Affinity Trust

Affinity Trust - Domiciliary Care Agency - South

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Affinity Trust - Domiciliary Care Agency - South is a care agency, providing personal care to people living in supported accommodation and their own homes. At the time of the inspection the service was supporting 32 people living in six supported living settings. Five of the supported living settings were located in Surrey and one in Portsmouth. Five of the settings were single locations which supported between one and three people in a property. The provider supported a further two people living in their own homes.

The sixth setting had been commissioned by a local authority in two phases which had been set up over the last two years. The care and support supplied to people by the provider, was completely separate from the accommodation people rented. The sixth setting had been a former care home which had been closed and re-configured to create separate properties by the commissioning authority. This setting accommodated 21 people on one-site with between one and five people living in each property. The complex was larger than good practice guidance recommends. However, people's properties were staffed separately and two on-site support managers managed the two phases separately.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
Overall medicines had been safely managed. There had been issues with medicines errors at the sixth setting. The provider had taken extensive and robust actions to address this for people, but it will take further time for them to be able to demonstrate their full effectiveness.

The provider had processes and systems in place to protect people from abuse and to investigate any incidents at the appropriate management level and to take any relevant action required. Staff assessed individual risks to people and monitored their safety. The provider had ongoing concerns about the compatibility of people living in one property in the sixth setting which they had raised with commissioners.

There were sufficient numbers of suitable staff deployed. It had taken time in the sixth setting to establish a completely new, large workforce across the different properties with the required skills and knowledge. The provider had experienced issues with consistency of on-site management with the second phase of the sixth setting and had ensured throughout there was senior management cover in place, whilst a suitably experienced manager was appointed.

People's needs were assessed and the delivery of their support was in accordance with legislation and

guidance. Staff were provided with the required skills and knowledge for their role. Staff ensured people ate and drank enough to maintain a balanced diet. Staff worked with each other and across agencies to deliver effective care and to promote people's health and welfare.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness, respect and compassion. People were involved by staff wherever possible in decisions about their care. Staff upheld people's privacy and dignity during the provision of their care.

People received personalised care that was responsive to their needs. Staff were able to support people at the end of their lives.

The provider promoted a positive culture. People who used the service, their relatives and staff were engaged and involved with the settings. There were processes and systems in place to drive improvements. Staff used any concerns or issues raised as an opportunity to improve the service. The provider worked in partnership with other agencies, openly and honestly

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having opportunities to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 8 November 2017)

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Affinity Trust - Domiciliary Care Agency - South

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by an inspector.

This service provides care and support to people living in six 'supported living' settings, 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to check as some people using the service potentially could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this, which was completed.

Inspection activity started on 14 October 2019 and ended on 15 October 2019. We visited the sixth setting on 14 October 2019 and the office location on 15 October 2019.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information we held about the service from statutory notifications, which are events the provider is required to inform us of. We spoke with two health care professionals who had been involved with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. Not everyone could share their experiences with us of the care provided, so we visited people living in three properties in the sixth setting and observed their interactions with staff to help us understand their experience. We spoke with ten members of staff including the divisional director, the registered manager, two support managers, the quality improvement manager, a team leader and four support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke with six people's relatives across four of the settings about their loved one's care. We received feedback on the service from a third health care professional and continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● There had been a high number of reported medicine errors across the sixth setting, until February 2019 when they began to decrease, there were further increases in medicine errors in April and June 2019 before they reduced again.

● The provider had taken all reasonable and proportionate measures to address this issue for people and no-one had suffered serious harm. They had taken relevant measures to improve the safety of medicines administration at this setting in relation to: individual staff, the staff team as a whole and management's medicines training. They had also reviewed their medicines policy, medicines procedures, communications about changes in medicines, medicines records, medicines audits and sought external advice and scrutiny.

● We only identified one minor area where we thought a further improvement could be made which the provider actioned during the inspection. It will take further time for the provider to be able to fully demonstrate the long-term effectiveness of the extensive measures they have taken at this setting to improve medicines safety for people.

● The provider ensured all staff responsible for administering people's medicines received face to face medicines training and had their competency thoroughly assessed.

Assessing risk, safety monitoring and management

● Some people living in the sixth setting had complex behaviours. Staff had identified five people living in one property, were poorly compatible, due to their personalities, needs and behaviours. We observed, the challenges for staff working with people in this property whilst also managing people's safe use of the communal spaces. A relative told us, "It's not an easy flat to visit, as people don't like visitors." A staff member confirmed, "At first it was very difficult. They [people] didn't know us and we didn't know them. We felt really challenged. We have a passion and did not want to give up."

● Records showed the provider had raised their concerns about people's safety in this property with commissioners both prior to people moving in and since. People living in this property had experienced physical altercations with each other, which required staff's intervention. Another relative confirmed, "[Person] has had one altercation with another person. Staff are very good at intervening."

● The provider and health care services had worked extensively together to review processes and practices, to reduce the risks of aggression to people from each other in this property. The provider had requested an initial increase in staffing for people in this property, which was agreed and had since requested a further increase, to enable them to provide each person with one to one care.

●There had been a significant reduction in the number of incidents between people in this property since

July 2019. However, the potential risk of further incidents cannot be totally eliminated with the current mix of people, the current level of staffing commissioned and the layout of the property.

● Staff assessed potential risks to people and they had a range of individualised risk assessments in place to manage any identified risks to them. For example, in relation to health conditions such as epilepsy. People had positive behaviour support plans to enable staff to proactively identify the triggers for people's behaviours and provide individualised care and support.

● Staff attended either one or two days of a training programme aimed at minimising the use of physical interventions for people, where relevant to the needs of the people they supported. This training emphasised behavioural support strategies based on the supported person's needs, characteristics and preferences. Staff spoken with understood people's individual risks and described how risks were managed for people's safety.

● Staff ensured where restrictions had to be in place for people's safety, these restrictions were the the minimum required and in people's best interests.

Staffing and recruitment

● The six settings were staffed at the level commissioned for each. The provider had a central recruitment team and an on-going programme to fill staff vacancies. The provider followed safe recruitment practices and ensured only suitable staff were recruited.

● Each setting was overseen by a team leader and support manager. There were not always senior staff allocated on every staff shift to lead them, as this level of staffing was not commissioned. Team leaders allocated staff on shifts. A support worker was then allocated to co-ordinate the shift, if a team leader was not rostered and the support manager felt this was required. For example, in some properties in the sixth setting. Team leaders took an active role on the rotas at services and modelled behaviours for support workers and provided on-site guidance in conjunction with the support managers.

● The sixth setting required a large staff team of 45 permanent staff, including two on-site support managers. The team had taken time to establish and the two support managers told us there were a total of five staff vacancies to be filled.

● Staff vacancies at the sixth setting were broadly in line with the national average of 9% for care workers. Any staff shift vacancies were covered with bank staff first who were the provider's own staff and then agency staff. The provider tried to ensure continuity for people where possible by booking the same agency staff.

● Staff were recruited for specific properties and only worked there where possible to ensure continuity for people. Staff in one property at the sixth setting were particularly at risk therefore of becoming 'burnt out', due to the challenges of only working with people in this property. There was a risk staff would be recruited, trained in meeting the needs of the people living in the property and then leave prematurely. The provider was aware of this risk and mindful of whom they recruited, to ensure they recruited the right staff. They worked with staff to support them and tried to deploy them to other properties within the setting if this happened, to retain their skills and experience in working with people at the service.

● The provider had experienced issues recruiting a consistent second support manager for the sixth setting. Throughout this time, there was management cover for this role, provided at different times by four operations managers, two interim managers and the current quality improvement manager. This situation was not ideal for such a new setting, however, throughout the provider was trying to recruit a permanent support manager and three were appointed but either did not start or stay for different reasons. The regular changes in management had been challenging for both staff and stakeholders who needed consistency. A fourth experienced support manager, who had a good knowledge of the challenges of the setting when they took on the role has now been recruited and has been in post since June 2019.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

● The provider had robust safeguarding systems, processes and practices. Staff received safeguarding training to enable them to understand what to report and how and had access to relevant guidance. There was an open culture where staff were encouraged to report incidents and to express any concerns they had about people's safety.
● Any safeguarding incidents were recorded and reported to relevant agencies. The provider had a management information system to enable them to assess and review all incidents and take appropriate action by the relevant level of management. All safeguarding incidents for example, were reviewed by both the operations manager for the service and the divisional director, to ensure relevant actions were taken. It also enabled them to identify any trends within or across settings which required action. Investigations were thorough and relevant actions were taken to drive improvements in safety.

Preventing and controlling infection
● The properties we visited were all visibly clean and we saw cleaning staff working. The quality improvement manager told us when they or the operations managers completed their six weekly property visits, they checked upon the cleanliness of the properties.
● Staff's required training included infection control and food hygiene and they understood their roles and responsibilities. They told us they had plentiful supplies of protective clothing to prevent the risk of cross-infection.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good . At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed with them where possible, and their advocate where relevant, prior to the commencement of their care. People's care and support was planned and took into account legislative requirements and national guidance. Staff's interventions focused on: providing care in the least restrictive setting, the provision of respectful support and increasing peoples' skills.
- Staff applied national guidance to ensure people's behaviours were not controlled by excessive or inappropriate use of medicines. They were working with health care professionals to reduce a person's medicines at the sixth setting.
- Staff's required training included Human Right's principles and equality and diversity, to ensure staff understood these and their application, and to ensure people did not experience discrimination.

Staff support: induction, training, skills and experience

- Staff had their needs met by trained staff. New staff were supported through their induction by a more experienced staff member who acted as a 'buddy'. They were also required to complete the 'Care Certificate' which is the national induction standard for staff new to care. The care certificate training includes amongst other areas, working in a person centred way, and being aware of people's mental health and learning disabilities.
- Staff then received additional training relevant to the needs of the people for whom they cared for, for example, managing challenging behaviours, autism and epilepsy .
- Staff were also supported within their role, through competency assessments, one to one meetings with a more senior member of staff, professional development and annual appraisals. Staff employed in different roles by the provider all told us they felt well supported.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink sufficient for their needs. People chose what they wanted to eat and drink. Staff in one property told us, "We could be cooking three different meals." A relative confirmed, "They [staff] cook good meals."
- Potential risks to people associated with their eating and drinking had been assessed and staff understood and managed any identified risks. Essential information about risks to people, including risks associated with eating and drinking was captured in a profile of the person for staff's guidance. Staff monitored people's weight to ensure they remained healthy.

Staff working with other agencies to provide consistent, effective, timely care

● Staff communicated and worked with each other. A staff member confirmed, "Communication is key." Staff told us in the sixth setting, apart from for one property, time for a verbal staff shift handover was not funded by commissioners. Staff had to rely on written notes when staff shifts changed. There was no evidence this had negatively impacted upon people's care, but staff coming onto the shift would have preferred the opportunity to ask questions and it would have promoted effective communication.

● Staff ensured people's relevant information was available in the event they were admitted to hospital in an emergency. People had 'Health Passports' which provided essential information about them. People also had an 'Orange Bag' ready which was used to transfer essential information about the person to and from hospital and ensure it was not lost.

● A relative told us how their loved one was due to have a planned operation. They said staff would be staying with the person after their operation, to provide the support and reassurance they required.

● Staff understood when they needed assistance, input and guidance from other services. There was evidence staff had sought guidance and input from a range of health care professionals and teams. These included the speech and language therapy service, occupational therapy and the learning disability intensive support team. This ensured staff had access to relevant guidance to provide people's care.

Supporting people to live healthier lives, access healthcare services and support

● Staff ensured people's health was kept under regular review and they had an annual health check. People had health action plans which outlined their health care needs and which health care professionals they needed to see, and when to monitor their health.

● People's care plans informed staff of potential risks to their health and how these were to be managed. For example, staff could not stop a person smoking but were instructed not to encourage this behaviour.

● People's care plans instructed staff about how to support people to be fit and healthy. For example, through eating a balanced diet and taking exercise.

Ensuring consent to care and treatment in line with law and guidance

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● Staff had undertaken MCA and Deprivation of Liberty Safeguards training. Staff told us why restrictions were in place. For example, in one property foods which presented a risk to a person were kept in a locked fridge, for their safety. Staff had ensured legal requirements were met in relation to this restriction, to ensure the human rights of the person and the other people they shared with had been taken into account.

● The provider had identified where restrictions in place amounted to people being deprived of their liberty. MCA assessments and best interest decisions had been completed, in relation to any restrictions in place. The provider had correctly informed commissioners where they believed people were being deprived of their liberty and asked them to make the relevant application to the Court of Protection as required.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were observed to be treated by staff with kindness and compassion during the provision of their care and support. People reacted positively to staff and trusted them. They were comfortable in their presence and approached them as they wished. Relatives told us, "Carers are lovely," "They get the right staff" and "The staff are good, they do their best."
- Staff were attentive to people's needs and wishes. They were mindful of people's signals they were not happy and responded appropriately. For example, a person grabbed a staff member's hand and started to walk to the bathroom. The staff member stopped what they were doing and went with the person to support them. In another property a person's vocalisations indicated they were becoming distressed. Staff immediately took action to diffuse the situation for them.
- Staff understood people's communication needs and methods. People had written communication profiles which informed staff how to communicate with the person. They also had communication dictionaries which described a communication and what it meant for them. Staff said, "We are taught there is a function behind the action." Staff told us they had learnt Makaton. This system uses signs and symbols to enable people to communicate.
- Staff knew and respected the people they cared for. They were able to tell us about people's preferences and backgrounds. They knew what people could do for themselves and what they had the potential to achieve. Staff told us how one person did not understand a door was not necessarily locked if shut when they moved in and would not therefore open a closed door. They told us staff had worked with the person and commented, "Now [person] can open doors [person's] face lights up."

Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff to express their views where possible and their care plans informed staff what decisions people could make. People who were able to, were invited to participate in staff's recruitment. Two people told us of their support manager "She encourages us to join in."
- Staff were observed to provide people's care in an unrushed manner and to involve them in decisions wherever possible. For example, staff were observed to ask people if they wanted to join in activities and if they wanted a drink.
- Staff recognised the meaning of people's behaviours when communicating their choices. For example, as we arrived at one property, a person left. Staff told us, this indicated the person wanted to go out for a walk and staff went with them.

● Staff recognised people may want assistance from their representatives to understand their care and support and ensured they were enabled to receive this support. For example, a relative told us, "[Person's] money is safe and they consult me."

Respecting and promoting people's privacy, dignity and independence

● Staff completed privacy and dignity training during their induction. They fully respected they were working in people's homes and not a work place. They ensured they sought people's permission for us to visit them. Where people lacked the capacity to understand the purpose of our visit and give their consent, legal requirements were met. Staff sought people's permission before showing us their bedrooms, which were their private space. Staff ensured any personal care support was provided to people in private.

● Staff maximised people's independence where possible. Staff told us how they had worked with one person to enable them to be more actively involved in dressing themselves. They told us the person now knew the order in which to dress themselves and what to do.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in planning their care where they had the capacity to be involved. People's care plans reflected their physical, mental, emotional and social needs. A relative told us, " [Person] gets personalised care. The team know [person] well."
- A support manager told us how they required night staff to shadow the day staff. They said this enabled night staff to, "Get a broader understanding of people's needs."
- Staff told us about the positive outcomes people had achieved with their support. For example, they told us how they had worked with an occupational therapist on a programme which had enabled a person to now accept some personal care. Another relative told us, "At [person's] old place they wouldn't walk. The staff there have turned [the person] around and got them walking again."
- People's care plans were kept under regular review. A relative told us, "We've just had a review with the managers and we were able to look at the issues I wished to discuss."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided information to people in accessible formats suitable for them. In order to enable people to make decisions where possible about their care. People were provided with easy to read or pictorial versions of documents such as their support guide and tenancy agreement. Staff also provided people with a sight impairment with information in an audible format. Staff used Makaton with people if this was their communication method.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had personalised activity schedules based on their hobbies, interests and beliefs. Some people attended structured activities such as day services, whilst others were supported with interests such as gardening and liked to visit their allotment. Staff told us how one person only used to like car trips when they first moved in. However, they now enjoyed doing a range of different activities. Staff ensured people were able to enjoy trips to their local pub. A person told us how they attended church which was important to them.

● Staff took people on trips and holidays, such as trips to the Isle of Wight. They had arranged to take one person to a 'Cat café' so they could meet and pet the cats, as they liked cats but one could not be accommodated in their property as it was shared.
● Some people had their own vehicles and staff used these to take them to activities or for drives. If people did not have a car or a driver was not available, staff took them out on public transport where possible, or in a taxi.
● Staff ensured people were enabled to maintain contact with those who were important to them. A relative told us when it was their loved one's birthday, "They [staff] organised a birthday party and seven of us [family] went." Another relative told us, "Staff bring [person] to visit fortnightly. They help if [person] gets in a mood and step in."

Improving care quality in response to complaints or concerns
● People were provided with a copy of the provider's 'Complaint's guide' in a format suitable for their needs. There was also an information guide for families in case they wanted to express their views about the support provided to their loved one.
● The provider had a clear complaints policy kept under regular review, which set out the timeframe for responding to complaints. It outlined how people would be supported during a complaint, for example, if they had limited communication skills or English was not their first language. It also outlined how any issues raised would be investigated.
● When complaints had been received, records showed they had been openly and thoroughly investigated. Relevant actions had been taken to improve the service and feedback provided to the complainant.

End of life care and support
● Staff were able to access end of life training as an additional course where relevant to the needs of the people they were supporting. Staff told us they were developing end of life support plans with people at their pace.
● Staff had identified those without a next of kin and were starting to work with them on their preferred funeral plans at the end of their life, to ensure this was planned for and dignified.
● A support manager told us how well staff had supported people at the end of their life in their setting. They told us how staff had met people's wishes and enabled them to remain in their own homes.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The provider had a clearly defined management structure for its services and the settings where people received their care. There was a divisional director, and a registered manager with overall responsibility for the location, who was also an operations manager. The operations managers were responsible for a geographical area and there were then support managers, who were responsible for one or more settings. Team leaders were based in the individual settings. In addition there were quality improvement managers, who focused on settings with identified quality issues. Managers and team leaders were offered the provider's internal leadership skills training to develop their skills. Relatives told us, "I have good contact with the main managers" and "The divisional director is very good, any issues I just ring."

● One support manager oversaw the first five settings, where there was a single property in each setting. The sixth setting had two support managers, one who managed the first phase and a second who managed the later phase. Phase one of the setting had experienced consistent management from the same support manager for almost the past two years and the second had been in post since June 2019.

● Staff told us about the newest support manager, "[Support manager] is a good manager. You feel comfy talking to her, she is proactive." The support manager themselves told us, "We have stability in leadership at last and staff are beginning to trust that leadership and staffing is settling."

● The sixth setting now has the consistency in the support manager roles as required and the two support managers continue to be supported in their role by the quality improvement manager to embed the changes they have been making.

● Management were aware of and kept under review the day to day culture across the six settings, including the attitudes and behaviours of staff. They knew in the sixth setting it had been particularly difficult for staff setting it up, especially with the changes in day to day management. Additional management support had been provided throughout for this setting.

● The provider promoted a culture of openness amongst the workforce and ensured staff were consulted about and kept informed of changes. Staff in the sixth setting told us they felt well supported now, one commented, "Managers are hands on" and another said, "It is a positive place to work."

● The provider had a clear mission statement for the provision of their services and values. These were based on honesty, respect, inclusivity and commitment.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong
● The provider understood and acted upon their duty of candour. A relative confirmed, "If anything happens we are told" and another said, "Staff tell me of incidents."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● There was a registered manager in post who had oversight of all of the six settings. They understood their role and responsibilities. They ensured notifications were submitted to CQC of any notifiable incidents which occurred across the settings.
● There were regular meetings between the divisional director, registered manager, the operations managers and quality improvement manager. This enabled them to review performance, data and risks at each setting and to plan any required actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Staff's views and ideas were actively sought through team meetings and surveys. Staff in the sixth service told us team meetings took place for staff working in each property, away from the setting where required, which gave staff a 'neutral' space to discuss issues. They found these meetings supportive and one said, "The managers have put everything in place to support us."
● Staff felt confident about being able to question practices and raise issues for peoples' safety. Where issues had been raised investigations had been thorough and relevant actions taken.
● People were involved with the service where possible, for example, staff had invited people to participate in forthcoming staff interviews.
● There were good links with the local community. Staff supported people to use their local community facilities and were aware of which services offered autism friendly sessions, such as the cinema, swimming pool and shops, to facilitate peoples' engagement.

Continuous learning and improving care
● The provider had made the required resources available to develop staff and teams and drive improvement as had been required at the sixth setting, where input from the quality improvement manager had been provided.
● The provider had a range of quality assurance processes. These included their data management system, which provided a monthly 'dashboard' analysis of performance, in addition to a comparison of data across the preceding three months and the same period the year before. Data was analysed for example, in relation to people, staffing, medicines and incidents. Data was assessed as red or amber which required action or green, to ensure areas which required attention were identified. The data was then discussed by operations managers both at their monthly meetings and with support managers to identify areas for improvement.
● In addition, operations managers visited people on a six weekly basis in each property and completed an in-depth annual audit of each aspect of each person's care. People were sent an easy read document prior to this audit, to explain to them what it was about and to ask their permission for the operations manager to complete the audit with them and seek their views. Support managers completed the action plans produced, to make any required improvements.

Working in partnership with others
● The provider had worked openly and honestly with key organisations throughout especially about the issues and challenges they faced in the sixth setting. They had worked with other teams and professionals to improve and support the provision of people's care. They shared appropriate information and assessments as required.