

Royal Mencap Society

# Mencap - West Suffolk Domiciliary Care Agency

## Inspection report

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09 April 2018

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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 gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This was the first inspection of the service at this location.

The inspection took place 28 March, 4 April and 9 April 2018 and was announced. The service supports people with a learning disability and is a domiciliary care agency. It provides personal care to people living in their own homes flats and supported living services in the community.

On the first day of our visit fifty-two people were supported by the service.

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."

A registered manager was in place and was based at the service central office. They visited people and staff regularly and did provide support themselves on planned occasions. 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 registered manager was innovative and passionate about providing good quality support to the people using the service. They were aware in order to achieve this they needed to provide staff with on-going training and support. They also needed to ensure there was a quality loop which gathered information from all people involved with the service. This information was then analysed and used to plan and make improvements to the service.

The senior staff listened to the views of people using the service also other professionals to ensure they followed current best practice. This determined high standards of support were consistently provided and maintained for people.

The service encouraged people to provide feedback on how things were managed and to share their experiences of the service. People were very positive about the support they received from staff who knew them well.

The senior team under the direction of the registered manager utilised a range of management tools to deliver person-centred care. They showed that to provide support they valued the staff and promoted their learning, development and well-being. There was an open culture at the service where staff felt supported

and able to make suggestions for improvements. We found that the staff were motivated to work with and provide personalised support to people at the service.

People looked at ease with staff and told us that the staff were kind. People using the service were able to talk with us about their experiences of the service which were positive.

Each person had a support plan and a risk assessment which identified actions which should be taken to minimise the risk. There was a robust recruitment process and staff received an Induction, supervision and on-going training. Medicines were safely stored and administered as prescribed.

Staff were knowledgeable about the signs of abuse, and the actions that they would take should they have any concerns.

People are 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.

Support plans were in place for each person. The information provided staff with the information they needed to support people. People's preferences and choices had been identified in their support plan. People choose the food and drinks they consumed.

There was a complaints policy and procedure in place. Relatives informed us they were confident any complaint would be listened to and investigated. All people were supported by staff to pursue activities and interests of their choice.

The service staff provided a positive culture of support to the people using 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.

People were protected as far as reasonably possible by staff who had received training to recognise abuse and how to report the matter.

There were sufficient numbers of staff to meet people's needs and keep them as safe as possible.

There were appropriate systems in place for handling and administering medicines.

There were robust recruitment practices in place to help ensure only suitable staff were employed.

### Is the service effective?

Good ●

The service was effective.

People were supported by motivated staff. The induction for new staff was robust and all staff received regular and effective supervision and support.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and best interest meetings.

People were supported to maintain good health and an appropriate diet for their needs.

The service worked with other professionals as required to support people to meet their needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect by staff who were kind and compassionate.

The service had a confidentiality policy and staff received training to help them provide dignified care.

### **Is the service responsive?**

The service was responsive.

Staff knew people well because they were organised to work with a small number of people using the service.

Any issues, complaints or ideas for improvement were listened to and addressed promptly.

The service had supported people to re-engage with their local community

**Good** ●

### **Is the service well-led?**

The service was well led.

The manager set the example of how the service was to perform and was approachable to people using the service and staff.

The service had clear values which were put into practice by organised and caring staff.

There were effective systems in place to assess and monitor the quality of the service.

The service had built links within the local community.

**Good** ●

# Mencap - West Suffolk Domiciliary Care Agency

## **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 between 28 March, 4 April and 9 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection was carried out by one inspector.

Prior to our inspection, we reviewed information we held about the service. Including the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Some people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures. We also observed interactions between staff and individuals in communal areas. We spoke with seven people using the service, two relatives, two professionals, five members of staff plus the registered manager.

We reviewed five support plans, five medication administration records, three recruitment files, and other records about the safety and quality monitoring of the service.

## Is the service safe?

### Our findings

When we visited the service office, we were asked to sign the visitor's book and our identity was checked. People told us they felt safe using the service. One person told us, "I know all of the staff, they come everyday to help, so we all know each other." Another person told us, "The staff always look at my support plan when they come in and ask me how I am?" A relative told us, "I have no concerns about safety, I visit regularly and see the same staff." A member of staff told us, "It is very important to know the people we support and in particular the risk assessments and ensure they are regularly updated."

We saw from the information in the support plans that the staff had discussed with people and their relatives how to reduce risks of injury to the people they supported. The risk assessments gave detailed guidance and were linked to support plans. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm. One person told us, "This is my home and the staff help me to keep it safe."

Staff had received training about safeguarding people from harm or actual abuse and staff training records confirmed this. A member of staff told us about the types of abuse which had been covered in the training. They told us, "Training is every year and we talk about the types of abuse and how we should report such matters should they happen." Other members of staff, we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse.

The registered manager had a log for recording safeguarding incidents. The log also related to the organisation's policy and procedure for safeguarding people and included a section of how to learn from events and actions taken to be completed.

There were safe staff recruitment and selection processes in operation. Each person that applied for a position with the organisation was required to complete an application form and attend an interview. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. A member of staff told us, "The interview was full of questions all about how I would support people in various situations." When we visited the service a candidate for a position had also visited the service to meet the people they would support and also potential work colleagues to help them decide if they wanted to apply for a position. The registered manager informed us that they encouraged potential new staff to visit people and the service to gain a further understanding of what would be required of them.

People who used the service and their relatives said there were sufficient staff to meet people's needs. One person told us, "There are always enough staff and they are kind and helpful." A senior member of staff explained to us how they comprised a rota for staff and the people using the service would also be aware in advance of who was supporting them. A member of staff told us, "I provide a lot of one to one support and I have really enjoyed seeing how the quality of life for the person has improved." They also explained to us that they had enough time to support the person and they discussed their support plan with them regularly.

to ensure they were content with the support. We spoke with the person and they informed us that they thought the staff knew them well and supported them in just the way they wished.

Staff had been trained to support people by administering prescribed medicines. Support plans had been completed so that they contained detailed information about the medicines, what they were for and any possible side-effects. One person told us, "The staff never miss and give me my tablets everyday."

We saw that medication administration records, referred to as MAR charts were in place. A member of staff told us how they supported a person with their medicines. The registered manager emphasised the importance of the same group of staff supporting the same people regularly and hence were aware of any changes in people's condition and physical well-being.

The service had a policy and procedure for the administration of medicines and had a clear recording system. The staff we spoke with were clear about the difference between administering medicines and how this was recorded and also prompting people to take their medicines and again the recording process. Staff also informed us that if they had any concerns at all they would seek support from senior colleagues.

Staff informed us about the medicines training and what peoples medicines had been prescribed for. We saw that audits of the medicines were carried out every day to identify if there were any errors and to take corrective actions. Staff supported one person to administer their own medicines. They told us, "The staff are very helpful."

There was a policy and procedure in place for infection control and staff had received training about the importance of this subject. Staff had access to protective equipment, such as disposable gloves and aprons when required. Relatives informed us that when visiting everywhere was clean. Staff told us that part of their role was to maintain a safe environment for people and this included cleaning and reporting information to the registered manager regarding repairs.

The registered manager informed us how the service staff learnt lessons to improve and develop the service. They explained the content of the action plan that had been written as a result of the customer feedback survey that is undertaken every year. They also explained that all incidents, accidents and near misses were recorded and then analysed by the registered manager and senior staff to implement any necessary changes and improvements. This included identifying triggers such as bright light and noise which upset people and caused people to react in a negative way. Action had been taken to reduce these stimulations quickly if people showed the recognised signs of becoming upset.



## Is the service effective?

### Our findings

The staff were supported to provide the assessed care to people as they had received various training and were supervised in their role by senior staff. Supervision was made up of planned supervision sessions as well as senior staff carrying out spot checks unannounced on the staff they supported. A senior member of staff told us the purpose of the spot checks was to see that the support plan was up to date and discuss any issues at the time with the member of staff.

This was also an opportunity to meet with the person using the service to see how they were and if they were happy with the service. A member of staff told us, "I feel the support is good, as there are planned supervision sessions, spot checks but you can also call for support at anytime." Another member of staff told us, "Spot checks are also carried out at night which I think is a good thing."

The registered manager provided a yearly appraisal meeting with senior staff to discuss progress and set agreed goals for the management staff. In turn, the senior staff had appraisal meetings with the staff they directly managed. The registered manager explained how the supervision was planned from their own supervision sessions with their manager and these took into account the philosophy and plans of the organisation.

There was an induction programme for new staff to complete designed to prepare them to be able to support the people using the service. A member of staff told us, "The induction training was really comprehensive and you really felt prepared for the job." Another member of staff informed us that the training was on going and you could discuss any matters in supervision.

The training schedule and records we looked at showed staff were up to date with their training. Further training for the year ahead had been identified and booked in advance so that the staff were aware and completing the training meant that staff's practice remained up to date. Managers sought feedback from the staff for the training that was delivered to gauge if it had been effective. We saw that different trainers had been used as a result of this feedback.

People who used the service told us they received appropriate support to manage their health needs. We saw in the support plan that time had been taken to record the person's abilities and any issue with which they required assistance. The support plans were written in a person centred way and focussed upon the positives of what the person did for themselves.

We saw that risks to people who used the service had been reviewed both as a matter of regular routine and also as required in response to any unforeseen events. The risk assessments had been written to minimise the risk of harm to people who used the service. An example being supporting a person living with a long standing health need. The support plan was designed to support them to have as much control as possible to meet their need.

Plans were in place for staff to support the person to attend future medical meetings with doctors. We saw

that staff had consistently attended meetings with the person in the past. Hence the risk to the person's well-being were reduced from attending clinical appointments designed to support the person to manage the condition.

Supporting people with their nutrition and fluid intake was also a role for the staff when identified as the person requiring help and support. Some people required little support while others required staff to assist them with each meal. A person told us, "They come everyday including weekends as it is in my support plan to help me prepare a meal." They told us how they had just prepared their tea-time meal and what they were considering having for the next few days with reference to the food in the fridge and stock cupboard.

The staff we spoke with informed us that part of the role was to monitor peoples overall well-being and this included noting if they lost their appetite, losing weight or were throwing food away. The action should this happen would be to discuss with the person, relatives and also the manager in the first instance.

We saw in the support plans that as part of the assessment the service identified how people were supported to maintain good health. This included recording information about the GP and dentist appointments. Information was recorded about how people accessed those services and if and when staff would be required to support them to attend appointments. A person told us, "No problems as soon as you attend one appointment, they make another for you and as soon as we get back the staff record this."

The support plans included information about people's past medical history and current health needs. As part of the review process people informed us that they were asked about their health and well-being and then having taken account of that information. Any changes were agreed and recorded. The staff worked with the person their families, GP's and Consultant Doctors to arrange medicine reviews and health checks.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was aware of their responsibilities regarding MCA. Information recorded showed that best interest decisions had been made after discussion with families and other professionals to determine what was in the person's best interest.

## Is the service caring?

### Our findings

One person told us. "The service staff are friendly and caring." Another person said. "They do take the time to listen and they make me laugh." We saw positive interaction between people who used the service and staff when we visited people. A person told us. "The staff are polite and kind."

The staff we spoke with were content and said they enjoyed working with people. One member of staff told us. "I like this job because you can make a difference to help people stay in their own home which is their choice. It is down to us to provide the care and support that they need." They explained how they ensured people's privacy and dignity were respected, such as closing doors and curtains appropriately. Another member of staff told us. "You are working in someone's home and treat the person and their home with respect."

A member of staff upon entering the person's home introduced the inspector and asked the person how they were? They informed us they would check the care plan to see if there had been any changes and would then follow the care plan to know what they were required to do. We saw that time had been taken to write the care plan in a positive person centred way. A person told us. "They took time to write down how I wanted things done, so you could say the staff are respectful of my choices." The staff we spoke with demonstrated a good knowledge of the care needs of the people they supported and knew them well.

People who used the service and their relatives said they had been involved in developing and reviewing care plans and said they felt fully involved in this process. Everyone we spoke with told us that they had their own care plan. One person said, about their care plan. "I am impressed with the way they keep it neat and tidy, everything has its place." This showed another way in which the staff respected people. A member of staff told us. "I do not think you can care if you do not have time, with this service you have time to travel between appointments and time to read and write in the care plan."

The staff informed us that they encouraged people to make choices for themselves regarding what they wanted to do and what they wanted to eat and drink. There was information in people's support plans about preferences and choices. One person informed us they had arranged their room as they wished and staff were supporting them to pursue their choices of personal items they wanted to purchase.

Relatives informed us that the service respected privacy and when visiting they were invited into the office when they wanted to talk with staff. One relative told us, "We are always made welcome to visit and the staff support us with arrangements of when [my relative] will come to visit us."

The people we spoke with that used the service said they made decisions about the care they received. Staff were familiar with people and respected their choices. For example, we noted that one person preferred a type of hot drink which was recorded in their care plan, while another person decided what time they would like their drink. The care plan had been written accordingly. We were aware that staff had stayed with people for longer than the allocated time when the situation such as illness required them to provide care. The service staff arranged for the next appointment to be covered so that the staff could stay with the person

until the situation was resolved.

## Is the service responsive?

### Our findings

Each person has an assessment and a support plan written with them in response to each identified need. People's choice of how to meet the needs had been discussed and recorded in the support plan. We saw in the support plan time had been allocated to support people with their basic needs. Then the plan had been written to identify choices of how the person wished to spend each day with options available should they change their mind and for planning activities on the day. This particularly applied to weekends as many people had established things to do on weekdays.

Support plans were individual to each person and were written in a person centred style. People's hopes and aspirations were listed and ways to meet them were explored. Plans on how that could be done were made and outcomes were evaluated at regular intervals. One person was supported to improve their general health and fitness by losing weight and engaging in exercise. One care plan reminded staff, "Don't take over, I don't like bossy people."

Support plans had been reviewed with the people involved and their family members if they wanted them to attend the meeting. During the initial assessment information from a variety of sources was sought, such as social workers, health professionals, family members and friends as well as the individual involved. This led to as full a picture as possible being pulled together of the person being supported, meaning that their needs would be properly identified.

Different formats were used in writing the care plans to enable the person to access their information easily. They were written in an easy to read way using plain English, some had pictures to support what was written. A person informed us that they enjoyed days out and went shopping with the staff .

The staff team had a passion for seeing people grow and develop. The service supported people living on their own in the community and also people sharing communal areas in accommodation, where they had their own flat or room. We saw for each person there was an overall programme of activities, which ran seven days a week including evenings. In addition, each person had a personalised activity plan which included a mix of vocational, social and daily living activities, which had been developed with them.

People told us that they had not needed to complain, but that they were confident that if they did have any reason to make one, it would be handled quickly and dealt with properly. One person said, "I have no complaints; they are good people and treat me well."

The service had a policy for the recording of and responding to complaints. Complaints were recorded and reviewed by the registered manager to ensure they were dealt with in a timely manner, effectively and they were checked for emerging patterns. A large number of compliments had been received and had been recorded as well as displayed appropriately at the service setting.

The registered manager explained to us that spot checks and senior staff regularly visiting people was extremely important. This was because some people using the service would not be able to verbally

complain and other people would struggle to have the assertiveness skills or would not wish to make a fuss and complain. Hence the importance of getting to know people and visit them regularly to note any changes which maybe of concern and to encourage people to complain by building trusting relationships. The registered manager also considered that by regularly visiting people and supporting staff many issues could be addressed and resolved before they developed into a complaint.

At the time of the inspection visit no person was receiving support with end of life care and support. The registered manager explained to us that they were working with staff to ensure that this issue was tactfully discussed with the person at the time of their review or when the matter arose. They further explained the sensitivity that was required to discuss and plan this with some people need delicate handling to reduce the possible upset as much as possible.

## Is the service well-led?

### Our findings

The people and their relatives we spoke with, the staff and other professionals informed us the service was consistently well-led. People were highly complementary about how the service was run and managed to meet their needs. One person told us, "I am very happy having this service support me because the staff are kind and know what they are doing." Another person told us, "The management are excellent at organising and getting things done."

When we spoke with people using the service they told us that they knew all of the staff supporting them and they knew the managers and registered manager. One person told us, "The managers come around regularly to see us." A relative informed us the managers were confident, caring and professional at all times.

We found the registered manager had led the staff to develop the service so that people were offered and provided with consistent high quality levels of support. The service values focussed upon people who used the service and ensured they were at the centre of how the service had been developed and was delivered. Systems used took into account people's choices and views and ensured the standards were maintained.

The registered manager explained to us how they had senior staff reporting to them and managing parts of the service for which they were responsible. In turn other staff reported to them and all staff were supported through training, supervision and a yearly appraisal. One member of staff told us, "The training is very good when you join and then yearly refresher courses." They further explained an assessment of need is carried out on any perspective person wishing to use the service and if we need further training to support them, then this is arranged.

Another member of staff informed us that the staff worked well together and they considered the reasons for this was that all staff had good training and all staff including managers knew people well and got involved in the provision of direct support. They told us, "All people including managers roll their sleeves up and get involved." During our home visits we were accompanied by the registered manager and it was clear from people's responses and interactions they were well known and people enjoyed their company.

Members of staff we spoke with described the management as approachable and highly supportive. One member of staff told us, "Our role can be demanding at times but you never feel that you are alone. A senior member of staff is always there on the phone to support you." A senior member of staff explained that the service had an on-call operation throughout the day and night. Hence if the line manager was not available the member of staff would be able to call upon a senior member of staff. Staff members also considered the on-call system was effective because many of the senior staff were experienced and some had been promoted through the organisation. This meant that they knew many of the people using the service very well.

The service staff had developed a positive culture. The values were person-centred and involved people in determining their care. All of the people we spoke with informed us that the staff were understanding and supportive of them. One member of staff told us, "The manager is very supportive and appreciate us."

Another member of staff told us, "I enjoy working here because we have time to be with the people and all the paperwork we do has a meaning and helps to maintain standards."

The service had a mission statement with kindness to people using the service and staff as an ethos. Members of staff explained that they felt very well supported through the training and also company policies and procedures had been written with regard to the wellness of the staff. We saw throughout our inspection organisation values displayed in order that new staff became aware of these in their induction and as reminders to staff at team meetings.

The staff we spoke with understood their various roles and responsibilities. They felt motivated and well supported by their respective line managers. Staff informed us that the registered manager respected their opinions and led by example. They told us, "They are always polite and understanding but will not leave a stone unturned and expects everyone to provide good care." The registered manager informed us that the key to supporting staff was good communication systems which were two way. This meant as well as managers clearly setting objectives the staff could respond and make suggestions.

We spoke with senior managers of the service and they told us they were responsible for arranging the support with the person as per their personal preferences and needs. They also explained how they attended reviews with the person which were planned in advance or were arranged quickly in response to an event. They also explained how they spent time arranging rotas so that people were supported by the same staff whenever possible. New members of staff were always introduced to the person before they began to work with them to see that they could develop a rapport and support. The senior manager also explained to us that they arranged staff support including spot checks.

There were systems in place for the monitoring of the quality of the service provision. This included management visits to check upon the records and to speak with the people using the service to determine they were satisfied and to discuss and resolve problems. We saw that when issues were identified during spot checks or managements visits actions was taken to identify and resolve the matter. Any issues were dealt with transparently and people using the service and staff were kept informed of managers actions. They sought the advice and support of other professionals to help them to support the people using the service which was of paramount importance.

The service had a staff handbook in place along with activity and workbooks. These contained detailed information in areas such as policies and procedures, training, MCA and DoLS, personal care, moving and positioning, medication and risk assessments. Staff were also provided with other reading materials about health and safety and driving. Staff informed us these were useful reference documents they could consult should they ever feel unsure about anything when out working in the community.

The service demonstrated a clear commitment to work in a joined up way with other organisations for the benefit of the people using the service. Time had been taken to ensure if ever people were admitted to hospital or had an appointment with a professional appropriate written information was available for that professional. The service sought peoples, relatives and other professionals views about the service in order that information could be learned and shared throughout the organisation to improve the service. We saw that one professional had considered the service was effective and proactive at supporting a person with complex needs.

We saw that surveys had been carried out with people and their relatives and comments were positive about the well running of and the effectiveness of the service. The registered manager explained to us how the surveys provide feedback to them and how this was used to review and improve the service. For example,



the service staff had worked with people and their families to ensure that if the person was entitled to a car to support them then the staff worked with them and other professionals to ensure a car was obtained. One person informed us how delighted they were with their car, the story of how it had been sourced and the difference it was making to the quality of their life. This meant that instead of people's activities being comprised by having to share transport they had their own transport and were supported by the staff to pursue their interests.

The managers of the service valued the staff and despite the difficulties of arranging staff meetings with staff working in many different areas this was attempted. Smaller staff meetings were held in local areas to enable staff to attend and the service used newsletters, e-mails and texts to keep staff informed of events. A member of staff informed us that the management went the extra mile to support them and told us, "It is very nice and perhaps a little thing but managers say thank you and that does mean a lot."

The registered manager ensured that people and their relatives had many and varied opportunities to meet with them and senior staff at various venues to discuss the service and any personalised support issues. This was an opportunity for the service staff to listen and then use resources to continuously improve the service. We saw that there were a number of governance procedures in place which were all reported to the registered manager. In turn, the registered manager analysed the information and agreed improvement plans with the respective staff of that part of the service. Once this was done they reported upon the issues and actions taken to their manager on a monthly basis. This meant that the governance system was not purely collecting data but the information was used to plan to improve the service.

Performance management processes were effective and led to improvements being made in the service. The performance of staff was regularly observed and monitored through spot checks. Staff were given feedback about their performance in supervision and appraisals in a supportive manner regarding how they could develop their skills. This approach helped to make improvements to the service such as medicine administration records which were reviewed and any necessary improvement actions were introduced across the service.

The registered manager ensured that all people had risk assessments in place with resulting risk plans. This has included careful consideration of supporting people to manage their money while also putting safety measures of auditing in place to protect people from harm and abuse. The staff worked with people to maintain and develop their risk assessments to support them to use community services to develop their interests and hobbies. Staff were asked at supervision and at staff meeting how their practice had an impact upon people to support them achieved their ambitions. One person had been supported to purchase and maintain an indoor fish tank with regard to their interests in fish.

The service worked with other organisations by providing progress reports to the organisations that placed people in the care of the service. A member of staff told us, "The advice and support of other professionals to help us to support the people is of paramount importance." They showed us where information was recorded in the support plan.

All of the staff we spoke with were aware of the owners of the building where people were supported. They had worked with people and on their behalf to inform other services of issues regarding the building fabric and how to make improvements to both the accommodation and the grounds. We saw for example a garden had been developed with the people and volunteers with the owner's permission to be a garden of interest and where people could relax and cook out doors in the summer.