to them. This was a valuable addition as it meant new staff or those who were temporarily supporting people, such as agency staff, had access to important information quickly until they were able to spend time reading through the care plan thoroughly.

People's personal care and support was planned around their assessed needs and preferences using a person centred approach. Most people had busy lives and were supported to access community facilities outside of their home on a daily basis. Their personal care needs and support were planned around their schedule of interests and social life. People were supported to go on holiday each year. As a group, people living in the service were able to choose the destinations they would like to go to. In the summer of 2017, two destinations were agreed and people chose which they would like to spent their holiday at. People told us about their holiday this year, who went and the support they had from staff. Staff supported people while on holiday as they required support with their personal care needs as well as with some everyday tasks and to access activities and leisure pursuits. Some people chose not go on holiday, preferring to stay at home and this was respected and supported by staff.

People's religious and cultural wishes were recorded in their care plan with detail of the support they required to access their spiritual needs. One person described their religion as Church of England. Their care plan said they went to church every Sunday and did not need support to do this. The support they did require from staff before going to church on Sunday was to have a wet shave if they requested it. Support from staff with a wet shave meant they were able to have a closer shave than if they used their electric shaver themselves. It was important to the person they felt smart when attending church. The person told us about the support they received from staff and their journey to church when we visited them.

Staff held regular tenants meetings with people so they were able to give their views on the running of the home and also the things that affected them. Such as activities, staff support and food choices.

The provider carried out satisfaction surveys once a year to ask the views of people, their relatives and friends and others involved in the lives of people. The survey that people were asked to complete was in an easy to read format to enable as many people as possible to take part. The results of the survey carried out in May 2017 showed that people were happy with the support provided as they had all ticked 'Good' to all questions asked. Responses to questions asked in the survey sent to relatives and friends in May 2017 were either 'Good' or 'Very good'. A further questionnaire was sent to health care professionals, GP's, day resource centre staff and commissioners of the service. The responses were 'Good' from all those who responded. Comments had also been made referring to the good communication experienced. The provider had sought feedback and the recent survey results showed that the experiences of people and others involved in the service were overwhelmingly positive.

The provider had a complaints procedure in place which was available to people and their relatives. No complaints had been made in the last 12 months, however staff were aware of how to deal with a complaint should a person or relative make a complaint. A relative told us, "I have never had any complaints". Another relative said, "I haven't needed to complain but I could speak to any of the staff if I had a complaint and I have no doubt it would be sorted out".

Good

Is the service well-led?

Our findings

People told us they were happy living at the supported living service and liked all the staff. When we were visiting the service it was clear people knew the provider and staff well. People's relatives told us they thought the service was well managed. One relative said, "I think it is extremely well run. [The provider] is personally involved as are the rest of the staff". Another relative told us, "[My relative] is very happy and I have never been unhappy with the decision we made for them to move in".

The staff we spoke with told us the provider and management team were approachable and always listened and acted on their ideas and concerns. One member of staff said, "[The provider] comes once or twice a week which is just right. They are always approachable and supportive. We can ring or email at other times if we need anything".

Staff described a service that was managed well with plenty of support available for them to carry out their role well. One member of staff said, "The transition this year to supported living has been a big change but although it has taken time, it has gone much better than we thought it would. We have been given the help we needed and have all learnt together". Another member of staff told us, "I definitely have plenty of support. All the staff team are happy to help, they say, 'Always ask questions if you're not sure". The provider attended the regular staff meetings to listen to the staff's idea's for improvement and their concerns. The provider also took the opportunity to raise areas for improvement such as the use of personal mobile phones while on shift, handover meetings and medicines administration.

Staff told us a two week rolling rota was used to show which staff were on shift each day. This meant staff could plan their lives as they knew what they were working in advance which generally helped to create a good work life balance.

Quality assurance processes were in place and carried out every month to monitor the quality and safety of the service provided. These included; the administration and management of medicines, health and safety and care plan reviews. The provider told us they had just developed a new care plan audit which was being implemented now the supported living service had been established for one year. The new care plan audit system used a more thorough approach and included the provider carrying out a random audit of the monitoring undertaken by the team leader. The views of people, their relatives and other involved in people's care and support were sought about the service provided in order to improve quality and safety where necessary.

Computer records were accessed by a password system so only staff were allowed access, keeping records safe and secure. All other documents and records were stored securely in locked storage maintaining people's confidentiality.

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. Notifications had been received by CQC about important events that had occurred since registration.