

Living Ambitions Limited

Living Ambitions Limited (Salford)

Inspection report

Kings Court
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Salford
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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 at Living Ambitions on the 4 and 7 July 2017. The first day was unannounced and was carried out at the service offices by one adult social care inspector. The second inspection day was announced and carried out by two adult care inspectors, one at the service offices and the second visiting people's homes to speak with them and staff. The service was newly registered in June 2016 and this was the first time it had been inspected.

Living Ambitions is a domiciliary care agency. The agency's office is located in Salford, and the service provides flexible personalised care and support for people living with a learning disability who require additional support to live independently within the community.

At the time of the inspection there was a manager at the service who had applied to be registered with the Care Quality Commission. 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.

We received positive feedback from people using the service, their families and staff members. People using the service and their families felt staff had the correct skills and a clear understanding of their daily needs and support requirements. Family members also said they felt their loved ones were safe in the care of Living Ambitions staff. Staff gave suitable examples around how to keep people safe and promote positive risk taking. They also knew how to respond to any concerns or safeguarding events.

Staff displayed a sound knowledge in relation to the varying needs and requirements of the people they supported and understood the importance of ensuring person centred and safe care was delivered. Staff received training appropriate to their positions and were confident that if additional training was needed this would be arranged without delay.

The provider ensured processes were in place to provide a suitable environment for all people using its service, their visitors and staff. Environmental risk assessments were evident and further risk was identified in relation to areas such as water temperature, use of stairs, food hygiene, substances hazardous to health (COSHH), electrical and gas appliances.

Staffing levels were sufficient to enable safe and personalised care and support to be provided to people using the service. Comments from people using the service, their relatives and staff supported this.

Recruitment procedures were in place to ensure appropriate steps had been taken to verify new employee's character and fitness to work. New employee induction processes ensured staff had the correct amount of support and training prior to commencing the role unsupervised. People and their relatives told us staff were knowledgeable about their individual support requirements. Staff demonstrated a good

understanding of their role and how to support people based on individual need and in a person centred way.

Medicines were administered in line with best practice guidance from the National Institute for Health and Care Excellence. Staff were adequately trained in the administration of medicines and spoke confidently about the correct process to follow when administering medicines. All medicines were stored securely and safely.

Each person had their own individual care file containing support plans, risk assessments and other relevant documentation. These records gave clear information about people's needs, wishes, feelings and health conditions. Changes to people's needs and requirements were communicated effectively by means of liaising with families, regular support plan and risk assessment reviews and use of a staff communication book.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These provided legal safeguards for people who may be unable to make their own decisions. The management team also demonstrated their knowledge about what process they needed to follow should it be necessary to place any restrictions on a person who used the service in their best interests.

All people we spoke with along with their relatives and staff, informed us the management structure was adequate and there was always a senior person at each service. Staff said they could contact any manager throughout the day or night for further advice if needed. This meant staff and people were able to seek appropriate advice and support when necessary. Each person informed us they were happy to approach management with any concerns or questions. People felt the registered manager and assistant managers were very supportive and would act on any issues they may have.

We found the ethos of the service was very much about providing a place where people could live as independently as possible, whilst feeling safe and being supported to develop daily living skills. The staff and management team were very much a part of enabling this to happen.

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 told us they felt safe. They were supported by care staff that were considered to be of good character and had been recruited through a thorough and robust procedure.

The service had detailed environmental risk assessments and procedures which were reviewed effectively.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of procedures to follow if they suspected any abusive or neglectful practice.

Is the service effective?

Good ●

The service was effective.

Systems were in place to ensure staff were sufficiently trained and staff received a detailed induction prior to commencing employment.

Staff and management had an understanding of best interest's decisions and the MCA 2005 legislation.

Supervision and appraisal was carried out effectively and in line with the service's policy.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

People told us they were treated well and their privacy and dignity was respected by staff.

People's care and support was delivered to reflect their wishes and preferences.

People and their families were involved in the initial care planning process and were invited to annual care reviews.

Staff were knowledgeable about people's individual needs.

Is the service responsive?

Good 

The service was responsive.

People told us they enjoyed living at the service.

Care records were detailed and clear. Care was tailored to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

There was a good range of activities offered and people were encouraged to take part in activities of their choice.

Is the service well-led?

Good 

The service was well-led.

The service had a manager employed who had applied to the Care Quality Commission for registration.

The management structure effectively monitored the quality of the service by means of audits, observation and gathering feedback from people who used the service, staff and visitors.

Staff told us they felt well supported in their caring role by the management structure and felt able to approach them with any issues.

Living Ambitions Limited (Salford)

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 was 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 4 and 7 July 2017. We gave the provider 48 hours' notice as we needed to be sure that a manager would be available to participate in the inspection. The inspection was carried out by two adult social care inspectors. At the time of our inspection there were 40 people receiving care at the service.

Before the inspection the provider completed a 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 the plan to make.

Prior to the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

During the inspection we visited three people's houses and spoke with eight people who used the service. We spoke with eight staff members, including the manager, locality manager and regional quality manager. We looked at the care records of nine people who used the service and other associated documents such as policies and procedures, safety and quality audits and quality assurance surveys. We also looked at six staff personnel and training files, service agreements, staff rotas, minutes of staff meetings, complaints records and comments and compliments records.

Is the service safe?

Our findings

People told us they were happy with how they were supported by the service. Each person also told us they felt safe in their homes and in staff presence. Further comments from people evidenced they had made friends and looked upon the tenancies as their homes. Comments included, "I feel safe here. I've made friends here." A second person stated, "We've no worries. We're well looked after," and a third person told us, "I'm safe, my medicines are always on time and I know what they are for." Similarly relatives we spoke with were complimentary about the service received stating, "It is a very safe place for people to live. It's just such a nice place. Very secure."

Processes were in place which aimed to maintain consistent staffing arrangements. Individual staff rotas were created based on the need of each tenancy. We looked at four sample house rota's which dated from January 2017 up to and including the week of inspection and noted that sufficient numbers of staff had been deployed to ensure safe and meaningful support was provided. Comments from people supported our observations. One person said, "We always have staff we know." A second person commented, "There is always a member of staff at the house because one person needs somebody all the time." A third person stated, "There is always enough staff on. There is always a staff member here and it depends on what people are doing that day as to how many staff are on." Whilst a fourth person told us, "There are four to five staff that support our house. It's always the same staff. We have the rota in our house file so we can check whose coming on. We like them all so it doesn't matter to us."

An emergency on call/out of hour's service was facilitated by the management team. This was to ensure that if staff had any queries or incidents which required dealing with out of working hours there would be a senior person available for advice.

Recruitment policies and procedures were in place which aimed to protect each person who accessed the service. Appropriate checks were completed on each new staff member to ensure they had the necessary skills and experience to safely support people. We looked at six staff files and noted each file had appropriate information in line with current guidance. We saw the required character checks had been completed before staff worked at the service and been recorded. Staff files also included proof of identity and DBS (Disclosure and Barring Service) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Staff files also contained each person's medical history and a one page profile which detailed what they considered to be important in their lives and what they felt people admired about them.

Each file contained a contract which gave specific information regarding expectations of the service, along with other policies including the service's disciplinary procedure. Disciplinary procedures are in place to support the provider to take immediate action against employee misconduct or failure to follow company policy and procedure. The regional quality manager told us the service had not been required to take any disciplinary action against an employee in the past year. Therefore we were unable to determine the providers conduct when dealing with such processes.

We saw the medication administration records (MAR) were kept in an individual folder for each person and the medicines were locked in a secure safe in the staff office. Accompanying the MAR were coloured photographs and details of each medicine contained within the bio dose pod. We observed staff supporting a person with medicines at one of the houses we visited. The staff member distinguished between medicines when providing support and asked the person if they knew what each medicine was for prior to them taking it. The person demonstrated a good understanding of their medicines and knew the medicine names, what condition they were prescribed for and they told the staff member what could happen if they didn't take the medicines for their condition at the correct time.

We saw one person was self-medicating and looked at what checks were in place to support this decision. Two separate mental capacity assessments had been completed, one for administering medicines and one for obtaining their medicines. The person was deemed to have capacity to administer their own medicines but not to have capacity to be solely responsible for the ordering of their medicines. We saw a medicines risk assessment had been completed and medicine administration procedures were in place.

Each person also had 'as required' medication (PRN). We saw PRN protocols which detailed the rationale and circumstances to offer each medicine, the dose details, route, contraindications and potential side effects. People told us they received their medicines on time and they could request homely remedies when needed. A 'homely remedies' guidance was seen for over the counter remedies and provided clear guidance for staff. The protocols gave administration guidance to inform staff when the medication should and should not be given. This ensured people were given their medicines when they needed them and in a way that was responsive, safe and consistent.

Staff had completed, 'safe administration of medicines' training and were subject to spot competency assessments in this area. The medicines training records were current and staff told us they felt confident in this area. One staff member told us, "I've had medicines training. I'm a bit of a champion with medicines, I'm always checking them and that everything is as it should be. I've no concerns. The medicine is ordered in advance, it's checked when it arrives and is always available. If there are any changes, we have a good relationship with the pharmacy and it's always done quickly."

Clear safeguarding policies and procedures were in place to ensure the safety of people using the service and protect them from abuse and the risk of abuse. There was also clear guidance for staff in relation to making a referral when there had been a medicines error. We saw that staff had received training in safeguarding matters and were able to give examples of how they would ensure people were supported in a safe and effective way. One staff member told us, "I've had face to face safeguarding training at the office. I have no active safeguarding concerns regarding people living here. Safeguarding could be in relation to medicines, finances, physical, emotional. I'd report any concerns and depending how severe it was, this would determine who I reported it straight to. I could complete a referral to the local authority safeguarding team or it could also require referral to the police depending on what the concern is." A second staff member told us, "I've no concerns about how anybody is treated here. If I did, I'd whistle blow straight away."

The service had a safeguarding log file which gave clear information about any concerns raised and how they had been dealt with. It consisted of information such as a brief summary of the allegation, the name of the reporter, final outcome and recommendations. We were able to track a sample of alerts easily due the effective audit trail within the file.

People's files contained a series of risk assessments appropriate for the care and support of the individual. We saw a comprehensive risk screen was completed which detailed all the possible risks. For example; falls,

epilepsy, dysphagia, communication and weight loss. If a risk was present, a tick was indicated on the risk screen and a corresponding full risk assessment was completed for that area of need which meant risk assessments were completed and care plans devised depending on people's individual needs. For instance, one person had epilepsy and there was a detailed risk assessment in place and care plans which detailed how to mitigate risks in consideration of the person having epilepsy. For example, the personal care plan identified the person should have a staff member present when in the shower in case they had a seizure.

Staff displayed a sound understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported.

Environmental risk assessments were in place. These looked at individual factors in the service which may pose a risk to people, such as, use of stairs, kitchen area, the 'Control of Substances Hazardous to Health' (COSHH), electrical and gas appliances. In addition to this other areas such as the use of wheelchairs/ hoists were also assessed and reviewed to ensure they were in safe working order. Water temperature checks, pest control and legionella prevention were also carried out.

The service had robust fire risk procedures in place and detailed annual fire risk assessments were followed. Staff had received fire training and we noted fire signage and equipment was visible throughout the houses we visited. Fire alarm testing was done along with fire extinguisher and means of escape checks.

The provider had a Business Continuity Plan. This was updated as necessary. It outlined the provider's aims to provide a framework for an organisational response to any disruptive events such as adverse weather conditions. It planned to maintain critical services to people in the event of any such disruption. It provided details and internal and external contacts for people who were able to assist such as the health protection unit, utility companies, police, directors and managers.

All the houses were immaculately clean. In one of the tenancies we visited, the people living there had devised a rota and they were responsible for the cleaning. People we spoke with were visibly proud of the fact they did this and they showed us the cleaning rota and the days they were responsible for cleaning which rooms. The people living there were proud of their home and told us it felt like their home with staff visiting them.

Is the service effective?

Our findings

People we spoke with told us staff helped them with any daily support needs and their dietary requirements were met effectively. One person told us, "The food made is what we want and like, spaghetti, cheese and onion pie, spicy chicken and rice." A second person commented, "We take it in turns to do the shopping and picking what we are eating. We know each other's likes and dislikes. We eat when we want and we make our own drinks. We get enough to eat and drink and we have snacks too." A relative also added, "The staff encourage healthy eating and I must say [my relative] is looking good for it."

The service had processes in place to train and support staff. Staff were required to complete an induction portfolio as part of their recruitment process. This required the staff member to be monitored and their knowledge and competence assessed by a manager before being signed off as competent. The induction portfolio met the 15 standards of the Care Certificate. The Care Certificate is the new minimum standards that should be covered as part of induction training of new care workers. In addition to this, the new staff member would be required to familiarise themselves with organisation's core policies and procedures and mandatory training.

Training which was relevant to the people using the service was offered to all staff. Training topics covered aspects such as the safe handling of medicines, fire rescue, record keeping, physical intervention and food safety. Staff we spoke with confirmed they received an appropriate amount of training which was up to date. One staff member told us, "We get a lot of training. Living Ambitions training is very good. I've done medicine training and more recently attended autism training due to a person's needs. Training is provided depending on people's needs. If we support a person with epilepsy, we are provided the training first." A second member of staff added, "If we think we need further training this will be arranged."

Staff told us they received supervision each month and an annual appraisal. We saw records of supervisions held and noted plans were in place to schedule future supervision meetings. Staff told us supervision was something they valued and it provided the opportunity to discuss their responsibilities and the care of people who used the service. One member of staff said, "I have a supervision meeting monthly and job chats. The team leader and locality manager are both very supportive so if needed, I could speak to them more. We speak about the role, how things are going and training/support needs." A second staff member commented, "Supervision is every four weeks but I could ask for additional support and I'm sure it would be given if it was needed."

Staff told us they received a handover before each shift and additional information would be documented in the communication book. Staff spoken with told us this was a good method. We looked at the communication books and noted they were used effectively.

Staff meetings were also held which were known as, 'positive and productive meeting'. These were held every three months or more often if required. The manager told us these meetings were designed to be more person centred and would always start with an ice breaker which staff were required to answer, for example, people's favourite childhood toys. The manager informed this would encourage discussion and

help people feel more comfortable. Meetings also covered topics such as, what was working and not working, ideas and information sharing and any burning issues from staff. Staff told us the meetings were a good arena to raise and discuss any issues and felt they were a good way of keeping informed of changes and updates within the service.

People's care plans contained important information about their medical histories and any health care needs. This meant staff were aware of any risks to people's wellbeing and what action they should take if they identified any concerns. Links had been made with local resources such as learning disability teams and speech and language therapy (SALT) and staff noted they had good working relationships with such teams.

We noted processes were in place to assess and monitor people's nutritional and hydration needs, with nutritional risk assessments used when required. Each person's file contained a booklet titled, 'hospital information for people with learning disabilities,' this contained clear information on people's health and social care needs which could be passed to the hospital should an admission occur. The information was 'rag' rated, red for information that medical staff must know about the person, for example, communication requirements, medical information, known allergies and important contacts. Amber detailed things of importance to the person, for example, sleeping regime, personal care and pain management and green identified the person's likes and dislikes.

Food hygiene was part of the service's training programme, which helped to ensure support staff had the knowledge and skills to prepare food safely. People were encouraged to eat healthy and were very much a part of the meal planning process.

The service had systems in place to protect people's rights. We saw that people's capacity to make their own decisions and choices was considered within the care planning process. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service manager was able to describe action they would take to ensure the best interests of any person who used the service were protected if any such concerns were identified in the future.

Is the service caring?

Our findings

When visiting the tenancies we observed positive staff interaction which was caring and considerate. People we spoke with told us they felt, "Happy," "Supported" and had, "Nice staff." Further people's comments included, "I'm happy here. We all are. We are good friends and it's local for everything." A second person stated, "The staff are nice, they treat us all the same. I like that they don't treat us different" and a third, "All the staff are nice, they are really nice to us." Similarly relative's comments were positive about the caring nature of staff. One relative told us, "The staff are all so very nice and definitely caring. [My relative] is as happy as can be and very well cared for."

Staff spoke courteously about the people they supported. They demonstrated a good understanding of their role and how to support people with a person centred approach. They gave examples of how they provided support and promoted people's independence and choice.

Staff gave examples of the steps they took to ensure a person's privacy, dignity and independence was respected and promoted. Staff told us they would never enter a person's bedroom without knocking unless there was an emergency. They gave further examples about ensuring people were allowed time alone when they wished and how they never leave doors open when supporting people with their personal care needs. When visiting the tenancies we observed positive staff interaction which was caring and considerate. People we spoke with told us they felt, "Happy," "Supported" and had, "Nice staff." One person told us, "I'm happy here. We all are. We are good friends and it's local for everything." A second person stated, "The staff are nice, they treat us all the same. I like that they don't treat us different" and a third said, "All the staff are nice, they are really nice to us." Similarly relative's comments were positive about the caring nature of staff. One relative told us, "The staff are all so very nice and definitely caring. [My relative] is as happy as can be and very well cared for."

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The provider had a 'code of conduct' in relation to practice which staff were expected to follow. This ensured staff were adhering to best practice guidance. Staff we spoke with understood their role in providing people with care, understanding and support. One staff member told us, "I make sure the person is comfortable when I'm supporting personal care. We have the music on, chat and have a laugh. People are dressed or covered up with a dressing gown before coming out the bathroom. Before entering people's bedrooms, I always knock, wait for an answer and get consent to enter."

People we spoke with including relatives, felt staff listened to them and explained things in a way which they could understand. On relative told us, "I have a good rapport with staff, they will explain things to me if I ask and I know they take the time to sit with [my relative] and answer their questions. [My relative] can get very anxious if they don't understand something very well and they have not showed signs of anxiety for a long time so whatever staff are doing is obviously working." We noted the service had implemented easy read and pictorial documents to enhance people's understanding and enable people to independently read and understand important information. This enhanced people's independence.

During the inspection we looked to see how the service promoted equality, recognised diversity and protected people's human rights. We found the service aimed to embed equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The manager told us the service respected the diverse needs of the people it supported and the ethos of the service was very much to promote people as individuals and ensure life opportunities and requirements were offered at every opportunity. The service also provided a statement of purpose and a service user guide was also included which provided guidance and information on the standard of care the service provided, this was also available in easy read format.

Compliments received by the home highlighted the caring approach taken by staff and the positive relationships staff had established to enable people's needs to be met. We saw many messages of thanks from people and their families. One message read, "I am writing to show my appreciation of the wonderful carers who look after [my relative]. I have never seen them so happy and content. They have made them independent more than I ever thought possible. The house is run to a very high standard and I give thanks every day for that."

The service operated a tenants forum which was known as the 'Ambition's group' the quality manager told us, "The forum looks at comments from recent quality questionnaires amongst other areas, it also raises people's awareness in regards to safeguarding and types of abuse." The manager added, "The tenant's engagement group/forum work well. Tenants are asked to contribute what is working/not working for them about the services we provide, we invite guest speakers such as, Police and advocacy and use this opportunity to feedback progress on the action they have asked us to take from previous meetings."

In addition to the 'ambitions group' family forums were also held. The manager told us, "This is for family engagement where family members are asked to contribute what is working/not working for them about the services we provide to their loved ones. One to one sessions are also available during the evening with managers and we use this opportunity to feedback progress on the action they have asked us to take from previous meetings."

Is the service responsive?

Our findings

People we spoke with felt staff helped them with their day to day living requirements. One person said, "We can go out and come back when we want. We get to do our own things and get to do the things we want to do." A second person commented, "They meet my needs. I have one to one time." A third person stated, "They meet my needs. I'm going away so we are getting my stuff together. I have set one to one time to go out with staff." And a fourth told us, "No concerns here. I go to bed when I want, get up when I want, eat what I want and do what I want." Similarly relative's comments were positive about the responsiveness of the service. One relative told us how they could rely 100% on the staff and know that their relative was receiving just the right level of support needed.

The provider had processes in place to ensure each person's needs were assessed before the service began to support them. This was to ensure that the service was able to care for the person in a safe and effective way. Pre-assessments contained information about the person's needs, wishes and requirements such as support needed with daily living chores, accessing the community and dietary needs. In addition to this the assessment included detailed personal history, hobbies and interests. We noted that each person was very much part of the assessment process and were able to visit the tenancies prior to moving in to ensure they were happy with their new home.

Initial assessments were used to create a more robust support file for each person which included a variety of support plans and risk assessments. These support files contained support plans which had been created based on people's individual needs and requirements. Support plans captured content around what the person was able to do for themselves, likes, dislikes, hope for the future, what was working for them, communication, relationships, and social interaction, keeping healthy and safe. Support plan's clearly detailed what support was required to enable the person to fulfil their expectations during their daily lives. Each care file we saw was signed and dated by each member of staff to evidence they had been read and understood. It was evident that people felt very much a part of their care planning process and reviews. They saw their support files as their property and not that of the service.

Essential contact details were recorded as routine, such as health professionals, GP and next of kin. We were able to determine that support files were reviewed regularly by management, the person themselves and family members where appropriate. Relatives we spoke with told us they had been involved in this process.

Staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice, personal preferences and leisure pastimes and in a person centred way. One staff member stated, "Care is person centred and about people. We are always saying to people, this is your home, we are guests in your home."

Daily reports provided evidence that people had received care and support in line with their support plan. We viewed a sample of records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being. This was evidenced by people's comments during the two day

inspection. One person stated, "I'm actively supported to do all the things I like." Whilst another said, "It's my choice what I do each day."

People were encouraged to pursue activities and employment outside of the service. Day trips to Blackpool, Scarborough, Manchester United and Fleetwood were some of the recent outings for people. Many people enjoyed taking part in arts and crafts, attending the gym and local leisure centres, various groups such as gardening group, hair and beauty groups, whilst other people were in employment. We noted people were supported at each house individually to pursue their own interests and not as a group. In addition to the many activities people pursued we noted lots of opportunities for people to go away on holiday.

The provider had policies and procedures in place for dealing with complaints and concerns. These documents gave clear guidance on how to make a complaint and what to expect including relevant time scales. A detailed complaints file was held at the services offices which tracked formal and day to day issues. We noted the service had received 19 in the past year. We looked at a sample number and noted they had been dealt with in line with the provider's procedural guidance. Some had been issued outcomes of further staff training, additional staff meetings and liaising closely with families.

Comments we received from people using the service and their families, confirmed that any concerns and queries were dealt with professionally and all felt able to approach the management team with any issues they may have. One relative said, "The staff and management team are just brilliant and will help with any concerns I have. I only need to pick up the phone and speak with someone and it will be sorted. I have never had to make a formal complaint but if I did I am sure it would be dealt with effectively." Another relative stated, "I was concerned about something a few years ago and it was dealt with well."

The service held a file which contained compliments cards, letters and emails. We looked at a sample number of these and noted positive comments complimenting staff and the service for the care and kindness shown and how they supported and offered opportunities to their family members. One relative commented, "I am amazed at how [my relative] has taken the new phase in their life in their stride. [My relative] is extremely happy and loves everybody especially their new best friend. They are now doing a lot more than they used to do. They are now going to shows, on holiday, they have never been so active. It is nice to see them helping around the house and doing chores. I know they would surely tell me if they were not happy but up to now they have only said lovely things about their new life."

Is the service well-led?

Our findings

There was a manager in post at the time of the inspection who had applied to become registered with the Care Quality Commission. 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 manager had overall responsibility for the service and it was their role to provide oversight and manage day to day operations.

People we spoke with, their family members and staff all considered the service to be well-led. One person told us, "You can approach the team leader any time. They are brilliant." A second person commented, "I like the managers they are nice and I see them lots. Especially when I go to the office, they always speak to me." Similarly relatives spoke positively about the management structure and the service provided, referring to it as, "Excellent." One relative stated, "The management are brilliant, I can't think of anything negative to say about any of the service. Everybody is more than helpful. It is very well run from the office right down to the houses."

Staff told us they felt well supported and were able to approach management with any concerns or questions. One staff member told us, "The team leader and locality manager are both very supportive. I couldn't ask for better. A second member of staff stated, "The team leader is very supportive. I have no concerns" and a third said "It's a good service, I'd definitely recommend them." Staff were also aware of the lines of accountability and who to contact in the event of any emergency or a concern. Staff told us they were able to contact somebody of authority both day and night. This was via means of a duty on call rota.

Policies and procedures were in place to provide employees with current and applicable information about legislation and good practice guidelines relating to their roles such as, infection control, whistleblowing, privacy and dignity, confidentiality, lone working and maintaining a safe environment. We noted these policies were under regular review and updated when necessary to ensure they reflected any required changes. The regional quality director added, "Policies and procedures were set for review in April 2017. Over the last year, we have been working with all the business entities to create a set of group wide standardised policies and procedures around areas such as, quality, work force development, health and safety. The policies are currently under review but we are still finalising the supporting documentation and training packages for the full roll out." We saw evidence that this was underway.

All employees had been provided with a copy of the provider's code of conduct and practice standards. These standards were reinforced during the staff member's induction period. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them and failure to follow this would result in disciplinary action.

The service had an infrastructure of auditing in place to monitor the quality of service delivery. This ensured effective governance audit systems were in place covering areas such as medicines, restrictive practice, people's belongings, finances, environment, accidents and incidents, risk assessments, complaints and

compliments. In addition to this we saw evidence of individual house audits in the tenancy's we visited. House audits covered areas such as, care planning, personal files, staff rotas, people's finance, staff sickness, daily diaries, food and mealtimes. The regional quality manager told us that all audits provided information for an electronic workbook which then updated the regional data system. Once this process was complete the information would then create a data pack that would highlight any relevant action at director level. This would then be reviewed and presented to senior managers to prioritise. In addition to this process the regional quality manager told us, "We have an external audit team which sits independently from the service. It is the role of this team to carry out comprehensive on site audits based on the regulations of the Commission. Once they have carried out an audit they send out any immediate actions to locality and area managers. The team then monitor the progress of the areas."

Quality assurance questionnaires were also circulated annually to people using the service, their relatives and staff members. Questionnaires asked questions pertaining to each individuals overall experience of using the service, food quality, independence and safety. The regional quality manager added, "The annual survey is open to all people and their families to enable them to have their say about their experience of their support and organisation. Feedback is then circulated up to the Regional Director and actions plans are co-produced for improvement and shared with all stakeholders. These are then discussed at each level and presented back to people at house and team meetings." In addition to this annual staff surveys were also distributed. The regional quality manager told us, "This Annual Survey is open to all employees to have their say about their experience of the organisation. Feedback is circulated to the executive team for action and staff have face to face feedback on action the organisation will be taking to improve morale etc."