Living Ambitions Limited

Kings Court

Inspection report

34 St Georges Way
Salford
Lancashire
M6 6SU
Tel: 03334343142
Website: www.livingambitions.co.uk

Date of inspection visit: 23 July 2015
Date of publication: 25/08/2015

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?	**Outstanding**

Overall summary

This was an announced inspection carried out on the 23 July 2015.

Living Ambitions supports citizens (people living in the community), who have a range of disabilities, including autism, mental and physical needs and learning disabilities. The service provides care and support to people living in their own homes or in a supported living environment. The office premises are situated in Salford, they are accessible by public transport and there is car parking spaces available. The office is spacious with facilities for meetings, training and interviewing.

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 carried out in April 2013, we did not identify any concerns with the care and support provided to people by the service.

Summary of findings

People who used the service told us they felt safe and trusted their support staff. Without exception, people who used the service and their relatives spoke positively about the staff who supported them. One person who used the service told us; “Staff listen to us and we do feel safe living here.”

During our inspection, we checked to see how the service protected vulnerable people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. Safeguarding training was also provided as part of an initial induction to the service for new staff, which included recognising signs of abuse, the response and ‘whistleblowing.’

We found people were protected against the risks of abuse, because the service had robust recruitment procedures in place.

We found that risk assessments were compiled in consultation with people who used the service, families and professionals. They provided guidance to staff as to what action to take and were regularly reviewed by the service.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. Medication plans included body maps for the application of creams and protocols for administering ‘when required’ (PRN) medicines, such as pain relief.

All staff underwent a comprehensive induction programme, which involved the successful completion of a foundation training workbook within a 10 week period. This was then followed by a period of six months’ probation. Staff underwent mandatory annual training, which we verified by looking at personnel records and was managed by way of a training matrix. Training included health and safety, fire safety, emergency first aid, infection control, mental capacity act, medication and behavioural communication.

Regular supervision and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Both managers and staff confirmed they received regular supervision and appraisals, which we verified by looking at staff personnel records.

We were told by the registered manager that the service currently had three communication co-ordinators within Salford. Their role was to support staff and teams in devising bespoke communication tools to help people communicate in their preferred method, which had proved invaluable.

One local authority learning disability manager told us that the service had a really productive relationship with the local authority. They were described as being full of ideas and very proactive in meeting people's changing needs. They were always prepared to suggest doing things differently in order to achieve better outcomes for people.

We saw care staff interacting with people with compassion and humour. People were relaxed and were activity encouraged to undertake house hold chores such as cleaning, sweeping and making drinks. We saw smiling and heard laughter with appropriate touching to reassure people.

People and relatives told us they were actively involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and were regularly consulted and involved in reviews of care.

Both people and relatives described staff as being very dedicated and doing little extras or as being thoughtful about things that made a big difference to the quality experience of people. We found the service was tailored and responsive to people's individual needs.

We looked at a sample of nine care files to understand how the service delivered personalised care that was responsive to people’s needs. The structure of the care plans was clear and easy to access information, which provided staff with clear guidance on people’s individual support needs.

Regular reviews of support needs were undertaken, which were person centred and involved people who used the service, social health care professionals, relatives and interested parties. A local authority learning disability manager told us they were thoroughly impressed with the service who were marked out for their person centred care, their ability to advocate for people and to support people to build independent lives.

Summary of findings

People and relatives were actively encouraged to provide feedback about the service in relation to any concerns they had. Regular questionnaires were circulated to gage what the service was doing well and not so well and where improvements could be made.

Staff told us that the service promoted an open and transparent culture and always looked to learn in order to improve the service for people who used the service. Staff told us they felt valued and supported by management.

The service had devised a 'project planning tool' as part of a joined-up approach to planning and preparing a safe effective transition for a person when moving into their new home. This information enabled the service to 'match staff' and ensure suitable risk assessments and support plans were in place. This meant that staff skills and interests were matched with needs and interests of the person being referred, or to facilitate the recruitment of new staff with particular skills and interests.

We found that the service actively engaged with and listened to people, families, social care professionals and the local community to improve the way they delivered services. The service had a well established project group called 'Making it Real.' Completed questionnaires from people were reviewed by a 'Making it Real Task Group' twice yearly, which consisted of stake holders, such as social care professionals, relatives, people who used the service and staff in an effort to identify what was working well and what was not working for people. The group then identify the three top priorities for the service in the coming year. These priorities formed part of the service's local business plan with action plans that were then published on a community web site where people could monitor progress made against the priorities.

The service produced an informative 'newsletter' for people and staff and included articles of activities and community engagement such as gardening events, BBQ and trips. People were encouraged to actively support the newsletter with the inclusion of an 'ideas corner.' Both new people and staff received a welcome to the service.

The newsletter also published details of the employee of the month. This was a scheme, which allowed people who used the service and staff to nominate an employee of the month based on their commitment to their role. People who used the service were also recognised for any achievements they had made, an example we looked at highlighted a person being more independent and requiring less support.

The service was involved with other partners in providing courses such as self-management courses to empower people in their everyday lives. People were supported to learn new skills such as working in a charity shop. Parties and events were arranged in which recognition of achievements made by people who used the service were celebrated. These included 'black tie events', 'Christmas party' and 'red nose day.'

The service undertook a comprehensive range of audits to monitor the quality service delivery. These included daily medication audits, health and safety checks and people's finance, which were undertaken by both staff and management.

Summary of findings

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. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We found that risk assessments were compiled in consultation with people who used the services, families and professionals. They provided guidance to staff as to what action to take and were regularly reviewed by the service.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. We found all staff administering medication had received training, which we verified by looking at training records and were subject of competency observations by the service.

Is the service effective?

Good

The service was effective. All staff underwent a comprehensive induction programme, which involved the successful completion of a foundation training workbook within a 10 week period. This was then followed by a period of six months' probation.

Regular supervision and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Both managers and staff confirmed they received regular supervision and appraisals, which we verified by looking at staff personnel records.

We found that before the service delivered any care and support, the person who used the service or their representative signed a 'service agreement' consenting to the service, which we verified by looking at care file records.

Is the service caring?

Good

The service was caring. We saw care staff interacting with people with compassion and humour.

People and relatives told us they were actively involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and were regularly consulted and involved in reviews of care.

Where there was difficulty in communicating with people, staff were trained to use 'sign language' or 'Makaton' and also used communication book with picture images to facilitate communication with people.

Is the service responsive?

Good

The service was responsive. The structure of the care plans was clear and easy to access information, which provided staff with clear guidance on people's individual support needs.

Regular reviews of support needs were undertaken, which were person centred and involved the person who used the service, social health care professionals, relatives and interested parties.

Summary of findings

The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint.

Is the service well-led?

Outstanding 

The service was well-led. Staff told us that the service promoted an open and transparent culture and always looked to learn in order to improve the service for people.

The service had a well established a project called 'Making it Real.' Completed questionnaires from people were reviewed by a 'Making it Real Task Group' twice yearly, which consisted of stake holders in an effort to identify what was working well and what was not working for people.

The service was involved with other partners in providing courses such as self-management courses to empower people in their everyday lives. People were supported to learn new skills such as working in a charity shop.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 July 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Salford office to facilitate our inspection. The inspection was carried out by two adult social care inspectors from the Care Quality Commission and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with the local authority.

At the time of our inspection there were 55 people living in the Manchester area who used the service. The service employed 97 members of staff, consisting of full-time, part-time and bank members of staff. During the inspection, we spent time at the office and looked at various documentation including care plans and staff personnel files. The service provided assistance to groups of people in supported tenancies or to people individually in their own homes.

We also spent time visiting eight people who lived in three supported living tenancies. We also spoke over the telephone with six people who used the services, nine relatives and one education professional. We spoke with fourteen members of staff, which included the Registered Manager, the Regional Manager, a locality Lead Manager, two senior care staff members and nine members of support staff. We also spoke with a manager from the Salford Learning Disability Team.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted their support staff. Without exception, people who used the service and their relatives spoke positively about the staff who supported them. One person who used the service told us; "Staff listen to us and we do feel safe living here." Another person who used the service said; "They are nice to me. Yes, it's very safe. The staff do not get irritated or angry. They are here all the time. They are very friendly." Other comments from people who used the service included; "I'm fine. Well yes I really feel safe they are fine with me." "I like living here. The staff are nice. Don't get annoyed. The others are very nice too. They are like friends."

One relative of a person who used the service told us; "She is very safe with them and they really look after her. They have time for her. They are very dedicated." Another relative said "It's very good. Obviously our family member has sight and hearing problems, but she has mood swings. They handle her very well. It's a safe environment as far as I can tell and they understand her and they help her to cope. As a result they look after her well. It's a good quality of life."

During our inspection, we checked to see how the service protected vulnerable people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We found all staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. Safeguarding training was also provided as part of an initial induction to the service for new staff, which included recognising signs of abuse, the response and 'whistleblowing.'

Staff we spoke with confidently told us what signs they would look for in suspecting that someone was being abused and what action they would take. Several members of staff were able to provide examples of where they had reported safeguarding concerns. One member of staff told us "I have been involved in several safeguarding issues, I'm confident in what to do and that the service takes the appropriate action." Another member of staff said "Any safeguarding concerns I would report to my manager. If I didn't get the right response I would take it to a senior manager or even an outside body like the Care Quality Commission."

Other comments from staff included; "If I saw anything untoward I would report to my manager or even 'whisteblow,' as it's about protecting residents and keeping them safe." "I feel it is an open and honest culture here. I also feel management are always there for me." "Any concerns about safeguarding I would go to my senior. If I wasn't happy with the outcome I would go higher. I'm confident the service would deal with any issues properly, because we need to protect people."

We looked at a sample of six personnel files, which contained evidence of recruitment records. These records demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service. We found people were protected against the risks of abuse, because the service had robust recruitment procedures in place.

We looked at a sample of nine care files to determine how the service managed risk. We found that risk assessments were compiled in consultation with people who used the services, families and professionals. They provided guidance to staff as to what action to take and were regularly reviewed by the service. Risk assessments included medication, bathing, eating and drinking, behaviour and emotion and safeguarding people from abuse. We found the service maintained a good balance between managing certain degrees of risk and maximising the independence of citizens.

One relative told us; "Staff do risk assessments and talk them through with me and I know what local activities may be good to go to. We share knowledge about things that may be good and we know the best accessible places." Another relative said "I know they do risk assessments and they know what they are doing and how my relative will react and they can now tell what could be dangerous. They get the balance right. They can take her out, but I'm confident she is always safe with them."

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. Prior to this inspection the service had notified us of several safeguarding concerns in relation to the administration of medication. We found the

Good

Is the service safe?

service had introduced a robust system of auditing to ensure medication errors were avoided. This included medication sheets being discussed as part of the 'handover procedures' on a daily basis. Checks were undertaken by staff on several occasions during the day to ensure there were no errors or admissions on medication records.

We looked at medication risk assessments and individual medication plans for people who used the service. This provided staff with clear instruction regarding the medication needs of people. Medication plans included body maps for the application of creams and protocols for administering 'when required' (PRN) medicines, such as pain relief.

We found that people who used medication had appropriate support from the staff. One person who used the service told us; "They help me with my medication just in the morning. They do it properly and write it down." Another person said "They got my tablets mixed up a few weeks ago. They had been mixed up and they told me about it or I would not have known. Mostly they do it right and put it all down in the books, but I will keep now checking up on this a bit more." Other comments included; "I take my own tablets in the morning. Staff check with me that I've taken them and write it down. They will check it up for me."

We found all staff administering medication had received training, which we verified by looking at training records and were subject of competency observations by the service. One senior support worker told us; "I do competency checks, which involves observing staff administering medication and creams. We have a system where we check medication records and medication each day to make sure there are no errors and to address any omissions and to ensure we have enough stocks." Another member of staff said "This is my first year, but I have been checked on a number of occasions about how I administer medicines and cream."

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe, whether in their own homes or in shared accommodation. Both people who used the service and staff did not identify any concerns about staffing levels. One member of staff told us; "I have no concerns with staffing levels and must admit I love working here, the residents are great." Another member of staff said "I reckon there is enough staff, we cope well and work as a team."

Good

Is the service effective?

Our findings

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. All staff underwent a comprehensive induction programme, which involved the successful completion of a foundation training workbook within a 10 week period. This was then followed by a period of six months' probation. A member of staff who had only recently started with the service told us; "My training was over a two week period based in the classroom. It's a 12 week programme, which requires me to complete a work book. I have done first aid, learning disabilities, safeguarding, Deprivation of Liberty Safeguards (DoLS) and medication."

The manager told us that the service did not use on-line training or e-learning as the company provided a designated trainer who provided two weeks of training at the service each month. Training facilities were available in the Salford office. Staff underwent mandatory annual training, which we verified by looking at personnel records and was managed by way of a training matrix. Training included health and safety, fire safety, emergency first aid, infection control, mental capacity act and DoLS, medication and behavioural communication. The manager told us that 64% of staff had other qualification in health care that included National Vocational Qualifications (NVQ), Qualification Credit Framework (QCF) and degree qualifications.

One member of staff told us; "I'm currently doing a 'person centred training,' I have done epilepsy, first aid, safeguarding and food hygiene. Training is regularly reviewed and I feel we have plenty. I'm starting an NVQ. I have also had training in challenging behaviour on how to deescalate situations." Another member of staff said "All my training is up to date and it is done in the office with the trainer and reviewed annually or when required."

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Regular supervision and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Both managers and staff confirmed they received regular supervision and appraisals, which we verified by looking at staff personnel records.

Comments from staff included; "I supervise seven staff, which involves supervision and appraisals. I also undertake observations such as medication competency, which need to be signed with 12 weeks of training." "I have regular supervision with my senior, it lets me discuss anything, however I can approach her anytime. I feel supported and valued by her." "I feel very supported by management and feel we can be open and honest about issues." "I have supervision every month with my manager and appraisals once a year."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Service providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

Care staff we spoke with demonstrated a good understanding of the principals of Mental Capacity Act (MCA) and DoLS and confirmed they received annual training on DoLS as part of their mandatory training. We viewed training records and found that all staff had received relevant training in the MCA and DoLS.

We found that before the service delivered any care and support, the person who used the service or their representative signed a 'service agreement' consenting to the service, which we verified by looking at care file records. We asked staff how they sought consent from people who could not communicate. One member of staff told us; "I wouldn't do anything without asking people. You get a thumbs up if it's ok. I would know if they didn't want me to do anything." Another member of staff said "We are very aware of people's choices and always ensure they consent to anything we want to do."

Some staff also told us they were trained to use 'sign language' or 'Makaton' and also used communication books with picture images to communicate with people. In one example, an iPad was used to help communication with one person. Care files we looked at provided clear details on how to communicate with each person.

We were told by the registered manager that the service currently had three communication co-ordinators within Salford. Their role was to support staff and teams in

Good

Is the service effective?

devising bespoke communication tools to help people communicate in their preferred method, which had proved invaluable. We were told that a further three member of staff were scheduled to receive training in August.

We looked at how the service supported people with a healthy diet. Care plans detailed guidance on the support each person required in respect of food, drink and nutrition. People and relatives raised no concerns about the quality of food and nutrition during our visit. One person told us; “They help us with our food and help us chose what we want and we have a menu.” A relative told us; “My relative does get to choose her food, but they try to vary things for her and try to balance her diet between what she likes and what is healthy. So it’s not all unhealthy food and my relative joins in on the cooking. She is supervised and goes food shopping and likes to go out to shop for clothes and to do her own errands.”

We saw that the service worked closely with other professionals and agencies in order to meet people’s support requirements. One local authority learning disability manager told us that the service had a really productive relationship with the local authority. They were described as being full of ideas and very proactive in meeting people's changing needs. They were always prepared to suggest doing things differently in order to achieve better outcomes for people.

One member of staff told us; “One resident needs have changed and I have raised the issues with the social worker whether this is a suitable place for X. We have involved the GP and regularly monitor their condition. We actively raise issues with health care professionals to ensure people get the medical support they need.” One person who used the service told us; “They do go with me to the doctors and stuff like that and they help me make appointments.” Another person said “Yes they help me with visits to the doctors and the dentists and filling in forms and things that come in the post. They help me with it and make sure it’s right.” Other comments included; “‘The staff help me make appointments with doctors and they go with me.” “‘The staff help me get appointments and they go to these with me. They would go with me to hospital.”

Good

Is the service caring?

Our findings

As part of this inspection we visited three supported living tenancies where people lived together in groups of two or three. We saw care staff interacting with people with compassion and humour. People were relaxed and were activity encouraged to undertake house hold chores such as cleaning, sweeping and making drinks. We saw smiling and heard laughter with appropriate touching to reassure citizens.

Comments from people and relatives included; “Staff are good, caring and friendly.” “We are happy here.” “It’s ok and quiet.” “I can always get staff if I need any help. They are friendly and they can help me if I need it.” “He loves the staff. He’s been with them a few years.” “It’s all very much tailored to him, the staff are very good and from what we have seen they are so much better than others in the past who have helped him. We are very happy. We have a lot of trust in them.” “Staff are nice with me, polite and respectful.” “Staff don’t just come into my room, but they let me know first. It’s very friendly here.” “I’m very impressed and they are nice with my relative and the whole family.” “I’d say it was an excellent service, just what we wanted. I have needed help and this has been a saviour for me and my relative alike. We have a couple of brilliant carers.”

In providing support for people one member of staff told us; “It’s about treating people how you would want to be treated yourself and giving information so that they can make their own choice.”

People and relatives told us they were actively involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and were regularly consulted and involved in reviews of care. Staff told us families were very involved in each house, where people lived in a supported living setting. Meetings involving people who lived in these houses were undertaken each week. We looked at minutes relating to these meetings, which debated such issues as garden furniture and actions to arrange a BBQ.

One person who used the service told us; “We have reviews sometimes every few months and they do go through things. Yes I can have my say and they do try to put things right if they can.” Another person said “Yes people ask me about my care plan. They fill it in. They always involve and ask me first.” One relative told us; “We have a regular reviews each year. It’s been about two each year. They give us a good update and chance to discuss things. I’m impressed with the staff. They are very professional and they are all very polite and respectful. They behave to my relative as if they all are very fond of her.”

Where there was difficulty in communicating with people, staff were trained to use ‘sign language’ or ‘Makaton’ and also used a communication book with picture images to facilitate communication with people. One member of staff said “We get an assessment of their needs. It’s about treating them as a person and reassuring them and repeating until they understand.” Another member of staff told us; “Knowing them individually is the key. Speaking slowly and repeating or returning to the issue until person understands.”

We looked at how the service promoted people’s privacy, dignity and independence. Staff told us they ensured people were always dressed properly and were clean. Staff said they would knock on doors before entering rooms and close doors and windows when supporting people with personal care. The registered manager and staff consistently told us they positively promoted people's independence. In one example we looked at, we found that a person who had been reluctant to leave the home was now able, with the support of staff, to organise a power walking group for people at a local resource centre, where they charged people a small fee to participate.

One member of staff told us; “I encourage people to be independent, like getting the citizen to make his own tea or butter his own bread.” Another member of staff said “One citizen was a person who didn’t want to go out, but we have found when he did he loved it. So we have encouraged and supported him to go out and now he is always asking to go out.” Other staff told us of the importance of praising people and giving them the confidence to do things.

One relative told us; “They have to do stuff to help in the house as well and this has really improved her independent life skills.” Another relative said “She has now improved. She now has a better quality of life and goes out on her own.” Other comments included; “They do her personal care when she is with them and it’s done with care and dignity and they make sure she is ok. She is kept nice and they help her stay nice.”

Good

Is the service responsive?

Our findings

Both people and relatives described staff as being very dedicated and doing little extras or as being thoughtful about things that made a big difference to the quality experience of people. We found the service was tailored and responsive to people's individual needs. One relative told us; “They take all the comments from us and my relative very seriously. They have tried recently to encourage her to keep a diary, so she will put down her feelings.” Other comments included; “It’s always easy to get in touch with them and they are very flexible if I need a change.” “We can talk with the service about her care support any time, which is very reassuring.” “He has very strong likes or dislikes, but they have stuck with him. He is very set about what he will do or not do.”

We looked at a sample of nine care files to understand how the service delivered personalised care that was responsive to people’s needs. The structure of the care plans was clear and easy to access information, which provided staff with clear guidance on people’s individual support needs.

A comprehensive and detailed assessment was undertaken involving the people, relatives and social and health care professionals and included personal and mental capacity assessments. A detailed profile of the individual person was compiled, which provided information on a typical day for the individual, breakfast and other meal preferences, people of importance to the individual, likes and dislikes and things of importance. Care files were person centred and contained a one page profile of the individual. Support plans provided clear and detailed guidance to staff on the level of personal support required and included instructions on how to communicate, supporting people making decisions, keeping people safe, how to be more independent and descriptions of what was a good and bad day for a people.

Regular reviews of support needs were undertaken, which were person centred and involved the person, social health care professionals, relatives and interested parties. A local authority learning disability manager told us they were thoroughly impressed with the service who were marked out for their person centred care, their ability to advocate for people and to support people to build independent lives. They described the service’s relationship with commissioning teams as very positive. They also told us that management was accommodating, skilled and very tuned in what the learning disability teams were trying to achieve.

People and relatives were actively encouraged to provide feedback about the service and in relation to any concerns they had. Regular questionnaires were circulated to gage what the service was doing well and not so well and where improvements could be made. We looked at minutes from tenancy meetings which had taken place. We were also told that on the whole, the service engaged consistently and meaningfully with families.

We asked people how the service supported them in social activities. We found that people were encouraged to develop their independence and the service actively supported people in activities or employment. One person told us; “We get to go away with the staff. I will be going away this month to Germany, going to Berlin.” Another person said “I enjoy going out like going to the pictures, or going on trips out.” One relative told us; “She has a good social life. She goes to college during the week. She does different courses and activities. She also goes out a lot with them, which includes trips out to the zoo and stuff like that.” Other comments included; “They do swimming and other things that are physical as well as just fun or social stuff. It’s very balanced.” “She gets taken out to activities like curling, dancing, the pictures, to local parks and she likes to go to lunch with them. They have a great range of activity and they let her choose as well. I’m really happy for her.”

The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint. A copy was located in each tenancy house. We asked one member of staff what they would do in the event of a formal complaint. They said “I would write down what they said and tell my line manager. We have a formal process and a complaint policy is in the home.”

Outstanding ☆

Is the service well-led?

Our findings

Both people and relatives said management were professional and approachable. One relative told us; “They are very approachable at all levels. The overall boss (registered manager) is nice.” Another relative said “I’ve spoken with the boss and on most things I don’t really need to as we can manage to keep in touch with emails.”

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.

Staff told us that the service promoted an open and transparent culture and always looked to learn in order to improve the service for people. Staff told us they felt valued and supported by management. One member of staff said “The registered manager is very approachable and does listen as do the rest of the management team.” Other comments included; “I definitely feel supported, someone is always there for me.” “I do feel the service does want to learn and improve and I believe the management are very open.” “No concerns about how things are run.”

We found the management structure of the service provided clear lines of responsibility and accountability. Staff we spoke with had a good understanding of their roles and responsibilities.

We found that the service had suitable arrangements in place to deal with incidents and accidents and were always ready to improve processes to achieve better outcomes for people and staff. One member of staff told us of an incident in which they felt the service had failed to demonstrate compassion and provide emotional support for people and staff following a particular event. As a consequence, the service undertook peer meetings that enabled staff to discuss their concerns about how the incident had been dealt with. As a result, the service reviewed its actions and devised a new policy and procedures for supporting people, relatives and support staff in similar circumstances. The member of staff also told us they were confident that the organisation had learnt from the incident. This demonstrated how the service responded to concerns and devised new processes to avoid similar occurrences.

The service had devised a ‘project planning tool’ as part of a joined-up approach to planning and preparing a safe effective transition for a person when moving into their new home. A lead person from the service was identified at the onset, who worked alongside the person, the management team, the family and other stakeholders such as commissioners to ensure the service captured all relevant information. This information enabled the service to ‘match staff’ and ensure suitable risk assessments and support plans were in place. This meant that staff skills and interests were matched with needs and interests of the person being referred, or to facilitate the recruitment of new staff with particular skills and interests. The registered manager told us this resulted in better outcomes for people in developing good relationships with staff.

We found that the service actively engaged with and listened to citizens, families, social care professionals and the local community to improve the way they delivered services. The service had a well established project group called 'Making it Real.' Completed questionnaires from people were reviewed by a ‘Making it Real Task Group’ twice yearly, which consisted of stake holders, such as social care professionals, relatives, people who used the service and staff in an effort to identify what was working well and what was not working for citizens. The group then identify the top three priorities for the service in the coming year. For example the priorities for 2014/15 period were the formation of a ‘communications’ group, piloting of social evenings in the region and promoting ‘positive risk taking.’ These priorities formed part of the service’s local business plan with action plans that were then published on a community web site, where people could monitor progress made against the priorities.

A wide range of meetings were undertaken by management, which included tenancy meetings with people who used the service and staff meetings involving locality managers. The registered manager undertook weekly peer meetings with managers, which included standing agenda items such as recruitment, individual service overview and safeguarding incidents or accidents. The manager circulated a ‘registered manager's round-up’ to both staff and people who used the service and covered issues such as staff questionnaires and community engagement and trips.

The service produced an informative ‘newsletter’ for people and staff and included articles of activities and

Outstanding ☆

Is the service well-led?

community engagement such as gardening events, BBQ and trips. People were encouraged to actively support the newsletter with the inclusion of an 'ideas corner.' Both new people and staff received a welcome to the service.

The newsletter also published details of the employee of the month. This was a scheme which allowed people who used the service and staff to nominate an employee of the month based on their commitment to their role. People were also recognised for any achievements they had made, an example we looked at highlighted a person being more independent and requiring less support.

The service was involved with other partners in providing courses such as self-management courses to empower people in their everyday lives. People were supported to learn new skills such as working in a charity shop. Parties and events were arranged in which recognition of achievements made by people was celebrated. These included 'black tie events', 'Christmas party' and 'red nose day.'

We found that regular reviews of care plans and risk assessments were undertaken. Regular supervision and annual appraisals of staff were undertaken by the service. The service undertook a comprehensive range of audits to monitor the quality service delivery. These included daily medication audits, health and safety checks and people's finance, which were undertaken by both staff and management.

The service had policies and procedures in place which covered all aspects of the service delivery. The policies and procedures included safeguarding, medication and complaints. Each house had an office/ bedroom for staff, which contained copies of all policies, together with care files and evidence that robust fire management arrangements were in place. This included a fire log and drills undertaken, electrical appliance testing and fire safety equipment.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.