Amity Supported Living Limited

Amity Supported Living

Inspection report

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Date of inspection visit:
28 August 2018

Date of publication:
26 September 2018

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 28 August 2018, The inspection was announced which means that we gave the provider 48 hours' notice of the inspection to ensure key staff were available to speak with us.

Amity Supported Living is a domiciliary care agency. It provides personal care to people living in their own homes. The service supports people with learning disabilities, autistic spectrum disorder and mental health needs. Some of the people using the service lived in shared accommodation where staff from Amity Supported Living provided 24-hour support. Others lived alone or with family members. Not everyone using the service received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', that is, help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, the service was providing a 'personal care' service to two people.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support an overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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 and associated Regulations about how the service is run.

The registered manager was supported by a number of front line coordinators who had delegated day to day responsibility for managing the delivery of care within people's homes. The registered manager was also one of the two registered providers. Both the registered manager and provider retained a high level of involvement in the day to day support and management of the service.

Staff who administered medicines had completed training and underwent competency assessments. Staff used medicine administration records (MARs) to document the administration of people's medicines. These contained sufficient information to ensure the safe administration of medicines.

Staff had received training in safeguarding adults and the organisation had appropriate policies and procedures in place. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place.

Individual risk assessments were in place which helped to ensure people were kept safe from harm.

Staffing levels were adequate and staff were well supported by an effective on call service.

People were protected from cross infection. Staff had completed infection control training and wore protective gloves and aprons when providing personal care.

People and their relatives felt the service provided effective care and support which made a real difference to people's lives.

Staff had received training on the Mental Capacity Act 2005 and understood their responsibilities in relation to this and to respecting people's choices and decisions. Action is being taken to ensure that records always include a mental capacity assessment to support best interests' decision making.

New staff completed an induction and were required to complete a range of training which prepared them for their role.

People were supported to improve their health through good nutrition and to eat a well-balanced diet and make healthy eating choices.

Where necessary a range of healthcare professionals including GPs, and other community healthcare professionals, had been involved in planning peoples support to ensure their health care needs were met.

Amity Supported Living did not own the premises where people lived, but did carry out annual checks of the premises to help ensure these remained safe and pleasant environments for people to live in and staff to work in.

People were cared for staff who were kind and caring. Staff spoke fondly and with passion about their role and the people they supported. Staff understood the importance of encouraging people to maintain their independence.

People's care and support plans were personalised and their life histories, preferences and choices were detailed throughout their care records.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community.

Complaints policies and procedures were in place and were available in easy read formats. These gave clear information about how and with whom people could raise concerns or complaints.

People had a good relationship with the registered manager and provider and valued their support and presence in their lives.

There were some systems in place to check the quality and safety of the care being provided, but plans were in place to develop the governance arrangements within the service further and use this to drive improvements.

The registered manager and provider had a clear vision for how they wanted the service to develop, but also a good understanding of the challenges facing the service and the areas where improvement or developments were needed. They had fostered a positive culture within the service and staff clearly enjoyed their work and felt well supported.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well led.	Good

Amity Supported Living

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 the 28 August 2018 and was undertaken by one inspector. The inspection was announced which means that we gave the provider 48 hours' notice of the inspection to ensure key staff were available to speak with us. Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

The two people receiving a regulated activity were asked if they would like a home visit from the inspector to give feedback about their care. They both declined. We therefore sent them a questionnaire asking their views about the quality of care they received. We were able to speak with a friend and a relative of one person. We also spoke with the registered manager, the registered provider and received written feedback from five staff. We reviewed the care records of two people in detail. We also viewed other records relating the management of the service such as staff files, rotas, audits and policies and procedures. Following the inspection, we sought feedback from two health and social professionals about the quality of care people received.

The service was last inspected in January 2016 when no concerns were found.

Good

Is the service safe?

Our findings

People's responses in the questionnaires indicated they felt safe with staff. This was confirmed by one person's friend who told us, 'With regards to feeling safe with the staff, I would definitely say yes. They help by cutting up her food, she is able to hold their arm when walking and generally she is very happy in their company'.

We asked staff if they felt people were safe, they all replied positively. One staff member wrote, 'People are really safe…. I have had training in managing challenging behaviour. Plus, when I started I shadowed for a time and learnt from others. I also follow the support plan and risk assessments so I would manage it in line with that. We don't restrain anyone ever. I feel people are always safe in this area'.

Registered persons are required to perform a range of checks to ensure that only suitable staff are employed to provide care and support to people. Most of these checks had been completed. For example, checks had been carried out with the disclosure and barring service (DBS). DBS checks identify whether a staff member has a criminal record or is on an official list of people barred from working in roles where they may have contact with adults who may be vulnerable to harm from others. However, we found that in one of the three staff records viewed, there were gaps in the staff member's employment history. We brought this to the attention of the registered manager who took immediate action to ensure this information was obtained. We recommended that they review all staff records to assure themselves that all of the required checks are complete and satisfactory and they confirmed that they would do this.

Overall medicines were managed safely. Staff who administered medicines had completed training and underwent competency assessments. We were advised that in the shared accommodation, people's medicines were kept in a locked cabinet in the staff sleep in room. People's care plans included detailed information about the medicines they had been prescribed and there were detailed and personalised protocols in place for the use of 'as required' or PRN medicines. We recommended that the registered manager implement systems to enable staff to record additional information as to why PRN medicines were administered. This was acted upon promptly following the inspection. This enables staff to monitor the use of PRN medicines to see if there are any trends which might require a referral to the GP. Staff used medicine administration records (MARs) to document the administration of people's medicines. We reviewed some archived (MARs) for two people. These contained sufficient information to ensure the safe administration of medicines.

People were supported to stay safe. People had specific risk assessments which considered the support the person might need to understand safeguarding issues and how to report a concern. Staff had received training in safeguarding adults and the organisation had appropriate policies and procedures in place. This ensured staff had clear guidance about what they must do if they suspected abuse was taking place. The service had a whistle-blowing policy for staff who may have concerns about poor practice within their work environment. Staff were confident that the management team would act on any concerns they might have, for example, one staff member wrote, 'I would blow the whistle on anything like this [a colleague mistreating a person], treating it as a safeguarding concern. I would make sure the service user was safe and report this

straight to [registered manager].

Individual risk assessments were in place and covered a range of areas such as managing finances, bathing, meeting nutritional needs, managing medicines and staying safe from harm. One person enjoyed horse riding and there was a specific risk assessment in place in relation to this. Some people could at times express themselves through displaying behaviours which challenged. Where this was the case, people had challenging behaviours support plan which focused on the proactive methods staff could use to avoid the triggers that could lead to the person presenting with behavioural challenges.

Staffing told us that the staffing levels were adequate. Their comments included, 'We have various different staff on the team and lots of people who cover shifts when needed. Service users are always safely supported' and 'yes [there are enough staff] people are safe'. Staff felt well supported by an effective on call service. One staff member wrote, 'Yes, there is always someone on call for us and when there has been an incident, there have been times when [registered provider/manager] have come to the location within 10 minutes to help support'. Staffing levels were determined by the commissioners of each person's care and support and were monitored by the service to ensure they could deliver effective care in line with the number of hours commissioned. To help cover gaps in the rotas, the service had a team of bank staff and an incentive scheme had been implemented, whereby staff were rewarded if they recommended a friend. During the recruitment process, consideration was always given to people's needs, interests and goals and what they might need from a staff member.

There was evidence that staff understood their responsibility to raise concerns and report incidents or near misses. For example, a member of staff told us that should a medicines error occur, they would 'Directly and immediately contact a manager for advice and fill in a med error form'. During the inspection we found that a recently archived MAR contained a gap without there being an explanation as to why. We discussed this with the manager. They promptly investigated the medicines error. They also reviewed all the other MARs to ensure these did not contain any further potential errors. To prevent similar incidents from happening again, they took action to introduce additional measures to ensure that medicines errors were highlighted promptly and action taken to address these at the time.

Staff understood their responsibility to raise concerns and report incidents and near misses which occurred within the service. These were monitored by the registered manager, but the current audit systems did not clearly demonstrate how this information was being used as an opportunity to learn from and make improvements to safety within the service. Plans are in place to shortly introduce an electronic care management system which will enable to introduction of more robust audit tools.

People were protected from cross infection. Staff had completed infection control training and wore protective gloves and aprons when providing personal care.

Good

Is the service effective?

Our findings

People and their relatives replied positively to our questionnaires about the support they received from Amity Supported Living. For example, one person wrote, 'I am happy with staff. Staff take me to dance class and shopping and a drink and something to eat, staff help me a lot, I like Amity to help keep me safe and happy'. A relative wrote, 'Amity [are] the best thing we have ever [had], we are very happy, we don't want anyone else to support us'.

Amity Supported Living was currently a relatively small service. Despite this, some of the people they worked with had very complex needs, some of which they had successfully helped people to overcome. For example, one person had been supported to lose a significant amount of weight and another to overcome an addiction. The service was currently working with commissioners to resume supporting one person with very complex needs leaving in patient care. This person's family had written a testimonial sharing how pleased they were that their family member was once again to be supported by Amity.
Staff told us the service provided effective care, for example, one staff member wrote, 'We have longstanding services users, they are happy and none have ever left us voluntarily. The parents and families of our service users are full of praise for the staff and the quality of care that their loved ones receive. On many occasions they have said to me that they now receive the best care they ever had and because they are happy it has improved their relationships with their families. I do often get parents and family members of service users friends, asking if we have any available places. I am as satisfied as are, our service users families that the service and care that service users receive, is the BEST!'
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.

The registered manager told us that the people receiving a regulated activity from the service were able to give consent to everyday tasks. Their records included a 'Making Choices' care plan which described how they expressed their choices and the support they might need with this at times. Although we did not see these, the registered manager told us that people had signed consent forms agreeing to their care and support which were kept within their home. Staff had received training on the MCA and understood their responsibilities in relation to this and to respecting people's choices and decisions. For example, one staff member told us, 'If someone declined care and didn't give their consent, I wouldn't carry out the support. I would record it on their records. I would speak to a manager if needed. I know people have the right to make an unwise decision but I'd seek advice from manager again if needed'. A second staff member said, 'I would only support someone who gave their consent. If someone was making an unwise decision I would discuss it with them, support them to understand the consequences. This was confirmed by a friend of one person who told us, 'Sometimes [person] would like to buy something inappropriate (wrong size etc) and I am impressed with the way the staff handle the situation. They don't tell her but explain why it's best not to buy it'.

However, some of the care records we viewed, indicated that some decisions about these people's care were being made in their 'best interests'. This is only done in situations where the person lacks capacity to give consent to the decision being made. There was, however, no record of a mental capacity assessment being undertaken to establish why the person did not have capacity to make the decision for themselves. This meant there was a risk of the person's choices and wishes not being appropriately considered. We discussed this with the registered manager who agreed to fully review how the individuals made their decisions and choices and where necessary ensure mental capacity assessments were completed to support best interests' decision making.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA 2005. In settings such as people's own homes or in supported living settings, depriving a person of their liberty can only be authorised by the Court of Protection and applications need to be submitted by the local authority. To assess whether a person might be deprived of their liberty by the nature of their care and support plan, a screening tool was used, however, at this time, none of the people using the service were subject to a deprivation of liberty safeguard authorisation (DoLS).

New staff completed an induction. Where necessary, an external training provider was used to support staff new to care to complete the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. New staff undertook a period of shadowing at each of the locations they might be working and also learnt about the organisation's policies and procedures and the needs of people they would be supporting.

Support workers were required to complete a range of training. This training was a mixture of e- learning and face to face training and included subjects such food hygiene, first aid, health & safety, fire safety, diet and nutrition, manual handling, safeguarding adults, the administration of medicines, infection control, equality and diversity, person centred support and communication. In addition, further training was provided which was tailored to the individual needs of peoples using the service. For example, staff could complete training in autism, mental health, epilepsy and buccal midazolam and challenging behaviour. One person was at risk of developing diabetes and so all the staff working with them also undertook diabetes training. The training records showed that staff were generally up to date with their training or were enrolled to undertake the training. Staff were positive about the training provided. One staff member told us, 'I have full training to cover all aspects of my job. All service users are safe at all times. We have regular updates on training' and another said, 'Yes, we complete a lot of training including things like autism, mental health, epilepsy and buccal which means we can provide the best support to our service users'.

Staff were confident they could seek advice or support when needed. Records showed that in 2017, the provision of supervision for staff had been sporadic, but this had improved in 2018. All of the staff we spoke with felt well supported in their role and told us that their supervision was helpful. One staff member said, 'We talk about working practice, stress levels, training, policies and procedures, staffing, Amity ethos, service users, locations, rotas, shifts' A second staff member wrote, 'Supervisions are regular although not always strictly on time and we discuss anything we can do to improve ourselves, such as training'.

People were supported to improve their health through good nutrition. Records showed that staff encouraged people to eat a well-balanced diet and make healthy eating choices and care plans included information about people's dietary needs and risks in relation to nutrition and hydration as well as their likes and dislikes. People were encouraged to be involved in choosing and preparing their meals and shopping for their food.

Where necessary a range of healthcare professionals including GPs, dentists, opticians and speech and language therapists had been involved in planning peoples support to ensure their health care needs were met. For example, we were told about one person who was living with epilepsy. Staff noted there had been a change in the pattern and frequency of his seizures. In response, they communicated with the person's GP and sought a review of the person's epilepsy. Following a review, their medicines were changed. Staff continued to work closely with the person's specialist epilepsy nurse and family and now their seizures have stabilised. A health care professional told us staff were "Proactive in terms of physical health needs, managing [person's] emotional health and minimising issues which could make [person] anxious".

Amity Supported Living did not own the premises where people lived, but did carry out annual checks of the premises to help ensure these remained safe and pleasant environments for people to live in and staff to work in.

Good

Is the service caring?

Our findings

Through their responses in the questionnaires, people indicated they were cared for staff who were kind and caring. A relative said, 'My wife and me really like Amity, we have had them for years, staff are kind and caring to us'. A friend of a person using the service told us, 'The staff that accompany [person] when we meet are always very attentive to her needs and she obviously likes them a lot. When chatting to me she always includes them in the conversation. What I do like is they don't talk for her'. A health care professional told us, "They [staff] know [person] very well. They respond to her needs very well. They have made a home for [person] - it is home rather than a placement. They are caring in their interactions with her".

Staff told us they were confident that all their colleagues were kind and caring. One staff member wrote, 'The people we support are happy and always talk about how they like the staff, that they are kind'. Another said, 'People I support tell me they are happy and safe and living the lives they choose'.

Staff spoke fondly and with passion about their role and the people they supported despite it be challenging at times. For example, one staff member wrote, 'I have been a member of staff for 13 years and I love my job. The best part is assisting the service users to live a happy and contented life. They have consistent care provided by a well-established and mostly long serving staff team and they look upon us as part of their family'. Another staff member wrote, 'It can be emotional, hard work sometimes…I enjoy working with people we support, helping to make a difference. No two days are the same'. A third staff member told us, 'I love the service users, I like having responsibility for things, making a difference in people's lives and having a job I feel proud of…sometimes it's hard not to take the job home with you when you care so much'.

People's independence was promoted and staff understood the importance of maintaining this. For example, one staff member wrote, 'I always support people to do as much as they can for themselves. Sometimes support can be hanging back and just being there in case needed while someone is doing a task. An example, supporting someone with cooking a recipe. I will be present in the kitchen, on hand to answer questions but the service user carries out the task as much as they can themselves'.

Staff told us about how important it was to protect people's privacy and dignity and this was reflected in people's care plans. For example, one staff member wrote, 'Yes I do feel [people are treated with dignity and respect]. An example is when I support with personal care, I leave the bathroom so the service user can have time alone and then I only return as they chose when I need to help them. I respect their wishes and consider their dignity and privacy at all times'. Another staff member wrote, 'I always treat people with kindness and consider their privacy and dignity. I only support them in the way they like, give them space and time alone when they choose'.

The registered manager was able to talk about how people's diverse needs were respected and their differences respected so that they might feel valued for who they were. Where this was important to them, there was evidence that, staff supported people to follow their religious beliefs and to attend church.

Good

Is the service responsive?

Our findings

People's care and support plans were personalised and their life histories, preferences and choices were detailed throughout their care records. This helped to ensure their care remained meaningful and supported staff to deliver responsive care. For example, plans included information about the person's life before being supported by the service and the key people in their lives.

Communication plans described the individualised ways in which people communicated. These included the person's abilities with reading, writing, hearing, speech and using the phone. The plans included hints for staff to aid positive communication, for example, we saw that one person preferred staff to communicate with them in a light-hearted manner and that they enjoyed talking about 'girly things' and music. It also included subjects that might cause the person anxiety. The registered manager told us that should people have specific communication needs these would be met. For example, some people had been provided with pictorial rotas and the service user guide was also available in easy read format. Some people used text of email as their preferred method to communicate with the service. This helped to ensure that the service was complying with the Accessible Information Standard.

Guidance was available about the support people needed with eating and drinking and managing their medicines and health needs and accessing the community for example. Where people displayed behaviours which might challenge others, plans were in place to guide staff on how to de-escalate this. These included a description of the behaviours, information about the triggers, and guidance about how to respond such as using distraction techniques.

Detailed daily task sheets had been drafted which were a template showing people's preferred routines. The registered manager said these were there for guidance and did not rigidly have to be kept to. Staff also maintained daily contact sheets which recorded anything of concern about the person's health, their emotional wellbeing and mental health. These records helped staff and health care professionals to monitor aspects of people's support to ensure this remained person centred and relevant.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. Records showed that people were encouraged to take part in cooking, shopping and menu planning. Where able, people were being supported to manage their finances. People went to dance classes, horse riding and swimming and were provided with the support necessary to go on holidays. The registered manager told us about one person they started supporting, who despite having lots of money, had never been supported to attend a football match for the team he supported in Manchester. Staff at Amity had made sure this had happened. We were told how one person had expressed a wish to attend a night club and meet new friends, perhaps start a relationship. Staff were planning how this might be achieved alongside the need to ensure their safety.

Complaints policies and procedures were in place and were available in easy read formats. These gave clear information about how and with whom people could raise concerns or complaints. This information was also available within the service user guide. The complaints policy also explained that people could have the

support of an advocate if they wished. One complaint had been received within the last 12 months. There was evidence that this had been investigated appropriately. The completed questionnaires indicated that people were mostly confident about how they could raise concerns or complaints and were satisfied that these would be dealt with.

Good

Is the service well-led?

Our findings

The service had a registered manager who was supported by a team of front line house co-ordinators who oversaw the delivery of day to day care within people's homes. The registered provider also maintained a very active role in the day to day delivery of support. There was evidence that people had a good relationship with the registered manager and provider and valued their support and presence in their lives. We saw lots of cards and messages from people and their families thanking them for their 'insight', their 'unique gift', and for being 'caring, genuine people'. The feedback seen, clearly indicated, that the leadership team and their particular approach to people's care was achieving improvements for people and as one relative wrote, 'giving them a chance in life'.

Staff were also very positive about the registered manager and provider. Staff comments included, 'Any issues large or small are dealt with efficiently and promptly with great consideration to the service user. I have no concerns about the care that they receive. Any issues arising are reported to the House co-ordinator and if necessary management team' and 'I like working for a small company and its useful to be able to talk to the managers who really know everyone'.

Staff felt that their feedback was valued. Team information sessions (staff meetings) were tailored around each of the locations where support was provided. These were an opportunity to discuss issues affecting the people being supported and whether strategies being used were producing positive outcomes. There was evidence that staff were asked for their ideas about how to improve the service provided and where appropriate in relation to managing change. New policies were discussed and key subjects explored such as the Equality Act and how staff might work in a manner in keeping with the values of the Act. Staff told us their ideas were valued, for example, one staff member wrote, 'Management like us to put forward any ideas we have for activities, aids, strategies to enhance service users lives and aid them to be more independent'.

There were some systems in place to check the quality and safety of the care being provided. Reviews took place intermittently and people, their family and relevant professionals were asked to give their views and feedback about the care and support they received. Annual surveys were completed, the responses were analysed and an action plan drafted to address any areas for improvement. People's feedback from the last survey in September 2017 were positive. People had responded to say they felt safe, that staff helped them to do the things they liked to do and that they felt listened to. The registered manager and provider had developed an action plan of the things they hoped to do over the coming year, these included continuing to recruit the right staff, striving to seek continuous improvement of the service and working to grow and develop the service. Staff also completed a monthly report for the registered manager detailing any complaints and compliments and other events such as the number of accident and incident that had occurred. The registered manager also told us they undertook direct observations of staff and spot checks to ensure people were receiving their support as planned and also undertook a range of checks to help ensure that the environment remained safe for people but also for staff to work in. These included checks of safety equipment such as smoke alarms, first aid kits and fire extinguishers. The service had also developed a detailed business continuity plan which set out the procedures for dealing with foreseeable emergencies such as loss of essential utilities or a reduction in staff numbers.

However, we did find some examples where the quality assurance processes could be more effective. For example, some of the required recruitment checks had not been completed, but the provider's own checks had not identified this. Staff kept records of any accident or incident that occurred. Incident forms, were completed and these were detailed in terms of what had happened, they did not, however, include an analysis of why the incident might have occurred or what remedial measures were taken to prevent similar incidents from reoccurring. Monitoring forms were completed each quarter and noted the number and nature of incidents which had occurred. They did not, however, include further analysis of why the events might have occurred and the learning from these. The registered manager explained that a decision had been made to implement an electronic care management system from October 2018. They were confident that the new system would help to improve record keeping but also quality assurance processes and auditing. It would enable them to have improved oversight of incidents or accidents and quickly see themes or trends that might be occurring. They were confident that the implementation of electronic medicine administration records would also help prevent medicines errors and they and staff would be alerted if a medicine was missed or not signed for. These new systems, once embedded will help ensure that there is a fully robust quality assurance system in place.

The registered manager and provider had a clear vision for how they wanted the service to develop. Whilst they wanted to explore options for expansion, they told us they wanted to retain their focus on "People being at the heart of everything" and trying to find solutions and success in the care and support of people where perhaps previous providers had not been successful. They had a policy of only taking on one new support package at a time allowing them the time and space to get that person's support right.

The registered manager and provider had a good understanding of the challenges facing the service and the areas where improvement or developments were needed. There was evidence that the provider had strongly advocated for people right to have continuity of care despite changes within the commissioning framework. They understood the effect this could have on people's wellbeing and had worked hard to alleviate the impact of this, although this had not always been possible. Despite some significant challenges over the last year, the registered manager and provider had maintained a positive culture within the service. The staff we contacted clearly enjoyed their work and told us that they received regular support from the registered manager and provider and that morale amongst the staff team was good. One staff member wrote, 'I enjoy working with the people we support. There's a good team of people, we all know each other as it's a small company'. They added, 'It can be stressful at times but that's well managed'. Another staff member wrote, 'Yes. It's a small company, I know [Registered provider and manager] and have direct contact with them. I've worked for Amity for years and understand the ethos and values. [Registered provider and manager] keep us up to date about what's happening with Amity, what's changing and improvements'.