

Lancashire County Council

West Lanc's Domiciliary Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 7 and 8 November 2017. Both days of the inspection were announced. We gave the provider short notice of our inspection so they could be available to assist us with our inspection. We visited the office location on 7 and 8 November 2017 to see the registered manager and staff and to look at records relating to the inspection. We also visited people's homes with permission on 7 November 2017.

West Lanc's Domiciliary Service is registered to provide personal care for people living in their own homes and who have a learning disability or autistic spectrum disorder. At the time of our inspection the service was supporting 39 people.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection on 8, 9 and 14 November 2016, we asked the provider to take action to make improvements in relation to mental capacity assessments, risk management, safe care and treatment and good governance, this action has been completed. We asked the provider to send us an action plan. This was to show what they would do and by when to improve the key questions of safe, effective and well-led to at least good. During this inspection we found improvements had been made to the assessments for mental capacity, risk management arrangements and strategies to ensure care and treatment was provided in a safe way. Systems for assessing and monitoring the quality of service provided had also improved. The actions had been completed and therefore the service was meeting the requirements of the current regulation.

Individual and environmental risk assessments were in place which identified measures to take to reduce any risks to people. Fire risk assessments and essential checks had been completed to ensure the environments were safe for people and staff.

People who used the service were protected from abuse. Systems were in place to act on any allegations. Staff we spoke with were knowledgeable in the actions to take to deal with any allegations. Staff understood how to protect people's equality and diversity and human rights and we were provided with examples of this.

Staffing levels supported the delivery of care for people. Recruitment procedures were in place and ensured staff were recruited safely for the role in which they were employed. Staff told us and records we looked at confirmed they had received up to date and relevant training that supported the delivery of care to people.

We saw improvements had been made in relation to how people were protected from unlawful restrictions. People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to access health professionals. People were registered with a general practitioner and annual health reviews had taken place.

People and relatives told us they were happy with the care they received. It was clear positive and meaningful relationships had been developed between people and staff. Staff treated people with dignity and respect. Equality, diversity and human rights were recognised when planning and delivering care to people.

Care files recognised alternative forms of communication that would ensure people were consulted and were able to make decisions about their care, no matter what their abilities

Records were detailed and included information about how to deliver people's care. Where people were nearing the end of their life, records were detailed and comprehensive that would support the delivery of care to them.

People had access to a variety of activities of their choice. We saw people planning for and undertaking activities during our visits to their homes.

There was a system in place to deal with any complaints and the procedure for complaints was available in all of the addresses we visited. We asked for further information from the registered manager in relation to one complaint. We saw complimentary feedback had been received.

We received positive feedback about the management team and the registered manager. The service held regular team meetings that provided staff with updates and information about the service. The service asked for feedback about the care people received and we saw complimentary comments had been received.

Systems to monitor the quality of the service were in place. We saw a variety of audits taking place which included regular checks by the management team.

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.

Risk assessments had been completed and included measures to take to ensure people's individual risks were reduced. Individual personal evacuation plans had been completed for people. Essential checks on the environment had been completed and there was a contingency plan in place to use in the event of an emergency.

Appropriate systems were in place to protect people from abuse. Staff had an understanding of abuse and the procedure to take to deal with any allegations. Staff understood how to protect people's equality and diversity and human rights and we were provided with examples of this.

Staffing levels supported the delivery of care for people. Staff told us there was enough staff to support people safely. Staff files confirmed recruitment procedures had been followed and ensured staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

We saw improvements had been made in relation to how people were protected from unlawful restrictions. Mental capacity assessments had been completed and where relevant requests had been submitted to the assessing authority.

Staff had completed a comprehensive training programme which supported the delivery of care to people. Staff received regular supervision and annual appraisals.

Records provided the evidence of the involvement of relevant professionals that ensured health reviews were taking place.

Is the service caring?

Good ●

The service was caring.

The care people received was good. People and relatives told us

they were happy with the care staff delivered to them. We saw people were comfortable in the company of staff and positive interactions were taking place.

Staff treated people with dignity and respect. Equality, diversity and human rights were recognised when planning and delivering care to people.

Care files had information in them about how people communicated. We saw staff utilising alternative ways of communicating with people such as sign language.

Is the service responsive?

Good ●

The service was responsive.

Care files were detailed and had information in them about how to deliver appropriate care. Where people were nearing the end of their lives records contained information in them to support their care.

People had access to a variety of activities of their choice.

There was a system in place to deal with any complaints and the procedure for complaints was available in all of the addresses we visited.

Is the service well-led?

Good ●

The service was well-led.

We received positive feedback about the management team and the registered manager.

Systems to monitor the quality of the service were in place and we saw a variety of audits taking place. Feedback about the service had been obtained.

Regular team meetings were held which provided staff with information and updates about the service.

West Lanc's Domiciliary Service

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.

The inspection took place on 7 and 8 November 2017. Due to the nature of the service the inspection was announced. We gave the registered manager short notice of our inspection so that they could be available to assist us. Our inspection was carried out by one adult social care inspector, a specialist advisor and an expert-by-experience in the care of people with learning disabilities and autistic spectrum disorder. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service provides care and support to people living in 13 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

We spoke with seven people who used the service and one family member in their homes, as well as 13 relatives on the telephone. With permission we visited three homes where 11 people lived. This helped us to understand their experiences and enabled us to observe how staff members interacted with those who used the service.

We also received feedback from two professionals who visited the service. We spoke with ten staff including four support workers, five team managers and the registered manager, as well as a further eight support staff during telephone interviews.

We checked a number of records in relation to the management of the service. These included five staff files, five care records, duty rotas, minutes of team meetings, feedback about the service and audits and the quality monitoring taking place. We also looked at the action plan the provider had sent to use following our last inspection. This demonstrated what actions the provider would take to ensure the breaches of regulation were met.

Prior to our inspection we checked the information we held about the service. This included feedback, compliments or notifications the service is required to send to us by law. We asked the service to send us a Provider Information Return (PIR) prior to our inspection. Due to technical problems, the provider was not able to complete a 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 took this into account when we inspected the service and made the judgements in this report.

Is the service safe?

Our findings

We received positive feedback about whether people felt safe being cared for by the service. People said they felt, 'safe' and a relative told us, "[Name] is so safe. I now know when I go [name] is safe and I don't have to worry."

At the last inspection we found some concerns relating to the consistency in the way people's risks had been assessed and managed. In addition, there was not always information on how to mitigate risks. We asked the provider to send us an action plan about how they would ensure they were meeting the requirements of the regulation. During this inspection we found improvements had been made and therefore the requirements of the regulation were being met.

We looked at risk assessments, which ensured environments were safe for people to live in. Where risks had been identified we saw measures in place to ensure risks were managed safely. These included health and safety, general risks, wheelchairs, storage of controlled medicines, lone workers, first aid, transport and the office. Personal Emergency Evacuation Plans (PEEPs) were seen and were up to date for all people who used the service. This provided important information about how to support people in the event of an emergency that required evacuation of their homes.

Details relating to accidents and incidents had been recorded and contained information about the event as well as the actions taken as a result of the incident. These included referrals to professionals and completed documentation of any investigations. Systems were in place to monitor accidents and incidents. This would ensure any patterns or trends would be identified and acted upon appropriately. Incidents and accidents were reviewed as part of the regular quality assurance checks taking place in people's homes. Records included notes on actions to prevent any future concerns and ensure lessons learned to keep people safe.

Personal care files demonstrated detailed and comprehensive risk assessments were in place. These provided staff with information about how to support people safely during positive risk taking. These included medicines, accessing the community, assessing physical health and choking.

Systems were in place to ensure the environment was monitored and safe for people to live in. Records we looked at confirmed safety checks were taking place. These included gas safety, boiler checks, emergency lighting, portable appliance testing and smoke detectors. We saw actions taken as a result of these checks. There were detailed records in relation to protecting people in the event of fire. Risk assessments had been completed along with equipment checks and fire drills. We also saw the service had an emergency response matrix and business contingency plan that would guide staff on the appropriate procedures to take in the event of an emergency.

Personal Protective Equipment (PPE) was available in the homes we visited and staff were seen making use of the supplies where appropriate. This would protect people from the risk associated with infection. Infection control policies and guidance was available. Staff we spoke with told us and records confirmed relevant training was undertaken in the prevention and control of infection. This provided staff with the

knowledge of how to ensure infection control measures were in place to protect people who used the service and the staff. As part of the services regular quality checks the use of PPE in people's homes was reviewed and monitored. This would ensure any shortfalls in standards were identified quickly and acted upon.

Professional feedback we received confirmed they were confident people who used the service were safe and raised no concerns about the care they received. They provided examples of the timely response taken by the service to protect two people where abuse was suspected from a previous address they lived in. They said, "The managers ensure that safeguarding training is a high priority and do make referrals to the Lancashire County Council multi agency safeguarding hub as appropriate." We looked at the training records and saw staff received training in safeguarding and staff we spoke with confirmed they had undertaken this training. Staff demonstrated their knowledge of the signs and types of abuse as well as the actions they would take if abuse was suspected. They said, "I would report it, make them safe and record it." Staff told us they were aware of whistleblowing (reporting bad practice) and would feel confident reporting any concerns to the management.

We saw appropriate referrals had been made to the local authority and records included details of completed investigations with the actions taken by the service to ensure people were safe. Policies and guidance was available for staff to follow to ensure they undertook appropriate and timely investigations. We also saw easy read guidance was available for people to access information where their understanding of the written word was limited. This would assist in protecting people from discrimination, as they had access to guidance to tell them how to respond to abuse, regardless of their communication skills.

People and relatives we spoke with told us there was enough staff to meet their needs safely. They told us, "I love it here, I get well looked after. Staff take me to do things that I like to do", "The staff are really good", "We have a couple of regular staff and then the others seem to change a lot", "Definitely enough staff, much better than before" and "We had a long spell with the same staff, then one leaves and they all go, and a period of uncertainty starts but then you get to know them again, but on the whole it's not too bad."

Staff we spoke with told us there was enough staff to undertake their role safely. They told us where agency staff were utilised to cover sickness or holidays the same staff were used to ensure consistency in the delivery of care was maintained. They said, "There is always enough staff. Agency [casual/bank] staff are available if it is required" and "There are no issues; there are always enough staff."

Duty rotas were completed for each address which identified the staffing allocation for each shift. This would ensure people received the right amount and support with their care when they needed it. We saw the registered manager had copies of all of the duty rotas for the service. This would enable review and oversight of the staffing available for each address to ensure people received quality unrushed care from a fully staffed team.

Records relating to recruitment confirmed safe procedures were in place that ensured only people suitable to work with vulnerable adults were employed. Records included completed applications forms along with copies of interview questioning and receipt of references. Evidence of proof of identity was seen along with Disclosure and Barring Service (DBS) checks. The DBS helped employers make safer recruitment decisions and helped prevent unsuitable people from working with those who used care and support services.

Staff told us and records we looked at confirmed they had completed a comprehensive induction programme on commencement to their role. We saw new employees and management had signed to confirm when inductions had been completed and they were satisfied staff were safe to work

independently. Where concerns around competency of staff had been identified we saw the service had increased probationary periods to monitor staff progress. Regular supervision and annual appraisals had been completed that supported staff development. They also provided an opportunity for staff and management to discuss any support required, training needs or concerns identified.

We looked at how medicines were dealt with in the service. All addresses contained medication folders that had important information to support safe administration of medicines. This included details about medicines, routines and up to date policies and guidance. Risk assessments were completed for each person, which guided staff about their individual needs and how to support them safely. Where people were able to administer their own medicines we saw records that confirmed appropriate assessments had been completed to ensure they were safe to do so. We saw relevant documentation and assessments had been completed where people were receiving their medicines covertly. These included capacity assessments and the involvement of relevant professionals.

Relatives we spoke with told us they had no concerns in relation to the administration of medicines. Comments included, "I discuss meds [medicines] with them, I am [name] mother", "Yes they do and [name] has a hospital passport too" and "Yes they do, they always ring me and talk to me if there is a change." However one person told us, "No they never discuss [names] medications with me."

Medicines were handled safely and people received their medicines as their doctor had prescribed. Guidance for each medicine was available which included what was being taken, any side effects and special requirements. To ensure people received medicines in line with their individual needs we saw regular reviews had been completed. Staff had access to the relevant guidance and procedures to take to ensure people received their medicines safely. An example of this was administration of eye drops.

Medication Administration Records (MAR's) we looked at had been completed in full. Personal information such as name, date of birth, GP and allergies were recorded. Where appropriate a coding system had been used to reflect gaps in administration. The registered manager confirmed any refusals or gaps in administration were recorded in people's individual care files. They told us to assist in their audits and monitoring of the MAR charts they would introduce a system to record gaps on the MAR chart.

Medicines were stored safely and records included stock levels of people's medicines. We identified one concern in relation to the recording of the stock level of a controlled medicine in one of the address we visited. We discussed this with the registered manager and team manager who took immediate action to ensure levels were correct and immediately commenced the recording of the amount given during each administration.

Staff told us and records we looked at confirmed they had undertaken relevant medicines training and competency checks on their performance. They said, "All the information is in the care file. Consent is sought. We have best interests meeting where needed" and "Training is offered and done. Protocols are in place for each individual [people who used the service]." This would ensure people received their medicines from a fully trained and monitored staff team.

Is the service effective?

Our findings

People who used the service and relatives told us they were confident in the knowledge and skills of the staff team. They said staff were, "Really good. They know what they are doing", "Always very well looked after", "There is a genuine level of care for [name], it is about [name] needs not about how much money they can make" and "Being a [relative] is hard I will always worry, but [name] has lived there years is happy and likes the staff."

At our last inspection we identified some concerns in relation to the mental capacity assessments for people who used the service. We asked the provider to send us an action plan to inform us how they would ensure they were meeting the requirements of the regulation. During this inspection we found improvements had been made and therefore the service was meeting the requirements of the regulation.

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. Where people receive support in their own home, applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff we spoke with demonstrated their understanding of the MCA and how this related to protecting people from unlawful restrictions. They were able to demonstrate where capacity assessments had been completed. They said, "There are assessments in place for capacity. I have not been involved in best interests meetings, but I am aware they take place." We saw that relevant training in MCA and DoLS had been completed. This would ensure staff had the knowledge to deliver effective care to people. We saw relevant applications had been made to the local authority, where it was required. The registered manager was knowledgeable about DoLS, and how to apply the principles of the act using the least restrictive practices. This would support people where they were deemed to lack capacity following capacity assessments that were decision specific.

Records we looked at were well structured and followed the process that is legally required. There was also an in depth support plan for each deprivation, which informed staff how to implement the agreed support. Capacity assessments had been completed for a number of decisions in relation to people's individualised care. This would ensure people were not subjected to any unlawful restrictions.

People we spoke with told us staff asked their permission before undertaking any activity or tasks. During our observations we saw staff seeking permission for a wide range of activities using appropriate methods to support people's understanding, for example talking and sign language. These included, entering bedrooms, answering the door, supporting with meals and medicines administration. This would ensure people had knowledge of and had agreed to the care they were being offered. Staff we spoke with told us

they always asked people's permission before undertaking any activity or task. Comments included, "If we can we get verbal consent, if not we use body language and nonverbal cues." This would ensure people's views were taken into account when undertaking any care or activity.

Care plans and risk assessments were individualised and demonstrated that people's needs and choices had been taken into account. This helped to ensure staff delivered care and support, in accordance with people's needs and wishes. Relatives we spoke with confirmed they had been involved in discussions about their family member's needs. They said, "They let me know everything going on, I live in [place], so this way I don't have to worry" and "Yes and I am very happy with his care."

Care files clearly demonstrated the involvement of health professionals in people's care. Where referrals had been made we saw staff supported people to attend appointments. Hospital passports had been completed for people that would support them in the event of a hospital admission. All the care records identified people were registered with a General Practitioner. We saw evidence to confirm people who used the service had attended annual health reviews. Professionals told us, "Where appropriate service users [people who used the service] are able to remain in their own homes, and the team will work with allied health professionals to ensure this can happen where appropriate."

People and relatives told us they were supported to maintain their health. Family members told us they were kept informed of their relatives conditions. They said, "Yes they send me a report with everything on", "Yes all the time, especially if there are changes" and "Yes, [name] has been pretty stable for a long while now." However, one person said, "Most of the time, but they don't always ring me they wait until I go (to visit), so sometimes I wonder how long it is since it has happened."

We saw a concern had been identified in relation to a delay for one person who required a medical investigation. We discussed this with the registered manager who had taken action to ensure a full investigation had been completed and measures taken to ensure any future risks were mitigated. Where individual conditions had been identified we saw guidance on how to manage people's conditions had been made available for staff. An example was; diabetes. This would enable staff to be proactive in managing people's health.

There was a comprehensive training programme in place. This supported the knowledge and skills of the staff team. A central training matrix was held that enabled the monitoring of when updates were required and any future training planned. Staff files we looked at demonstrated the completed training undertaken. This included fire, safeguarding, MCA, medicines, dementia, equality and cohesion, safe swallowing, personal stress and budgets. There was evidence to confirm staff had completed a nationally recognised qualification. This supported the effective delivery of care to people who used the service.

Staff we spoke with told us they had completed training relevant to their role. They said, "There is lots of training on offer. This has improved over the last five to six years." People who used the service told us staff were, 'really good'.

Records confirmed staff new to their role had completed an induction programme which included a period of probation. Records confirmed where required probationary periods were extended to ensure they had achieved the required skills to care for people effectively. Staff we spoke with confirmed they, "Did induction training. I have never worked in care and found it to be really helpful and useful" and "My induction was really helpful."

There was evidence of regular supervision and annual appraisals taking place in the staff files we looked at.

This would ensure any issues around performance, training and support to deliver their role effectively was discussed and addressed in a timely manner. Records confirmed clinical supervision was completed. This would ensure staff had the relevant practical knowledge and skills to deliver effective care to people.

All of the properties we visited were suitable for the people who lived there. Two of the properties were on a single level. This supported people who had difficulties with their mobility. One of the homes considered the needs of those with sensory impairment. We saw fish tanks, and objects of reference that people were encouraged to use.

People told us they were happy with the meals provided by the staff. We observed people being offered meals of their choice, when they wanted them. People were actively encouraged to take part in the shopping, preparation and cooking of their meals. Staff told us menus were individualised to meet people's needs. People received support to have meals they enjoyed.

Is the service caring?

Our findings

We obtained positive feedback about the care people received. Comments included, "[Name] has a consistent keyworker, [name] is great", "[Name] always seems so happy", "I love it here" and "[Name] is settled, that really helps me."

Staff clearly understood people's needs and how to deliver good care. They were able to discuss people's individual needs and how best to support them safely. Staff said, "Care plans look at people's basic needs and any risks. People's needs change and we make changes when needed" and "Care plans highlight routines, body language and facial movements are used to gather information." We saw excellent interactions between people who used the service and staff. We saw kind, caring and therapeutic interactions during our inspection.

Throughout our inspection we observed staff treated people with dignity and respect. Positive meaningful relationships had been established. We saw a calm and relaxed atmosphere in all of the homes we visited. It was clear from the chatter; banter and use of sign language people were comfortable in the company of the staff team. When any personal care was required this was delivered in the privacy of people's bedroom or bathrooms. We saw staff knocking on all doors and waiting to be invited in before they entered them. One of the addresses we visited had instructions about maintaining one person's privacy and how they wanted staff to respect this. We observed staff ensuring these instructions were followed. Staff demonstrated their knowledge of how to support people's privacy and dignity. They said they ensured personal care was delivered in private. They always asked permission when providing personal care and maintained confidentiality. There were policies and procedures in place to support staff in maintaining people's privacy and dignity.

Policies and procedures were in place that provided staff with the knowledge and support to protect people's equality, diversity and human rights. Staff we spoke with were able to demonstrate their knowledge. They gave us examples of where they had protected people's equality and diversity and supported them to access networks in the local community. Staff said, "I understand the need to promote all people's rights, inclusion, choices and individuality. All of the staff work with an understanding of this and make sure this happens" and "It is about promoting rights, inclusion, choice and individuality through community participation and involvement."

It was clear from our observations people were supported by staff to promote and maintain their independence. We saw staff supporting people to engage in day to day activities. Care files we looked at had information about how people spent their day and the skills and support they required to live independently. One person we spoke with told they undertook their own cleaning, shopping and household tasks. We also saw one person undertaking household tasks with support from staff. It was clear choices for people were an integral part of the care staff delivered. Care files we looked at had information in them about people's choices and preferences and how staff could ensure these were delivered.

People using the service were supported to maintain their identity, and they were encouraged to develop

and maintain relationships that were important to them. Relatives of people often visited the home where people were residing, whilst also being encouraged to be involved in support planning for their loved ones. We observed family members visiting during our inspection. One of them told us they visited their relative daily. Another relative told us, "I can turn up whenever and ring whenever."

Information was available to guide staff in the use of advocates where people required support with decisions on their behalf. The use of advocacy was discussed as part of staff team meetings. This would ensure staff had access to information of how to ensure people received the support of advocates where required. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Is the service responsive?

Our findings

People and relatives we spoke with were happy with their care and confirmed it met their likes, choices and needs. Comments included, "I want the best for [name] and they give it", "They keep us very much informed of what is happening with [name] care", "I feel the burden is not on me anymore" and "[Name] is settled so that helps me too."

Staff we spoke with were aware of how to ensure people received the care they required. Comments included, "Plans are available they are regularly reviewed and revised. They are very individualised and are written from the service users [people who used the service] perspective", "We usually up date or review files every month. The staff are involved", "Care plans look at people's basic needs and any risks and plan for that. People's needs change and we make changes when needed" and care plans, "Highlight routines, body language and facial movements are used to gather information."

Care files were comprehensive and detailed. Personal information was included in records. Information included name, date of birth, next of kin, general practitioner and medical history. Completed assessments were seen and these reflected what people using the service said and they showed a good standard of person centred detail. Records confirmed people who used the service and relatives, where appropriate had been involved in the development and decisions relating to their care plans. Care plans focused on what was important to and for people, including how to keep people safe, their likes and dislikes, social needs as well as people's circles of support.

Risk assessments that were reviewed and in place reflected appropriate risk management. There was also information in the records to support people's physical health. People were assessed prior to accessing the community, in particularly those where positive risks were being implemented to promote independence. There was evidence that regular reviews of care planning and risk assessments took place. This would ensure records reflected people's current and individual needs.

Daily records were in place and contained information in them about people's daily care, routines and activities undertaken. Where required monitoring charts were seen. For example, sleep monitoring and continence needs.

We looked at how people were supported at the end of their life. One of the homes we visited specialised in end of life care for people. End of life care planning had been developed to a high standard by the service. This was in collaboration with external specialists, and the family of those people being supported to manage people's end of life care needs. Plans were person centred, and demonstrated best interest meetings had been held, which involved family members when people could not fully contribute to decision making as identified in a prior capacity assessment. This ensured people's wishes and preferences were recognised and supported.

Where people had alternative ways of communicating we observed staff speaking with them at eye level utilising body language and sign language. This enabled them to be involved in decisions about their day to

day care, treatment, express their views and choices. We saw alternative methods of communication identified in care records such as easy read and pictorial guidance to support people where the written word was not their first method of communicating. Where people required the use of glasses or aids with their hearing these were reflected in care files. We saw people making use of glasses and aids during our visits.

We looked at the activities on offer for people who used the service. All of the addresses we visited had a variety of activities available for people to use. These included board games, tactile objects, a range of DVD's, CD player and household activities. We saw people accessing a variety of activities of their choice outside of their home environments. Staff told us about one person who was supported to access employment as part of their daily routine. We saw photographs of one person meeting Prince Harry during one of their activities. Records we looked at had information in them about what activities people enjoyed and how to support them to achieve these. This would ensure people had a fulfilled and enriched life.

We looked at how the service dealt with complaints. People we spoke with told us they were confident the provider would deal with any concerns or complaints. They said, "I feel comfortable about complaining, and they address it fairly quickly" and "I made a complaint, and it was dealt with." However, one person we spoke with discussed a complaint they had raised about a concern with their relative. We asked the registered manager about this, who confirmed the outcome of their investigation and their plans going forward to ensure any future risks were reduced. This demonstrated the proactive approach of the management to deal and act on complaints.

There was a system in place to record and act on any complaints received by the service. The addresses we visited had information to guide staff on dealing with complaints and compliments. Policies and procedures were in place to guide staff on dealing with complaints. Feedback the service received was complimentary. Examples of comments received were, "Thank you to all the carers [staff] who supported [name]. Thanks you to [staff member] for all her support, help and kindness at this sad time." This demonstrated people were happy and felt well supported by the service.

Care plans were developed and reviewed using computer programmes. This would support a standardised approach to the layout of peoples care files. Records contained easy read, pictorial information. This would support people where alternative ways of understanding information was required. All of the addresses had access to computers that would support effective communication between the management and staff. There was internet access in all of the homes we visited. This would support people to access online information when they chose to, as well as enabling staff to have access to up to date information and guidance to support the delivery of care to people.

Is the service well-led?

Our findings

We received positive feedback about the leadership and management of the service. Relatives told us, "Yes, she is very helpful", "Yes, as far as I know she is good at her job" and "She [registered manager] came to the hospital to see if [name] was ok." Professionals told us, "The management team are committed and passionate about the work that they undertake and this has a positive impact on the staff team, and the management team rightly expect a high standard of support to be delivered to the people that they support" and "I found the service to be really responsive and well led, they recognised when they needed some additional support and acted promptly."

At our last inspection we identified a breach of regulation in relation to quality assurance and the systems in place to monitor the quality of the service. We asked the provider to send us an action plan to tell us what improvements they would make. During this inspection we found improvements had been made and therefore the service was meeting the requirements of the regulation.

We looked at the audits and quality monitoring taking place. Records covered a wide range of areas and included evidence of regular management visits to the service to ensure the quality of the care provided was good. The registered manager told us that since their last inspection they had introduced regular monitoring visits to the home. We saw evidence of records to confirm this. Topics covered within the audits included, managers checklists, communication diaries, medicines audits, tenancy checklists, supervision checks, house meetings, risk assessment audits and home safety checks. Records included the results of the findings as well as any actions required as a result of the audits. This would ensure people were cared for in a safe and monitored environment.

There were electronic records in place in relation to the monitoring of training, supervisions and appraisals. The registered manager had access to this information that would ensure any gaps were identified and acted upon in a timely manner.

Following our last inspection the registered manager sent us an action plan that demonstrated the action they took to improve the service for the benefit of people and staff, and to ensure they met the requirements of the regulation. The action plan detailed what measures had taken place to improve the service, as well as how the service would maintain sustainability of these improvements. The registered manager told us about their commitment to ensure improvements to the service were maintained that would support the quality of care people received.

Staff we spoke with provided positive feedback about the leadership and management of the service. They told us the management was, "Very professional, empathetic and well organised", "The management are very supportive. They understand the job can be difficult", "I am well supported by the manager" and "I feel well supported but sometimes the management can forget what it is like to be a carer or support worker." Feedback the service had received from staff demonstrated the support provided by the management. Comments included, "I have always felt well supported by my registered manager" and "I have an excellent team manager."

The service was led by a manager who was registered with the Care Quality Commission. The registered manager had responsibility for the day to day operation of the service. They were able to demonstrate their knowledge, skills and oversight of the service. It was clear the registered manager was committed to sharing good practice and learning in areas that could be improved. It was evident that the management and staff were passionate and enjoyed their work, and worked to maintain an open, supportive and transparent culture. Throughout our inspection all of the staff and the registered manager were very helpful in supporting the process. We saw letters and positive feedback from the registered manager to staff that praised them on the work they were doing.

Certificates relating to the registration of the service with the Care Quality Commission and the ratings from the last inspection were on display in the entrance to the office. The registered manager had developed a resource file that contained information and documentation in preparation for their inspection. This demonstrated a proactive approach to their inspection planning.

We saw evidence of regular team meetings that would enable important information and updates to be provided to the staff team. Topics covered included, the Care Act, safeguarding, keyworkers, support plans, health and safety, risk assessments, audits and recruitment. Details of dates of the meetings were seen along with attendees. Information and guidance relevant to staff about how to deliver safe care was made available as part of the team meetings. This included flow charts for briefings, guidance for emollients and smoking, advocacy services, local authority and national guidance. This would ensure staff had access to relevant and up to date information about the service and the delivery of care. Relatives we spoke with told us meetings took place that enabled them to receive updates and allowed the opportunity for questions. Relatives said, "Yes, they have a relative's meeting tomorrow" and "I am going to a relative's meeting soon, not many go as most relatives live quite a distance away."

We saw excellent feedback about the service people received. Comments seen included; 'I really appreciate your support. Many thanks', "I really cannot stress enough how the quality of the men's lives have changed. they are out and about in the community and are enjoying a meaningful and active life and most important are so happy now. The house manager [name] is excellent" and "You have a really good service." This confirmed the care delivered to people was appropriate and timely and met their individual needs.

Relatives we spoke with told us they were asked for their views and were able to ask questions. They said, "Yes and the staff are very helpful when you do ask", "Yes I can ask questions", "Absolutely she is my daughter", "I feel listened to" and "Yes, they have questionnaires every three months." However one relative told us, "No I have never received a questionnaire."