

Phoenix Support Ltd

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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

We inspected this service on 08 June 2017. The inspection was announced. The provider was given two working days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the locations office to see us.

Phoenix Support Ltd is registered as a community based domiciliary care agency (DCA) which delivers personal care to people living in their own homes. This was the provider's first comprehensive ratings inspection, following a change of address. The domiciliary care agency is run from an office in Maidstone town centre. The provider Phoenix Support Ltd provides a supported living service support primarily for people who have a learning disability. At the time of our inspection the provider was supporting approximately ten people living in supported living services or within their own flats.

At the time of our inspection, there was a registered manager in place who was supported by a number of senior managers. 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 feedback we received from people, their relatives and health care professionals was excellent. Those people that used the service and their relatives expressed great satisfaction of the service being provided and spoke very highly of the registered manager, senior management team and the staff. Everyone within the organisation was motivated and passionate about providing people with a person-centred service. Staff treated people as individuals and ensured people had as much choice and control over their lives as possible.

The registered manager, management team and staff understood their responsibility to protect people's health and well-being and placed emphasis on the safety on people's safety. People using the service had received training and guidance to enhance their understanding about what keeping safe meant, and about the action they should take if they did not feel safe. Staff, the management team and the registered manager had received appropriate training about protecting people from abuse. People were supported to belong to local government groups which promoted people's safety. Risks to people's safety had been assessed and measures put into place to manage any hazards identified.

Staff had a full understanding of people's care and support needs and had the skills and knowledge to meet those needs. People received consistent support from the same staff who knew them well. People were supported to be fully involved in the recruitment of their own staff team. People had clear communication plans and guidance in place to ensure staff were able to communicate effectively with them. Detailed guidance was provided to staff within people's homes about how to provide all areas of the care and support people needed. People's nutrition and hydration had been carefully considered and staff followed instructions in people's care plans. Staff ensured people remained as healthy as possible with the support

from health care professionals.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. People's individual care and support plans were person centred and gave staff the information and guidance they required to give people the right support. Detailed guidance was available for staff to follow to support people who displayed any behaviour which caused a risk to themselves or others. People were fully involved in the care and support they received and decisions relating to their lives. People were supported to develop and maintain relationships with people that mattered to them.

There were enough staff with the right skills and knowledge to meet people's needs. Staff received the appropriate training to fulfil their role and provide the appropriate support. Staff were supported by the management team who they saw on a regular basis. The registered manager encouraged staff to undertake additional qualifications to develop their skills. People using the service were supported to complete various training courses to develop their knowledge and understanding. One person had been supported to develop their own training which they taught to new staff. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People were supported to be involved as much as possible in the administration of their medicines. People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely. Regular audits of people's medicines were completed by a member of the management team.

The registered manager, management team and staff were committed to providing a high quality service to people and its continuous development. Feedback from people, their representatives and staff were continually sought and used as an opportunity for improve the service people received. People were involved in the running of the service and were continually asked for their views, ideas and suggestions. Processes were in place to monitor the quality of the service being provided to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the potential risk of harm. People felt safe when receiving support. Staff understood the importance of protecting people from abuse and the action to take if they suspected abuse.

Risks to people and staff' safety were appropriately assessed and managed.

There were enough trained staff to meet people's assessed needs and recruitment practices ensured suitable staff was employed.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were provided with the necessary skills, knowledge and guidance to meet people's assessed needs. Staff received the support and guidance they required to fulfil their role.

Detailed guidance was available to support staff to meet people's communication needs.

People were supported to remain as healthy as possible.

Detailed guidance was available for staff to support people with behaviours that challenged themselves or others.

Is the service caring?

Good ●

The service was caring.

Information about people's likes, dislikes and personal histories were included within their care plan so staff could appraise people's perspectives.

People were supported by staff who were kind and caring.

People's privacy and dignity were maintained by staff who promoted their independence.

People and their relatives were involved in the development of their care plans.

Is the service responsive?

Good ●

The service was responsive.

People were actively encouraged to give their views on the service they received. The complaints procedure was available and in an accessible format to people using the service.

People were fully included in decisions about their care. Support plans were person centred and gave staff the information they needed.

People were supported to maintain and develop their social activities. People were supported to gain employment and develop independent living skills.

People were encouraged and supported to be part of their local community.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture where staff were kept informed about the organisation and were able to suggest ideas to improve the service.

Systems were in place to monitor the quality of the service. Feedback from people and others was used to develop and improve the service that was provided to people.

The registered manager and the management team understood their role and responsibility to provide quality care and support to people.

Phoenix Support Ltd

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 8 June 2017 and was announced. The inspection team consisted of one inspector and an expert by experience, who made calls to staff and relatives of people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 agency, what the agency does well and improvements they plan to make. We considered the PIR, and also looked at notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We met and spoke with three people and spoke over the telephone with two people, who were receiving support from the agency. We spoke with four relatives of people using the service to gain their views and experiences. We spoke with eight staff including the registered manager, area manager, training coordinator and five care staff. We asked 13 health care professionals for their feedback on the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems, internal audits and the quality assurance system. We looked at two people's care files, three staff files, the staff training programme and induction programme.

Is the service safe?

Our findings

People said that they felt safe with the staff supporting them. Relatives told us they felt their loved one was safe. Comments included, "Very safe, my son is very happy and very well looked after." Another said, "Yes absolutely safe. I've never had any concerns at all in the five years they have been there." A third said they felt their loved one was, "Very safe and very well cared for."

People were protected from the potential risk of harm and abuse. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction. Staff had access to the local authority's safeguarding protocol which included the contact details of the safeguarding team. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as, contacting the registered office or social services. Staff said they felt very confident that any concerns they raised would be taken seriously and dealt with by the management team. One member of staff said, "One of the things I love about working for Phoenix, is the open door policy; you can talk to anyone at any time about anything. All of the managers and hierarchy in Phoenix are very good." Staff were aware of whistleblowing procedures and knew they could contact someone outside of the agency anonymously if they had any concerns.

The registered manager used innovative ways to develop people's knowledge and understanding about keeping safe. People and staff were active members and attendees at the District Partnership Keeping Safe Meeting. These meetings raised awareness about people's safety and enabled people to network with professionals such as the police and community liaison officers. Following feedback from people, the registered manager arranged a training session for people with the police and local police community support officers. The registered manager said, "It was about working with the police to build relationships, to ensure people felt the police were accessible and not scary." People felt encouraged and empowered to raise any concerns they had, following the training. One person explained what 'mate crime' was and that they had learnt, "Some people say they are your friends when they are not." People attended a 'Keeping Safe Group' which was chaired by Kent police and a person using the service; these meetings were held on a quarterly basis. People were encouraged to suggest ideas on how the local community could become more accessible for people, such as how to make the travel service more accessible.

The service had a proactive approach to protecting and promoting people's human rights, equality and diversity. People were actively encouraged to be themselves and staff had supported people through challenging times with empathy and understanding. The operations manager had supported people and their families to understand their rights and choices.

People and staff were kept safe as staff followed instructions that were detailed in their individual risk assessments. Risks relating to people had been identified and managed on an individual basis. Risks relating to medicines management, health and diet, finances, health and safety and the environment had been assessed and recorded. Each risk had been assessed including the level of severity, the likelihood of the occurrence and any action that was already being taken to reduce the risk. The assessment indicated what else could be done to reduce the risk further, such as additional training for staff or people. People

were given the information they required and were supported by staff to manage any risks associated with their life choices, such as using electronic cigarettes and smoking within their bedroom. Incidents and accidents involving people or staff were recorded and monitored.

The provider had a business continuity plan to make sure they could respond to emergency situations such as a major incident, pandemic or a power failure. People's safety in the event of an emergency had been carefully considered and recorded. The safety of staff working within the registered office had been managed. All office staff completed a visual display unit (VDU) assessment to minimise any potential risks from the use of a computer. The project manager for the service was also the health and safety lead, and had implemented the ISO 9001 which is a Quality Management System. Staff supported people within their own homes ensuring the landlord completed regular safety checks of the property as required. Staff supported people to maintain equipment they used, such as wheelchairs. These processes enabled the provider to make sure that people, staff and visitors were safe.

Recruitment practices were safe to make sure suitable staff were able to work with people who needed care and support. Each staff file we viewed had a new applicant starter checklist at the front which documented the information received as part of the recruitment process such as the documentation required, references, Disclose and Baring Service (DBS) background check, identity check and health. People had been involved in the recruitment of their staff, forming part of the interview panel. These processes gave people assurance that the staff supporting them were safe to work with them.

There were enough staff deployed to meet people's assessed needs. Each person had been assessed on an individual basis and had a set amount of care and support hours. The registered manager told us that staffing recruitment was ongoing and the agency did not provide any shared support hours to people. One third of staff were employed on a flexible contract to enable cover for annual leave and sickness. The remaining staff were employed on a permanent basis.

People's medicines were managed safely and people received their medicines as prescribed by their GP. Staff followed an up to date policy and procedure and received training in the safe administration of medicines. People were supported and encouraged to be as independent as possible in relation to the administration of their medicines. One person was supported on a weekly basis to collect their medicines, from a local pharmacy. Systems were in place to ensure any potential risks to the individual had been reduced. Each person had individualised specific guidance in place describing what they were able to do for themselves and what support they required from staff.

Is the service effective?

Our findings

People told us they liked living in the supported living service and received the support they wanted from staff. One person said, "I would give the staff ten out of ten." Another said, "I am quite happy with everybody. I get on very well with the managers." A third said the staff were, "Very friendly and will do anything for me."

People had clear communication plans which detailed the individual support people required from staff. The plans included information to inform staff or others how the person communicated, the best way to communicate with them and how any specific health conditions affected the person's communication. If required, staff were supported to attend specific training to enable effective communication with people, such as Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Relatives praised the communication they received from the staff and said that they were kept informed about their loved one's wellbeing. One relative said, "They kept me very well informed, they are excellent." Another said, "They are excellent at informing me how [X] are."

People that had behaviour which could challenge themselves or others had detailed plans for staff to follow. These behavioural support plans included triggers and both proactive and reactive strategies for staff to follow. A relative confirmed that these plans were followed whilst staff were supporting their loved one. They told us that their loved one could get anxious and upset and the staff knew that calling them on the phone would calm the person down. This measure was included in the person's communication plan and staff had followed this in practice

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. Staff spoke highly of the training they had received. One member of staff said, "I've done more training in the nine months I have been here, than ever before. They always ask what extra training you feel you need, so the training is tailored to the people we are looking after." Another member of staff said, "There are lots of mandatory training plus lots of other courses that we can choose." The registered manager was committed to developing and increasing staff skill and knowledge. The agency employed a training coordinator whose role included the booking, auditing and evaluation of the training that was provided to staff. People using the service were offered the opportunity to attend the training courses alongside staff. Some people had chosen to attend emergency first aid and autism courses which had developed their own knowledge as well as an understanding of what their staff team had learnt. The training coordinator and registered manager met regularly to discuss the training requirements and audit the training evaluation forms that staff had completed following a training course. A system was in place to ensure staff received the training they required on a regular basis.

All new staff completed an induction programme at the start of their employment that followed nationally recognised standards; including the Care Certificate. Staff told us they had completed an induction which had involved a variety of training courses, the expectations of the organisation and reading the policies and procedures. They spent time reading people's care and support plans. Staff then completed a local induction into the service which included working alongside experienced members of staff, getting to know people and their routines. New staff completed a competency based workbook during their first six weeks of

employment which was checked and signed off when completed, by the operations manager. Staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, which is an accredited qualification.

The registered manager had introduced a management and leadership programme for junior managers. This involved a two day training course away from the work place, developing managerial skills and confidence. The registered manager told us they had identified an area of development need for junior managers and office staff and this training was an opportunity to develop skills, confidence and knowledge.

Staff said they felt valued and supported in their role by their line manager, senior managers and the registered manager. Systems were in place to ensure staff received supervision with their line manager on a regular basis. These meetings provided opportunities for staff to discuss their performance, development and training needs. Staff received an annual appraisal with their line manager to discuss their performance, set goals for the forthcoming year and provide feedback. One member of staff said, "I feel very well supported. Phoenix have an open door policy, I can't fault them." Another member of staff said, "We have regular supervision, and there are always plenty of other team members around to ask if we need extra help. There are staff meetings every month and Phoenix are very open to listening to our ideas and suggestions."

The registered manager, management team and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. People were supported to make decisions about their lives such as how they wanted to spend their time, what they wanted to eat or drink and what they wanted to wear. Mental capacity assessments were in place for the administration of people's medicines, finances and specific health decisions. Records showed that the 'best interest process' had been followed when a person lacked the capacity to make a specific decision relating to their care and support needs. One member of staff said, "The MCA is there to protect people, who may lack the mental capacity to make their own decisions about their care and treatment. Everyone has the right to make choices, even if we think they are bad choices."

Staff received training to ensure people's nutrition and hydration was maintained. Following concerns that had been raised from a health care professional regarding a person not understanding or managing their health condition, the registered manager had arranged for a nutritionist to deliver specific training to that person. This gave the person insight into how their diet and life style was affecting their health. At the end of the course the person told the registered manager they had a better understanding of their health condition and the importance of maintaining their nutrition. People chose what they wanted for their meals and were supported by staff to prepare and cook meals if it was required. People had individual menu plans within their own homes and were encouraged to make and eat a variety of healthy nutritious meals. One person told us they were learning to make eggs on toast, they said, "When I make eggs, I butter my toast and flip the egg, the staff help me with bits I can't do." Some people had received support from health care professionals such as the community nurse to understand what healthy eating involves and portion size of any meals. A member of staff said, "We often have the input from a dietician to help set up a healthy eating plan. We have pictures of a healthy eating plan and a healthy eating plate, so that service users can see food proportions."

People were supported to remain as healthy as possible, and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. Each person had an individual 'health' section within their support plan which detailed the specific support they required from staff to maintain their health. All appointments with professionals such as doctors, district nurses, chiropodist and opticians had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. A record of annual health and review

appointments was kept within their support plan held within their homes. This enabled staff to see which reviews were coming up and appointments that required booking.

Is the service caring?

Our findings

People and their relatives spoke highly of the staff and told us staff were kind and caring. One person said, "The staff are friendly and kind." Another said when speaking about a member of staff that supported them, "(Name) is alright he is very friendly and will do anything for me." A relative said, "The staff are lovely, very friendly and really nice. My (relative) likes them all very much. They do a brilliant job; they're very good." Another said, "They're brilliant. They always try to accommodate (their) interests." A third said, "The staff are lovely. In the five years (they) have been there, most of the staff are the same. They are very helpful and caring; very kind and well trained."

People's support plans were individualised and contained information about their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about people's backgrounds. Staff knew people well with many staff having worked with people for a number of years. One person said, "The staff are lovely and friendly. We have a laugh together." Staff spoke in detail about people's hobbies and interests, using this information to develop relationships with people. A relative told us that the support their loved one received from staff had made a massive difference to their life. They said staff had supported their loved one to frame some of their drawings which were displayed in their home. People were supported to have as much contact with their friends and family as they wanted to. Some people spoke about a local disco they attended where they met up with their friends.

People were supported and encouraged to be as independent as they wanted to be. Staff spoke about a team ethos of doing things with people rather than doing things for people. Information and guidance was available to staff within people's support plans of what people were able to do for themselves and the specific support they required from staff. People were supported to build and maintain skills to aid independence such as making their own packed lunch for work. People told us the staff encouraged them to do things for themselves and learn new skills. One person said, "The staff encourage me to do things for myself such as, food shopping and cooking." Feedback from the March 2017 survey showed a high majority of people were encouraged to be independent and learn new skills.

People had been supported to vote in the recent election. An easy read voting information guide had been created to give people a greater understanding, of their role and rights. The registered manager said that a copy of the easy read guide was given out to people and sent to each service. Staff gave people information regarding the key points each party had discussed, this enabled people to make an informed choice. One person told us they had made the decision to vote following information about each party within the voting guide.

People were actively involved in the development of the service they received. People's views were sought through monthly tenant meetings within people's homes, monthly key worker meetings and an annual survey. The registered manager had set up a page on a social media site to encourage engagement with people who used the service and others who no longer used the service. People were able to rate the organisation and service they received, which was then responded to by the registered manager.

Staff received training in person centred support which included how to maintain people's dignity and respect. Staff explained how they supported people with their personal care whilst maintaining their privacy and dignity such as covering people up and maintaining confidentiality. They said they felt dignity was about respecting the service users' privacy and allowing people to do things at their own pace, and in their own way. Information about people was stored securely online and remained confidential. Staff understood the importance of maintaining people's confidentiality.

Is the service responsive?

Our findings

Relative's spoke about how the service was responsive to the needs of their loved ones which made a large contribution to people's wellbeing and increased their independence. One relative told us that previously their loved one had relied on staff support, now they were doing more for themselves. They said, "[X] have come on leaps and bounds, the support [X] gets has made such a huge difference. [X] is a different person since being there."

People's care and support was planned proactively in partnership with them and their loved one and used creative ways to involve people. For example, one person's plan contained photographs of them participating in activities they enjoyed; this gave people an idea about the person. Other people had pictorial and easy read versions of documents within the care plan. Staff used innovative ways to empower people to take control over their care and support. For example, staff supported one person to create a training programme for staff to complete; this included how the person felt about living with a disability and the expectations of any potential staff member. This helped ensure that staff would really get to know the person and understand the challenges the person faced on a daily basis. New and existing staff would complete the training with the aim to increase their knowledge and understanding of that person. The outcome for the person was that staff had an increased understanding and knowledge regarding the support they required and why. The person planned to develop the training further with the goal to train staff in other organisations. Other people had been supported to develop interview questions for potential staff and took a lead role in the recruitment of their staff. People asked questions which had value and meaning to them, and used this information to make a decision about who might be employed to support them, with the support from a manager if needed.

Initial assessments were completed by a member of the management team and used as a way to start a positive relationship with the person and their relatives. Referrals were made directly from the local authority but people could also make direct contact with the agency themselves. The assessment process supported staff to find out people's expectations of the service and to provide what had been requested. A case manager from the local authority told us that before the agency started to work with an individual the registered manager had completed an in-depth assessment which included the exact support the person wanted and needed from the staff.

The agency had supported people who were moving between services. This included ensuring people's needs would be met by staff who had the appropriate skills. Health care professionals told us the provider had worked closely with them, the person and their relatives to ensure a smooth transition between services. A case manager, from the local authority said, "The support from Phoenix has made a huge impact on (their) life. The change in (them) is fantastic" when talking about a person the agency had been supporting for six weeks. The case manager told us they felt the staff were "very focused, proactive and responsive" to people's needs.

Each person was supported to take part in a wide range of activities they were interested in such as horse riding, exercise classes and the cinema. People living within the supported living services had individual

weekly planners which included pictures of activities to make them more meaningful. Some people had been supported to gain employment and work opportunities within the local community. People spoke proudly about the activities they participated in and said they had learnt new skills through working, such as dealing with the public.

The registered manager actively built links with the local community to encourage people to be fully involved and be part of their local community, if they wanted to be. People were supported to be active members of the Kent Learning Disability Partnership Board. The Kent Learning Disability Partnership Board provides a forum for people with learning disabilities, their carers and family to be involved in planning to improve learning disability services in Kent. This gave people confidence and developed their social circle of friends and support.

People and their relatives were actively encouraged to give their views and raise any concerns or complaints. A complaints policy and procedure was in place which included the process that would be followed in the event of a complaint. Information regarding how to make a complaint or compliment about the service people received was recorded within people's files and within the service users' guide. An accessible complaints policy, which included words and pictures, had been produced to meet people's needs. People told us that if they were unhappy they would speak to a member of staff or a manager. They said that staff would do something about what they were not happy with. One person told us he had raised an issue of staff using their mobile phone with their operation manager, they said this was dealt with quickly and never occurred again. Records showed and the registered manager confirmed there had been one formal complaint made within the past 12 months, which had been managed according to the service's complaint policy. Records were kept regarding informal complaints or concerns that had been raised by people; these had been acted on and responded to. Feedback from the March 2017 survey showed that 96% of people knew who to speak to if they were unhappy. Information about what to do if people were unhappy was sent out to all services, following this feedback.

The registered manager kept a record of compliments that they had received about the service they provided to people. These were in the form of cards, letters and emails from relatives of people who were using the service. The agency had received 31 compliments in the last 12 months. Themes of the compliments included thanking staff for their professionalism, hard work, dedication and making a difference to their loved ones life.

Is the service well-led?

Our findings

People and their relatives, staff and health care professionals all spoke very highly of the registered manager and the management team. One person said, "The registered manager listens to us." Another person said, "I get on very well with the managers." A relative said, "The (registered manager) who runs everything is really first class, they're very good, an extremely good manager." A member of staff said, "The open door policy and the very committed support from the managers is brilliant."

People, their relatives and staff were involved in the development of the both the organisation. People, their relative's and staff views about the service were sought through annual survey questionnaires. These were written in a way people could understand and be supported to voice their views. The results were collated and fed back to people, the local managers and staff teams. An accessible version of the action plan was sent out to people using the service; this recorded the feedback the agency had received and what they were doing about it. For example, some people said that some staff were not always arriving for their shift on time. As a result all local managers within services spoke to staff about the importance of timekeeping and ensuring people received support at the correct time.

The registered manager and staff spoke passionately about the service they provided to people and giving people as much control over their life as possible. One member of staff said, "I love my job, seeing the faces of the service users beam when they achieve something is just the best." Another said, "What stands out about Phoenix is that everyone is the same, it's not them and us. The management team know the service user's (people) very well." Health care professionals told us that the organisation worked closely with them and people to ensure they offered a truly person centred service.

There was a positive, open and inclusive culture within the agency that had the people using the services at the heart of everything they did. Staff at all levels were motivated and shared the same passion to provide a quality service to people. Staff told us they were asked for their ideas and suggestions about ways in which the service could be improved, which were listened to and acted on. Staff felt supported in their role by the registered manager and their line manager who were visible and available. The service had clear vision and values which were person-centred and ensured people were at the heart of the service. This was documented within the service user guide and statement of purpose. Staff understood their role and knew who they were accountable to.

The senior management team met on a regular basis as a way to ensure the local managers were fully involved and informed with what was going on within the service and wider organisation. Regular team meetings were held between the local managers in the services and staff, so staff could discuss practice and gain some feedback about the service and organisation. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handovers between shifts highlighted any changes in people's health and care needs, to ensure continuity of support.

The registered manager and management team were proactive with seeking and building relationships with people in the local community. This included local police community support officers, housing officers and

the local authority. The registered manager said, "We have tried to bring people in, to ensure that people (who use the service) know who they are speaking to." A housing provider told us the registered manager and management team had supported a person who was going to be evicted from their flat. The registered manager accessed additional resources for the individual to ensure they had the support they required to meet their tenancy responsibilities and not be evicted. The registered manager had worked with a local homeless charity on a project to support homeless people in the local community. Another project was offering people the opportunity to learn and develop skills to enable employment within the local community. The registered manager said, "The multi-agency approach has been vital to us, we design services around people, people do not fit into services."

The agency was shortlisted in the National Autism and Learning Disability Awards. The National Learning Disabilities Awards celebrate excellence in the support for people with learning disabilities and aim to pay tribute to those individuals or organisation that excel in providing quality care. People could have confidence that the agency was committed to ensuring people received a high quality service.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager or a member of the senior management team on a monthly basis, including staff recruitment files, training analysis, incident and accident analysis and an audit of people's files. The local managers working within the supported living services completed regular audits which were sent to the operations manager, who visited services on a regular basis. These audits generated action plans which were monitored and completed by the management team. The registered manager told us they worked hard to ensure communication across the business; staff confirmed communication with the management team was effective. They said, "We get our direction from staff working day to day with people. It is about finding ways to enable people to have a voice."

The registered manager and the senior management team had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. The service had not had any incidents which were notifiable. The organisation had a range of policies and procedures in place to support staff in their role. The policies had recently been reviewed by staff working within the support living services to ensure they were fit for purpose, changes were made when required.