Care Expertise Limited

Care Organiser

Inspection report

1070-1072 London Road
Thornton Heath
Surrey
CR7 7ND

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14 December 2017

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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

This inspection took place on 14 December 2017 and was announced. This was the first inspection of the service since they registered this location with the Care Quality Commission (CQC) in 2016. We have rated the service good.

Care Organiser provides care and support to people living in nine '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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection 41 people were using the service.

There is a Registered Manager at this location. 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.

People's needs were met by staff; however, the way staffing levels was commissioned needed to improve. Staff underwent a recruitment checks to ensure they were suitable to work with people.

Staff were trained to protect people from abuse. They knew the signs to recognise abuse and the procedure to report any concerns. They also knew how to escalate their concerns to external agencies should it not be addressed internally.

Risks to people were identified and actions put in place to minimise harm and keep people safe. People received their medicines as prescribed and the management of medicines was safe. Records of incidents were maintained and actions put in place to reduce reoccurrences. Lessons learnt were shared with staff. Staff were trained and followed good infection control procedures.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People consented to their care before they were delivered.

People's care needs were assessed and care plans developed on how identified needs would be met. Staff were supported through an induction, supervision, appraisal and training to provide effective support to people. People were supported to meet their dietary and nutritional requirements. Staff supported people to access health and social care services to maintain good health. The service supported people when they moved between services to ensure their needs were met.

People were treated with compassion, kindness and their privacy and dignity was always respected. People had choice about how they wanted their day-to-day care delivered and staff respected their decisions. People were encouraged to maintain their independence as much as possible. The service promoted people's religious beliefs and culture and supported them to maintain these.

People's care and support was planned, documented and delivered in a person-centred way. It reflected their choices, preferences, personalities, needs and individuality. People received support from staff to meet their needs and achieve their goals. People were supported to engage in the activities that they enjoyed. People were supported to socialise, learn new skills, and maintain relationships with family. People and their relatives knew how to complain about the service should they need to.

People and their relatives told us they were happy with the service. Staff told us they received the direction and leadership they needed.

The service had a registered manager that complied with their registration requirements. The service carried out various checks to assess the quality of care provided to people. They put action plans in place to improve shortfalls identified. The service worked in partnership with other organisations to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff knew the signs to identify abuse and the procedure for reporting their concerns. The registered manager and service managers understood their role to protect people from abuse.

Risks to people were assessed and action plans were in place to minimise harm. Lessons were learned from incidents and accidents.

The service followed safe recruitment practices to employ staff. People received their support the required from staff.

Staff supported people to receive their medicines safely. The service had infection control procedure in place and they supported staff to follow it.

Is the service effective?

Good

The service was effective. The service assessed people's needs and delivered care to them in a way that met their needs.

Staff were trained and supported in their roles so they were able to meet people's needs effectively. Staff supported people to meet their nutritional needs and preferences.

People and their relatives were involved in deciding their care and making day to day decisions about they want. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

Staff supported people to access healthcare services they needed and staff supported them to attend appointments. Staff liaised with other services to meet people's needs.

Is the service caring?

Good

The service was caring. People told us that staff were caring and kind towards them. Staff supported people with their emotional needs. Staff treated people with dignity and respect.

Staff involved people in planning their care and offered choices

of how they wanted their care delivered.

Is the service responsive?

Good

The service was responsive. Care delivered to people met their individual needs and requirements.

People were supported to maintain an active lifestyle and do the things they enjoyed. Staff supported people to maintain and practice their cultural and religious beliefs. People were encouraged to be independent.

People knew how to complain about the service and the registered manager responded and addressed complaints in line with the provider's policy.

Is the service well-led?

Good

The service was well-led. There was clear management and leadership who gave staff direction and support. The registered manager understood their roles and responsibilities. The registered manager knew to notify CQC of any significant incidents.

There were a range of systems in place to assess and monitor the service provided. The service worked closely with other organisations to improve and develop the service.

Care Organiser

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 14 December 2017 and was announced. We gave the registered manager 48 hours' notice to ensure they were available for the inspection.

The inspection was undertaken by one inspector and an expert-by-experience (ExE) who made phone calls to people to gather their feedback about 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 reviewed the Provider Information Return (PIR) the registered manager had sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we hold about the service and the provider such as local authority contract monitoring report, complaints and safeguarding concerns. A notification is information about important events the provider is required to send to us by law.

During the inspection, the ExE spoke with nine people who used the service and four relatives. We visited the office location to review care records and policies and procedures. We looked at nine people's care records to see how the service managed and delivered their care and support. These included assessment records, care plans and medicine records. We checked seven staff records relating to their recruitment, training and supervision records. We also reviewed other records included training matrix, accidents, incidents, complaints, quality audits and policies and procedures. These records helped us understand how the provider responded and acted on issues relating to the care and welfare of people, and how they monitored the quality of the service. We spoke with the registered manager, and two service managers.

After the inspection we spoke with two supported living scheme managers, and four care and support workers. We received feedback from two authority commissioners.

Good

Is the service safe?

Our findings

People told us that they felt safe with staff. One person said, "I am fine. I feel safe and comfortable with staff. No problems." Another person commented, "Nothing bad has happened. Everything is fine." One relative said, "There have been no issues regarding safety."

People were supported by staff who had been trained and understood the provider's policies and procedures in relation to safeguarding adults from abuse. Staff showed they knew how to recognise signs of potential abuse and how to report their concerns appropriately including escalating their concerns to external agencies if needed. One support worker said, "I will report to the manager immediately and write my report about it." Another support worker told us, "Abuse can be physical, financial, sexual, emotional and neglect. If I suspect abuse I will let my manager know and they will investigate." The registered manager, service managers and supported living managers were all clear about their responsibilities including involving the local authority safety team and notifying CQC.

People were protected from avoidable harm. The service completed assessment of risks and developed management plans for staff to follow on how to reduce identified harm to people. Areas of risks assessed included people's mental and physical health, behaviour, accessing and using community facilities, road safety and undertaking tasks of daily living. Risk identified for one person related to their mental health condition. It noted triggers and signs of relapse which included challenging behaviour, hearing voices and visual hallucination. Staff supported this person to manage this risk by engaging them in therapeutic activities; one-to-one sessions to encourage them express their feelings, and involving the community mental health services. Lack of road safety awareness was identified as risk for another person. The management plan in place stated that staff should remind them of the need to use pedestrian crossing signals when crossing roads. Staff also supported the person develop travelling skills by having regular discussion about this subject. Staff we spoke with had knowledge of the risks people they supported faced and the action plans to reduce the alleviate harm.

People received support they needed from staff. There were onsite staff available to support people with their needs 24 hours a day as part of the service agreement with commissioning authorities. One person said, "[Staff] work very hard. They do things for me, help me to read the letters and take me out." Another person told us, "[Staff] help me with everything. They help me cook and take me food shopping." Relatives commented about changes in the team. One thought, "There has been a high turnover in the past but at the moment it seems pretty stable." Another said, "The staff changes are expected but its ok. Loved one needs are met and they get on with all the staff." Staff however told us that they were not enough to effectively meet the needs of people. One support staff told us, "We are always short on duty especially weekends. It happens at least two weekends in four. We manage to do what we need to do but it is hard." Another support staff said, "Sometimes there is not enough staff. We are able to manage but we struggle." A third support staff told us, "I think the organisation can improve on staffing levels. We manage but sometimes it's hard when we are taking people out on activities. The sleep-in is not really sleep-ins because there is so much to do, we are so busy."

We raised this concern with the service manager and they explained that how staffing level was determined based on the needs of individuals. Each service had a basic support packaged agreed by the commissioning authority and if a person required additional support, this request is made to the commissioning authority to commission the support. They mentioned that the process can take time but they were working closely with local authorities to improve this process. The service manager also added that they ensured people were not at risk. They reviewed people's needs regularly, if required they would increase the support a person needed to keep them safe while waiting for the commissioners to agree the funding. They assured us that they will continue to improve on this to ensure people's needs were met in a safe way.

The service had measures in place to ensure people were supported by staff who were fit and safe to support them. Recruitment records showed that before staff started working with people they underwent robust checks which included vetting by the Disclosure and Barring Service (DBS) for a criminal check. Satisfactory references were obtained, applicant's employment histories were explored for any unexplained gaps. Right to work in the UK and proof of address were also confirmed. This vetting process enabled the provider to make safer recruitment decisions in order to protect people.

People received their medicines as required. One person told us, "No problems; I have never missed my medications." Another person said, "I always have my tablets on time." Care plans indicated what support people needed with managing their medicines. Some people self-administered and managed their medicines themselves after assessment had been completed. Staff were trained in safe management of medicines and their competency in managing medicines was assessed. Staff understood the provider's procedure which included storage, administration, recording and disposal. We checked the Medicine Administration Records (MAR) records for eight people and found that they were completed fully without gaps.

Staff maintained a record of incidents and accidents. These were reviewed by the individual supported living managers immediately and by the service managers during their quality monitoring visits. Actions were agreed and lessons from incidents were discussed with staff. For example, one person's risk assessment was updated following an incident relating to their behaviour. Staff members working with the person were provided training and support on how to manage the person's behaviour appropriately.

Staff knew measures to follow to prevent and reduce the risk of infection and cross-contamination. Staff explained that effective hand washing, use of personal protective equipment (PPE) and proper disposal of clinical and bodily wastes were crucial to controlling infection. Staff also told us and training confirmed that they had received training in infection control.

Good

Is the service effective?

Our findings

People's needs were assessed and their care and support planned in a fashion that achieved positive outcomes for them. Needs assessment covered what support people required in maintaining their physical health, keeping safe, managing tenancy, budgeting, assessing community facilities, personal care and other activities of daily living. Support plans were developed with people and their relatives where necessary and how people's needs would be met. Support plans we reviewed were informative and detailed. Staff told us that they had information to enable them support people appropriately. Daily notes showed staff provided people with the support they needed to manage and maintain their personal hygiene, engage in activities and improve their emotional and physical health. One person received support as required to maintain a healthy weight range. Staff supported them to keep active and choose healthy food choices.

Staff received training, support and supervision to be effective in their roles. Staff told us and training record confirmed that staff had completed training in a range of areas including learning disability awareness, autism, Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), safeguarding, challenging behaviour, communication, medicine management and infection control. Staff demonstrated they had knowledge and skills to support people from our discussion. One staff member told us, "I have done medication training, health and safety, first aid, epilepsy, learning disability and keeping safe training. They help me understand how to support people with learning disabilities. Another staff member told us, "I feel confident in the job. I have done many trainings. I do online too to update myself."

We found that all new staff completed a period of induction when they first started working with the service. The induction covered core standards of care in line with the National Care Certificate. Staff also had opportunity to shadow an experienced member of staff on the job to build their confidence and gain practical experience.

Staff received regular support and supervision in their roles. Staff told us they felt supported. One member of staff told us, "I feel supported. I get supervision and I discuss anything bothering me like staffing and training." Another member of staff said, "I get monthly supervision – it is useful to me. It gives me opportunity to open up my heart and discuss any matter bothering me. My manager listens and helps me do better in the job." Record of supervision meetings showed that they were used to address performance issues and discuss key policies and procedures such as safeguarding. Records also showed that annual appraisals took place and this was used to review performance, set goals and identify training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an

application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.
Staff knew to assume people's capacity to make their own decisions in line with legislation unless there was an assessment to show otherwise. Staff had received training in Mental Capacity Act (MCA) 2005 and they knew how to obtain consent from people before undertaking any task or activities with them. The registered manager, service managers and scheme managers understood their responsibilities to ensure they obtained people's consent. They also knew to involve people's relatives and other professionals if there was doubt about a person's capacity to make decisions so best interests meetings could be held and an application made to the court of protection where necessary. People had appointeeships in place to manage their finances, tenancies or care and support. This was implemented after a mental capacity assessment was carried out.

People's care records showed the support people needed from staff to be able to make decisions. For example, one person's record stated staff should give them reassurance and explore available options with them. We saw that relatives were involved in making decisions where required and where necessary relevant professionals too.

People received support they required in meeting their food and hydration needs. One person said, "My support worker helps me cook hot meals. I can use the microwave and toaster. I can prepare light meals and sandwiches." Another person told us, "I have what I want, I like sausages, and [staff] make them how I want." Care records stated what support people needed with food preparation, eating and drinking. For example, one person's care plan stated, "I am unable to prepare my food. Staff to help me cook hot meals three times a week and freeze them with instructions on how to heat them when I want." Where people required support with shopping, and preparing hot meals, they were supported by staff with this. Food people liked and their allergies to specific food were noted in their care plans so staff knew how to support them appropriately.

People were supported to ensure their needs continued to be met appropriately when they use other services. Each person had a section in their care record which gave information about the person's medical history, care and support needs, communication requirements, allergies, next of kin and GP details. People also had hospital passport which they took along when to go to the hospital. The staff liaised with other services when people go to use them. For example, staff regularly liaised with a college where a person attended to ensure the person got the right level of support with their educational needs.

People received support from staff where required to access healthcare services they needed to maintain their health. Records showed staff accompanied people to attend health and medical appointments at the hospital and with their GPs. We also noted that staff supported people to attend meetings with their psychologists, community psychiatrist nurse and social workers.

Good

Is the service caring?

Our findings

Staff cared for people in a kind and compassionate manner. One person told us, "[Staff] are nice and kind to me." Another person said, "[Staff] are fine with me. They treat me well." A third person told us, "Staff are nice to talk to. They make us feel happy and jolly." One relative said, "I am very satisfied with the staff. They are very caring people." Another relative added, "[Staff] are kind, friendly and approachable."

People told us staff were interested in them. One person said, "[Staff] chat with me and ask how I am feeling." Another person told us, "[Staff] ask how I'm getting on, if I got a good night's sleep. They are kind people." Care records included personal information about people such as their preferred names, likes, dislikes, background, and histories. This enabled staff understand the people they supported and what influenced the choices and decisions they made.

Care records detailed people's emotional needs and staff were to support them manage these and reduce their anxiety. One person's support plan emphasised the need to inform them and plan their day in advance as they get anxious and panicky. Their support plan reads, "Staff to try and understand my anxiety and behaviour due to my autism. Staff to ensure they make a plan with me of any activities or appointment a day before and keep me updated of changes." Another person's support plan stated, "I can sometimes hallucinate. Call my attention when I am talking to myself. Do not confront my hallucination or delusion in an aggressive manner. Encourage me to focus on things around me. Show empathy and respect. It means a lot to me." Staff we spoke with showed understanding of people's behaviours. One staff said, "People don't always have control of what they are doing so we [staff] have to be patient, understanding and sympathetic to them."

People and their relatives where required, were involved in decisions about their care and staff supported them to express their views. One relative said, "Generally they [staff] are quite good. They are very communicative with me always me posted and let me know if there's any problem." Another relative told us, "[Staff] are very good at letting me know if there are any problems." Care records showed that people and their relatives had input in their care planning and their views were taken into account. People choose what they wanted to do day-to-day and their choices were respected. Care records emphasized the importance of involving people in their care and how staff were to successfully do this. One person's support plan stated, "Staff, encourage me express my views by discussing matters with me and give me enough time to think about it. Encouraging me to be involved will boost my confidence." Another person's read, "I will like to be involved. Sometimes I can be confused. Use simple terms and be patient with me."

People had allocated keyworkers who supported them in expressing their views at meetings if a person wished. A keyworker is a member of staff who was responsible for ensuring their well-being, and progress. We saw reports of meetings were staff had attended with people to support them represent their views. The service had access to independent advocates to support people if required. We also saw reports were advocated had represented people's views. Staff knew how to communicate with people using their preferred method. People's care records detailed people's communication needs and appropriate methods to pass information to them. One persons' support plan stated, "I express my wants and needs by vocalising

and making gestures." Another person's specified, "I communicate using body language, Makaton, signs and gestures." A third person's plan indicated, "Speak to me in a calm and soft voice. Please never raise your voice at me as I can take it personally." Staff told us they had done some training in Makaton and were able to communicate with people who used this form. Makaton is the use of signs and symbols to help people to communicate. This meant people were able to express their needs and staff understood them.

People told us staff protected their privacy and respected their dignity. One person told us, "[Staff] let us have our privacy. If family or someone rings they let us have the phone and go out of the room. Also, they knock before they come into my room." Another person's said, "[Staff] knock first before coming into the room." Training record confirmed staff had completed dignity training and when we spoke with staff they demonstrated they understood why this was important. One support worker told us, "Always knock the door before entering. Give them choice of what to eat, wear. Close the door when person is in the toilet. Speak to them respectfully and politely."

Good

Is the service responsive?

Our findings

People's care and support was personalised and delivered to meet their individual needs. People had an individualised support plan in place which gave a picture of each person's background, histories, family, social networks, preferences, personalities, likes, dislikes, their goals, routines and what was important to them. Staff were provided information to enable them support people appropriately with their needs and conditions. Care records stated various behaviours people might present due to their autism or mental health condition how staff were to support them appropriately. For example, one person did not like to be asked about their family as it causes mood change. Another person was particular about the way they wanted things done for them. They also liked to have events and activities planned with them. Staff understood people's requirements and promoted them.

People's care plans, activities plans, hospital passports, and complaints procedure were available in pictorial, widgets and easy read formats they were accessible and understandable to people.

People were supported to develop skills of daily living and remain independent. Care records stated what people were able to do for themselves. One person's care plan read, "I am able to attend to my personal care unsupported. I would like staff to support and reassure me with dressing up appropriately." Another person's stated, "I can do my own food shopping. I need to be prompted to attend to my personal care." People lived in their own accommodation and were supported by staff to maintain their tenancy, develop skills of daily living skills such as budget, cooking, housekeeping and personal care so they can continue to live with minimal support in their own accommodation.

People participated in activities they enjoyed and to occupy themselves. One person said, "I go out on my own to the betting shop or for long walks. Yes there's enough to do. No, I don't get bored. I went to the cinema, I like action films, and it was good." Another person told us, "They ask me where I want to go. We go to the cinema, to Oxford Street, Piccadilly. I've been to Bluewater; I'm going to a party on Friday. One relative said, "There is enough to do. [Loved one] goes to the day centre four days a week and college on a Friday. They go to the Mencap Club as well and shopping." Another relative said, "[Loved one] goes to the Day Centre four days a week; we visit him there as it's just up the road. They take him out for lunch and he chooses what he wants to eat. There are TV evenings. They took a group to Cornwall for the holidays this year and they are going to Spain next year." People had their hobbies and interests listed in their care records so staff used these to plan activities with them. People confirmed that they chose what they wanted to do and staff complied with the choices they made. This meant the activities people engaged in were person centred and meaningful.

People were supported to maintain relationships that mattered to them. People told us they were supported to visit their friends and relatives as they wished. One person told us, "We can have visitors whenever we want." One relative said, "You can visit whenever you want, but I usually ring and let them know." Another relative told us, "I don't visit much now but staff are always helpful when I ring."
Care records detailed relationships people wanted to maintain and support they needed to do this. One person's care record stated, "I would like to maintain my relationship with my sister, mum and nephew. Staff

to continue to support me to maintain regular contact via phone calls, weekly family visits." Another person's record indicated, "I like to visit my mother weekly."

People's needs around their religion, disability, sexuality and relationships were assessed and a plan put in place to support with this. Care records provided guidance for staff to follow to support people when required. One person had indicated that they would like to find a love relationship. Staff provided information and advice in relation to this including being aware of consent and personal safety.

People and their relatives understood the provider's complaints process. One person said, "No complaints but they told me if I had a problem to go and speak to [key worker] and talk to them. If they can't sort it out, I've got to talk to [manager]. Another person told us, "If I had a complaint I would go to one of the staff." A relative told us, "If there are problems I deal with them there and then. For example my loved one's blinds were not working and it was dark all the time. They eventually fixed them." There was a complaint procedure available to people and their relatives. The complaints procedure had a three stage process including how to escalate it to external organisation. Complaints received were acknowledged, investigated and responded to. Record showed that the complainant was satisfied with the response. Following the outcome of a complaint, the provider instigated their disciplinary procedure against a member of staff. In another instance, the complaint was addressed using the safeguarding procedure.

Good

Is the service well-led?

Our findings

There was a Registered Manager in post. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. They registered manager was aware of their CQC registration requirements including submitting notifications of significant incidents and the complied with these.

People and their relatives told us the service was well managed and provided they received the support they needed. One person said, "I am happy and contented with the home…I'm getting there now, going to college to learn to read and write." Another person told us, "It's a nice house, we have nice people. It's very nice; I don't want to move from here." One relative commented. "I'm very happy with everything." Another said, "I am very satisfied. I'm happy, I would recommend."

The provider had a clear leadership and management structure in place so staff got the support and direction they needed to do their jobs. The registered manager was responsible for the service's compliance with regulations and standards. They were supported by the two service managers and the managers of the supported living accommodations who led day to day operations of the service. The supported living managers told us they received the direction and support they needed from the service managers. One said, "The job can be challenging but I am well supported by my manager. I feel listened to and can discuss any concerns I have about clients and staff and they support me. For example, we had problems with staffing levels once, I discussed it with my manager and they looked at it. It is better now." Another manager told us, "I would say I feel well supported. I speak to the service managers on phone anytime. They also visit regularly too and guide us." The registered manager and service managers told us they felt supported by their manager who was the responsible person, even though they were based abroad at the time we visited. They told us they had regular contacts via phone calls, emails and online meetings with them to discuss issues and agree actions. They confirmed this arrangement was working currently. We will be monitoring this and review it at our next inspection.

Care and support staff also told us that they had the support, direction and leadership they needed from their managers to do their jobs. They told us their managers were available and they were able go to them for support as needed and they felt listened to. Each supported scheme held meetings with staff monthly to discuss issues about people, and service; and how to resolve them. They used these to listen to staff, provide support, share good practice, and provide updates and to share learning and experience. Minutes of a team meeting we reviewed showed staff were reminded on the need let people lead on conversations and how to achieve that. Staff meetings and supervision sessions were used to improve staff practices. Standard topics discussed included dignity in care, health and safety and safeguarding.

The provider had a range of systems to monitor and assess the quality of the service provided. Quality audits were conducted at various levels. Supported living scheme managers checked the health and safety of the service, infection control practices, and care provided to people on day to day basis. They took actions to

improve on issues identified. The service managers do a spot check visit fortnightly to each supported living service. The reviewed the management of medicines, health and safety, staffing levels, care documentation, financial records, incident and accident and care provided to people. They gave feedback and made recommendations to the supported living managers on areas which required improvement. The registered manager who was also in charge of regulatory and quality compliance for the organisation conducted monthly quality visits to drive service improvement. They reviewed the service as a whole looking at care delivery, documentation, staff training, management of risk, record keeping and other systems and processes related to the operations of the service. They developed their quality monitoring tools to assess how safe, effective, caring, responsive and well-managed their services were. Following the visits a report is developed and actions required including timescales for their completion which was then cascaded to service managers and supported living managers for implementation.

We reviewed the monitoring reports for each supported living unit for three months period. In one report it was identified that staff did not always ensure medication cupboards were kept secure. The service manager actioned this by reminding staff of their medicine management procedures. They also reviewed this during their quality visit to check compliance. In another service the need to improve staff knowledge, commitment and care practice was identified. As a result, the values of care such as dignity in care, promoting independence and safeguarding were included as standard topics for discussion in team meetings.

The registered provider held monthly managers meetings involving all managers at various levels and from all their services. They used these meetings to support each other, share experiences; discuss quality matters and other matters pertaining to the operation of the organisation and delivery of care to people. They also reviewed and discussed actions and lessons to be learned from incidents and complaints.

The service had a business continuity plan in place which ensures that service continue to operate during a time of emergency or disaster.

The service worked closely with a wide range of organisations to improve and develop the service. They regularly worked closely with local authorities commissioning and contracts teams to develop the service they provided to people to ensure it achieves positive outcomes. We saw an action plan put in place by service commissioners following issues identified. The registered manager and service managers were in the process of completing the actions. They met with the commissioners on a regular basis to update and review progress. The service liaised with benefit agencies, housing teams, local charities and colleges to meet people's needs. One person had been supported to gain voluntary job as a result in a local charity organisation.