Ormerod Home Trust Limited (The)

The Ormerod Home Trust Limited - 2 Headroomgate Road

Inspection report

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Date of inspection visit:
14 December 2017
18 December 2017
19 December 2017
08 January 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

This inspection visit took place on 18 19 and 28 December 2017 and 08 January 2018 and was announced. We telephoned and spoke with people who receive support, their relatives and staff on 18 19 and 21 December 2017.The registered provider was given 48 hours' notice because the service delivered domiciliary care to people who lived in their own homes. We needed to be sure people in the office and people the service supported would be available to speak to us.

The Ormerod Trust provides support to adults with a learning disability across the Fylde, Blackpool, and Wyre areas of Lancashire. People's support is based on their individual needs and can range from 24 hour care within a supported living environment to a set number of visits each week from the domiciliary 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. For example, we saw the location of people's homes enabled people to have easy access to health and social care services and the option to be a part of their local community.

This service provides personal care and support to people living in 24 'supported living' settings, so they can live in their own home 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.

At the time of our inspection visit there were 76 adults who received support from The Ormerod Trust. They also provide domiciliary care to 42 adults with a learning disability. It provides personal care to people living in their own houses and flat in their local community.

There was a registered manager in place. 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.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with 22 people who received support. They told us they were happy being supported by staff that cared for them and treated them well. One person said, "I am all right with the carers. I am quite happy. It's a very nice house [Supported Living]." A visiting relative said, "This is [relative's] house and she is the priority. I can't believe how lucky we have been. This is the best house for her."

Relatives told us they were made welcome by friendly and caring staff and had unrestricted access to their

relatives when they visited them in their own supported living homes. They told us they were happy with the care provided and had no concerns about their relatives safety.

The registered provider told us they had ongoing recruitment to manage staff retention as several staff had left in recent months. However, people and staff told us they had had sufficient staffing levels to provide support people required. Within the supported living settings we met staff who knew people they supported very well. They were able to share people's care needs and how best to support people. We observed there was an appropriate rapport between people and staff who supported them.

The service had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported concerns to the commission when appropriate.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Medication procedures observed protected people from unsafe management of their medicines. People received their medicines as prescribed and when needed and appropriate records had been completed.

We saw there was an emphasis on promoting dignity, respect and independence for people who received support. People told us staff treated them as individuals and delivered person centred care. People their relatives and care plans seen confirmed the service promoted people's independence and involved them in decision making about their care.

The designs of the supported living homes were appropriate for the care and support provided. The registered provider had liaised with the local authority and housing associations to ensure people's homes were appropriate and safe.

The service had safe infection control procedures and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People had been 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 supported this practice.

Staff knew people they supported and provided a personalised service in a caring and professional manner. Care plans were organised and had identified care and support people required. We found they were informative about care people had received.

People told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were available between meals to ensure people received adequate nutrition and hydration. Staff had information about people's dietary needs and these were being met.

We saw people had access to healthcare professionals and their healthcare needs had been met. A visiting healthcare professional spoke highly about the care provided by the registered manager and her staff. They told us staff listened and worked closely with them ensuring people received good healthcare.

People and their relatives told us they enjoyed a variety of activities. These included attending day services, drama, baking and social evenings. We observed one person was excited about attending a forthcoming pantomime.

People told us staff were caring towards them. Relatives praised the positive caring attitude of staff. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by them. They worked with family members who were court appointed advocates to provide agreed standards of care.

The service had a complaints procedure which was made available to people and their relatives. People and their relatives we spoke with told us they were happy and had no complaints about the care delivered.

The registered provider used a variety of methods to assess and monitor the quality of the service. These included regular audits, questionnaires and relative meetings to seek their views about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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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.

The Ormerod Trust provides support to adults with a learning disability across the Fylde, Blackpool, and Wyre areas of Lancashire. People's support is based on their individual needs and can range from 24 hour care within a supported living environment to a set number of visits each week from the domiciliary service.

This service provides personal care and support to people living in 24 'supported living' settings, so they can live in their own home 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.

They also provide domiciliary care to adults with a learning disability. They provide personal care to people living in their own houses and flats in their local community.

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.

Prior to our inspection visit we contacted the commissioning department at Lancashire County Council and

Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We gave the service 2 days' notice of the inspection site visits. We wanted the registered provider to contact people and their relatives so they could give permission to receive telephone calls. This meant we could gather their views on the service provided.

We visited the office location on 18, 19 and 28 December to see the registered manager and office staff; and to review care records, policies and procedures. We telephoned and spoke with people who received support, their relatives and staff on 18, 19 and 21 December 2017. We visited three supported living houses on 19 December 2017 and met people who lived there. We visited two relatives on 08 January 2018.

The inspection team consisted of an adult social care inspector and four experts-by-experience. We were supported by four experts-by-experience due to the size of 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. The experts-by-experience had a background supporting older people, people with ongoing heath conditions, people with learning disabilities and people living with dementia.

During the visit we spoke with a range of people about the service. They included 22 people who received a service, 24 relatives and a healthcare professional. We also spoke with the registered manager, the chief executive, six members of the management team 19 care staff and two members of the administration team. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of 12 people, staff training matrix and seven medicine records. We looked at staff supervision and recruitment records of 11 staff. We looked at what quality audit tools and data management systems the registered provider had.

We reviewed past and present staff rotas. For people who received supported living support we looked to see if they received their allocated one to one support. Within the domiciliary service we looked at how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received.

Good

Is the service safe?

Our findings

We asked people who received support if they felt safe in the care of staff. Comments received included, "Yes, I am safe. I am very happy." And, "Yes, I feel very safe." A relative said, "They give my [relative] an awful lot of attention to make sure he is safe." A second relative told us, "We have no worries about him being safe and well looked after." A third relative commented, "I think it's the good rapport with the staff that makes my relative feel safe."

The service had procedures in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. Staff we spoke with were aware of the service's whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when delivering their support. These included moving and handling assessments, nutrition support and medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person or a family member. This meant the support provided was appropriate and people's safety was monitored and managed appropriately.

Whilst the Care Quality Commission (CQC) have no regulatory powers or duties to inspect people's own homes; this does not mean the registered provider has no responsibilities in relation to the environments the people who use their service live in. We looked at how The Ormerod Trust delivered care in a safe way. For example, people who used a wheelchair told us their rooms were adapted for their needs, with examples of mirrors, shower rooms and beds adapted to a lower height. One person told us that part of the communal kitchen had been adapted with lower kitchen tops and cupboards. One relative told us, "Everything is in place and has been done properly." This showed the registered provider made sure the care they provided and the wider supporting environment were safe. Care was delivered taking into account the premises and the equipment they used.

At the time of our inspection the registered provider was working with supported living landlords to review and manage the risks related to the safe evacuation of people from their homes. They were looking at environmental risks within each supported living house and discussing solutions with the landlords of the properties. For example, they were making changes in one person's home so they were able to leave their home quickly should an emergency arise. We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care. The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide support people needed.

We looked at how medicines were managed. Medicines had been ordered appropriately, checked on receipt and given as prescribed. We visited three supported living houses and noted medicines were stored and disposed of correctly. Some people we spoke with said they administered medicines themselves. One person told us, "Staff bring my medication and I self-medicate, with help." A second person told us, "Staff help me do my medication; they bring it to me and give me what I need to take. I have had no problems with medication and no mix-ups it goes according to plan." One person whose medicine was administered by care staff confirmed that administration was always recorded on paper. Medicine Administration Records (MAR) we looked at showed no missed signatures. One relative said, "My [relative] is well supported with his medication".

One person had controlled drugs in their home. We checked the controlled drugs records and correct procedures had been followed. The controlled drugs book had no missed signatures and the drug totals were correct. The correct dosage of remaining tablets was accurate to the medication record of two people we checked. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.

We asked about infection prevention. Staff we spoke with told us personal protective equipment such as gloves and aprons were always available when supporting people with their personal care. The three homes we visited were clean, tidy and maintained. One person told us, "We help keep the place clean, Saturday's cleaning day." A second person told us the care staff did all the cleaning and they sometimes helped. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and undertaking cleaning duties.

We looked at how accidents and incidents were being managed within the service. There was a record for accident and incidents to monitor for trends and patterns. The registered provider had oversight of these. Documents we looked at were completed and had information related to lessons learnt from any incidents. This meant the service was monitored and managed to keep people safe and learn from any incidents that may happen.

We looked at how the service was staffed. Within the domiciliary service we reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels. Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One staff member told us, "You can't get a better job than mine. I have a regular run, see the same people and have enough time."

We looked at how the service was staffed within the supported living service. We looked at rotas which indicated people received their assessed one to one hours. People and their relatives told us staffing levels were good. One person when asked told us, "Yes, plenty of staff." One relative said, "Extra staff come when [relative] needs to use the hoist, and they always seem to be able to pull in extra staff if they need to." A second relative commented "They always have enough staff". A third relative said the staffing was, "Ample." This showed the registered provider had sufficient staff to meet people's needs safely.

Good

Is the service effective?

Our findings

People and their families told us they felt staff were well trained and had the right skills and experience. People were positive about their competence and complimentary on how they had built effective working relationships and were familiar with people's support needs. One person told us, "They [care staff] are all right with me. They support me." Another person said, "I am all right with the carers. I am quite happy. It's a very nice house." A third person said, "Yeah, they understand me."

One relative said, "I think they understand [relative's] needs very well. They are very patient with him." Another relative commented, "Yes, they understand [relative] exceptionally well." A third relative said, "The staff are amazing they are really caring, they have good training. Never had any reason to worry about my son being looked after well. I often come to the house at different times, and the standard is always the same."

A number of relatives commented positively about the continuity of staff and said this contributed to good care. For example, one relative said, "Staff don't change a lot and you see the same faces." Another relative said, "People who work in this house stay in this house." However, we spoke with other relatives and staff who expressed concerns over the changes in staff. We spoke with the registered manager who told us they had had several staff leave and they were advertising, recruiting and inducting new staff.

Before providing care and support, staff received an induction from the registered provider. The registered manager told us new staff shadowed experienced staff. Staff we spoke with told us they felt their induction gave them the knowledge and skills to support people effectively. The induction followed the framework of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care'. The feedback from established care staff was the training had positively changed the culture within the service with a focus on safeguarding. This showed the registered provider had a robust induction programme.

We saw the registered manager had a structured framework for staff training. Staff we spoke with and records we viewed showed staff received regular training to ensure they were able to provide effective support to people. One staff member told us, "The training was full on. They said teaching us was important." A second staff member told us, "I have done loads of training it is really useful." We noted one member of the management team was trained to deliver training around behaviours that challenge. They had to attend regular training to be assessed and ensure their knowledge was in line with best practice guidance. A second member of the management team had been trained to be able to instruct staff on the administration of medicines. This showed the registered provider had systems and processes to ensure staff received ongoing evidence based training to deliver effective support.

Before receiving support from The Ormerod Trust a member of the management team completed a full assessment of people's individual needs and produced a plan of care to ensure those needs were met. We saw evidence they or a family member had been involved in the developing of their care plans. One person

told us he was involved in the review of his plan. Relatives confirmed family members had a care plan, and they had been involved in drawing this up, and the plan was reviewed every six months. If someone has been identified to move into a supported living home, getting to know you visits took place to allow people to meet and assess their views on the proposed move.

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. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. People told us their care plans were regularly reviewed and they had agreed to the support they received. People told us they were consistently offered choices during the support they received. One person said, "They help me [with personal care] and they always put me at ease. It's always about me; they always ask what I need. I'm going out tomorrow with one of the carers. I don't know where we're going yet, I've not decided." One relative said, "[Family member] always has a choice. Staff never push him into doing something he does not want to do." A second relative told us, "The staff do their best to enable him to do whatever he wants to."

We noted one person was moving from their home to be supported by a different provider. The registered manager told us they could no longer meet their needs. We spoke with the new provider who told us meetings were taking place to share information to ensure the person's move was effective with the minimum of disruption. We saw relatives were involved, as was the Court of Protection, because the person lacked capacity. It was agreed the move was in their best interest. This showed the registered provider was able to work across organisations to deliver effective care and support within a legal framework.

We looked at how people were supported to have sufficient amounts to eat and drink. One person told us, "I love my food my favourite is cheese burger. I eat anything they [staff] make." A second person commented on the food, "The food is absolutely brilliant and my favourite is on tonight, it's curry, we get to choose off the menu." We visited one supported living home and observed people had access to their kitchen and ownership of the food stored in the kitchen. For example, we observed one person preparing their evening meal. A second person told us they did not want what was being prepared and had chosen an alternative meal. They also offered drinks and cakes volunteering their staff to organise and present these. A third person said, "I do all the shopping and go to the supermarket with staff, and like choosing different supermarkets. I don't like [name of supermarket]. I like going to different ones and having a look round, I enjoy doing the shopping for the house."

Within the domiciliary service, people told us they received appropriate support with their meals and drinks. One person told us, "They [staff] make my meals. It's always my choice. I buy my own meals and they cook them for me. They're always very good, they're quite good cooks." A family member said about meal preparation, "My relative cooks his own meals with plenty of support from staff." This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing care and rehabilitation requirements. People and their relatives told us staff arranged visits to GPs, dentists, and other health professionals. One relative said, "I am really impressed. They always get in touch with the hospital if a letter notifying them of the next appointment does not come. The carers always follow up." A second relative commented, "They take care of all her health needs and inform us about any appointments in case we want to come along, we trust them." A third relative commented, "She is so well cared for we have no concerns about her general health they see to things really well." This confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs.

We visited three people's supported living homes to look if the environment met people's needs. The homes were homely and well maintained, with personal items that reflected people's personalities. We saw one person had adaptations in their bedroom to assist with moving and handling. We noted there were specialised baths to meet people's personal care needs. One house had and an extension built to support someone with limited mobility. None of the people we spoke with during the inspection raised concerns about the environment. This showed the registered provider worked with people to ensure their home environments had adaptations to allow effective support to take place.

Good

Is the service caring?

Our findings

We asked people about staff that visited their homes and if they had time and treated people with compassion, dignity and respect. All the responses were positive, saying staff were kind and caring. People said they had built up good relationships. For example, one person said, "I really like it, really much [about their staff and care]." Another person told us, "They are very kind." A third person commented, "They are very kind. They always speak to me very nicely."

A relative said, "Yes, there is a really good rapport between people and their carers". Another relative said, "There is a very positive relationship. Their kindness is absolute." A third relative commented, "They treat her as family. They are very caring. I have no concerns. I can't fault any of the staff at all."

We observed positive interactions throughout the inspection visit between staff and people who received support. For example, we saw one person visited the chief executive to enquire if they were coming to the pantomime the following day. We observed one person use cheeky sign language towards a staff member. They responded with mock horror and then both the person and staff member laughed.

Care plans seen and discussion with people and their family members confirmed they had been involved in the care planning process. One relative told us, "We are always invited to meetings and things but don't always get there, they keep us updated." A second relative said, "We are informed about everything that goes on, we are invited to things like meetings and if we don't get there they ring us and give us an update. When we ring him they speak to us on the phone as though we are part of the family, it's like one big happy family. We are included at every level." The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had taken part in.

Staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness. One relative told us, they thought the care, respect and dignity shown to their family member due to their [ongoing health issue] was very professional. A second relative shared an example where their loved ones behaviour could have impacted on their personal dignity. Staff had worked with the person to learn the skills that promoted their independence while protecting their self-respect.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed they demonstrated compassion towards people in their care and treated them with respect.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The service had information details for people and their families if this was needed. The registered provider was working with relatives who had the legal authority through the Court of Protection to advocate on behalf of their family. Court of Protection allows people to make decisions on financial or welfare matters for people who can't make decisions at the time they need to be made (they

'lack mental capacity'). There was also a self-advocacy group run by The Ormerod Trust that people were able to attend. By working in accordance with current legislation and best practice, this ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf when needed.

Good

Is the service responsive?

Our findings

We asked people who received support from The Ormerod Trust if the care they received was personalised and met their needs. One person told us, "They do lots for you; they help you with your special care." We also sought the views of people's families. A relative said, "The staff are really good with him. Every time I go he's clean and smart, his clothes are trendy. His whole demeanour has changed in the last six months, and it's so lovely to see how much change has been made."

Relatives told us staff were responsive to their family members care needs and available when they needed them. People told us care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. Care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. Staff spoken with were knowledgeable about the support people in their care required.

We visited three supported living homes and people who lived there gave permission for us to have a look round. The places we visited reflected the personalities of people who lived in each home. Each person had their own private bedroom and we observed staff knock and wait for permission before entering. Each person we spoke with had their own tenancy agreement with a private landlord. This meant the care they received from The Ormerod Trust was separate from their tenancy agreement and should they choose to change their care provider they would have the option to remain in their own home. One relative told us their family member had requested a staff member no longer work at their home. This was discussed with the registered manager and the staff member was moved to work elsewhere within the service. This showed the registered provider was responsive and working in accordance with registering the right support guidance. Registering the right support is a CQC policy for providers supporting people with a learning disability and/or autism.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. For example, one person had a communication passport. This guided care staff on how they should communicate with the person. A second person had a behaviour management plan. We saw a third plan had the person's preferred sign language signs. When we visited people in their own homes we noticed photo rotas were used. One person took me to their rota and showed me who was sleeping at their home that night. These communication tools guided staff on how to communicate and respond in a person centred way.

Relatives said carers understood their family member and what made them happy. For example, one relative said, "They realised she did not like going to the disco so immediately stopped going." A second relative said, "They absolutely understand her preferences." A third family member said, "[Relative] is non-verbal. But the staff always find ways of finding out what she wants." This showed the registered provider provided accessible information related to a disability or sensory loss so care delivered could be responsive to people's needs.

We asked about supporting people with activities. One person told us they had been to one party and was looking forward to a second party the following week. We visited one home and one of the people who lived there was out enjoying a pantomime. We visited a second home and they were preparing for a party where all their relatives had been invited. One person we spoke with told us, "I really like my church. I am going to be baby Jesus in the Nativity play." Another person said they enjoyed yoga, gardening and drama. A relative told us, "They [staff] take [family member] to drama classes which they enjoy". This relative added, "They also take her to the local pub, and they are going to take her to Blackpool ballroom to watch the dancers." This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

The service had a complaints procedure which people and their relatives knew about. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We noted where they had received a formal complaint the registered manager had recorded the complaint action taken and the outcome.

Relatives we spoke with said they had not formally complained. They said they were confident that any concerns would be resolved constructively and quickly. They also said there was a relatives' forum meeting where any concerns could be raised and discussed. One relative told us he had raised a concern informally and management had resolved the issue very quickly.

We asked people who received support what they would do if they were unhappy. Would they know who to talk to? One person told us, "If I'm unhappy I tell [member of the management team], he makes things alright and sorts it out." A second person said, "Once I had a problem with [personal issue] and I spoke to the team leader and they got it put right so yes they do listen to us."

We asked about end of life care and how people were supported sensitively during their final weeks and days. We noted end of life care was a part of people's care plans. The management team and staff protected people's rights in line with the Human Rights Act 1998. This included Article Nine of the act, 'Freedom of thought, conscience and religion.' One person had been identified as receiving palliative care. Palliative care is for people living with a terminal illness where a cure is no longer possible. We spoke with two care staff that were providing support on the day we visited. One staff member told us, "It was worrying at first, but it's about what is best for [person]. It's a pleasure and we have got all the back-up we need." They were able to show they had 'just in case' four core drugs on site. These are 'just in case' you need them. This means you can be given a medicine to help relieve pain or other symptoms if you need it, especially during the night or at the weekend. The staff team had changed the person's mattress and liaised with the speech and language therapist to provide responsive support. This highlighted the registered provider had recognised end of life decisions should be part of a person's care plan.

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us they were happy with the way the service was managed. One person told us, "This is a really brilliant company to be supported by, and I think it's probably the best to work for. My manager is really good, I like my manager." One relative told us, "Overall I am extremely pleased. The managers are very professional. I think this organisation is more impressive than others." A second relative commented, "It's very good. It's a local service with an open door policy."

We found the service had clear lines of responsibility and accountability. The registered manager worked closely with the chief executive, deputy operations manager and management team in the running of the service.

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.

Before our inspection, The Ormerod Trust had announced it would be merging with another local supported living provider. The chief executive and registered manager had organised meetings and distributed information leaflets on the planned merger. Relatives shared concerns about the merger but everyone we spoke with told us they felt the registered provider had been open and honest. One relative told us, "I read the information I received and could not think of any questions to ask. It was all there." This showed the registered provider had a clear vision that was open and inclusive.

The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered manager and staff confirmed they were clear about their role and between them provided a well-run and consistent service.

Within the domiciliary service everyone knew who to speak with within the management team if they sought any information or wished to raise a concern. One staff member told us the manager was, "very supportive and listened." Within the supported living service every house had a team manager attached to the home. People we spoke with knew who managed their service and who to speak with should they have any concerns. One relative told us, "I've been on the phone half an hour with the manager this morning just going over things. They are proactive rather than reactive which stops problems happening."

The service had procedures to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services medication procedures, care plans, infection control, environment and staffing levels. For example, when a person's health or behaviour deteriorated their package of care was reassessed with the local authority.

We saw the registered provider organised several meetings to allow people, their relatives and staff to share their opinions. One staff member told us, "I like the meetings; it's a chance for us to get our views across." We

spoke with one person who told us about their involvement in meetings. They said, "We have residents meetings every four weeks, and I also go to head office, and we have a residents forum. We get to tell the head office some things that need to be changed and they take this to the staff forum. I speak on behalf of the three of us that live in the house. We speak up for each other at the meetings." About relatives meetings one family member told us, "We have these regularly. It's good to find out what's going on." A second relative told us they did not always attend but always received updates about what had been discussed. We saw agenda points related to all the various meetings included training, safeguarding, incident reporting and the possible purchase of a snooker table. This showed the registered provider made sure people, their relatives and staff were engaged and involved.

The service received mixed feedback from their annual questionnaires sent to people who were supported and staff. However the majority of feedback was positive. We saw responses and outcomes to some feedback but not all as the questionnaires were anonymously returned and only those people that had signed had the option of a direct response. We spoke with the registered manager and chief executive about this and were told allowing people to feedback anonymously promoted a greater return of questionnaires. They told us the questionnaire allowed people to leave their contact details should they want a response to their feedback. We saw that the information had been collated and analysed. We spoke with the chief executive about how the analysed information would impact on the service delivered. They told us the information would be shared with the board of trustees and staff teams. They further commented that the feedback would be used within the Trust's plans for the future.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs, psychologists, hospice and district nurses. The registered manager told us, "I send managers to conferences so they hear about best practice. It empowers and motivates them and the team. We have a brilliant team here."

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.