

Active Social Care Limited

# Active Social Care Limited (Kirklees, Calderdale and Bradford)

## Inspection report

8 Cartwright Court, Dyson Wood Way  
Bradley Business Park, Bradley  
Huddersfield  
West Yorkshire  
HD2 1GN

Tel: 01484544100

Date of inspection visit:  
23 April 2018  
25 April 2018  
14 May 2018

Date of publication:  
27 June 2018

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place onsite 23 and 25 April 2018 and was announced. We also spoke with relatives and professionals up to 14 May 2018. The service had been inspected previously on 4 and 5 October 2016 and was found to be in breach of a regulation. The registered provider had immediately resolved this matter and implemented systems to ensure this did not happen again.

This service is a domiciliary care agency. It provides personal care to people living in their own homes with physical disabilities, learning disabilities, and behaviours that challenge, especially autism. This service also provides care and support to people living in a 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Active Social Care Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service supported 104 adults and 84 children. 19 adults and four children required support with 'personal care'. Five people were provided with care and support in a 'supported living' setting.

There was a well-established registered manager in post who was also the director of the company. 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.

People and their relatives told us they felt completely safe and comfortable with staff who visited their home. Robust policies and procedures were in place to assist staff to safeguard people from harm and abuse and the staff we spoke with understood their responsibilities with regards to protecting people.

Risk assessments were extremely detailed to ensure staff supported people to remain safe. These were frequently reviewed and updated as people's needs changed. Staff were confident about how to react and what actions they would take in an emergency situation. Behavioural support plans were exceptional in their detail, ensuring restrictions were kept to a minimum and the risks around behaviours which challenged could be managed. The service recognised the risks around using medicines to manage behaviours that challenged and were actively seeking measures to minimise this. Systems were in place to manage medicines administered in people's own homes and audits were undertaken regularly to ensure staff were meeting the required standard of practice.

Staff had an excellent working knowledge of the key requirements of the Mental Capacity Act 2005. All staff demonstrated a commitment to promoting the rights and choices of people who used the service and

ensured people's human and legal rights were respected. Feedback from professionals confirmed staff at the service excelled in their understanding of the Act, and were truly committed to the purpose of the legislation to protect people's rights and freedoms. Decision specific assessments were in place and staff encouraged people to be involved in decisions about them in their best interests.

Values based recruitment practices ensured staff with the right skills were employed. There was a proactive support and appraisal system for staff, which recognised that continuous development of skills, competence and knowledge was integral to ensuring high quality care and support. Staff were supported through individual supervision. Unannounced observational checks of staff performance were carried out at regular intervals in people's homes to ensure staff provided a high quality service.

The provider had an excellent person-centred culture and this underpinned their service and was the foundation for their vision and values. The management team and staff were extremely committed to delivering a service which was exceptionally caring and empathetic. People and relatives overwhelmingly expressed their satisfaction about the service, telling us they could not manage without it. The service went to great lengths in ensuring that people and care staff were well matched, and shared the same interests in life or had similar personality traits. People had a choice in who cared for them and their feedback was sought on the effectiveness of the relationships.

People were given encouragement and support to reach their full potential and live life to the full, assisted by passionate staff who were responsive to their needs. Staff were innovative in supporting people into employment and saw the impact they had on people's lives when these outcomes were achieved.

People's care and support was planned proactively in partnership with them and their involvement was recognised as key to providing person-centred care. The views of people using the service and their relatives were at the core of quality monitoring and helped shape service delivery. The service was moving towards electronic records to ensure they provided real-time evidence of the person-centred care they were providing.

The service was exceedingly well-led with the emphasis on continuous improvement. The registered manager encouraged staff to be innovative and there was a dynamic, positive and open culture at the service. Staff were "buzzing" with ideas and examples of how they had implemented new ways of working to benefit the people using the service.

Excellent links with the local community and other providers in the area had been fostered by the registered manager. They set up and chaired a registered manager forum to share good practice amongst other registered providers. They shared their knowledge, policies and procedures with other providers and supported them by providing training opportunities which ultimately benefitted people using services in the local community. They provided training to parents on how to manage behaviours that challenged to ensure consistency of approach when dealing with their relatives.

There was a consistent teamwork approach from members of the management team to those providing care and support. Staff told us about the excellent support they received from colleagues which enabled good team working.

Staff were continually reminded of the management's appreciation of their hard work and dedication. Staff received public acknowledgement and financial rewards as recognition they had gone 'above and beyond' in their role. Staff told us they felt extremely valued by the management team and that there was an open, friendly and honest culture, where they did not feel afraid to discuss anything and were very supported by

the managers at the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe

Risks to people's health and wellbeing had been assessed and reduced with detailed plans in place. Behavioural management plans to reduce the risks around behaviours that challenged others were exceptional in detail.

Systems were in place to analyse and understand when something went wrong such as an accident or incident which enabled them to put in measures to learn and improve.

Staff were recruited safely through the use of robust recruitment processes. They used a values based approach to recruitment to ensure they employed people with the right behaviours to support very vulnerable people.

### Is the service effective?

Outstanding 

The service was exceptionally effective.

Very detailed assessments of people's needs were undertaken in partnership with people, relatives and professionals to tailor people's care packages to meet their needs.

The registered provider worked according to the Mental Capacity Act 2005 and had a real understanding on the purpose behind the legislation to protect people's rights and keep them safe from harm without over restricting their freedoms.

People were supported to eat healthily and care staff were innovative in their approach to encouraging people whose usual diet was limited to choose and prepare more healthy options.

### Is the service caring?

Good 

The service was caring.

People were supported by a dedicated and caring team of staff who provided exceptional support which enabled people to develop and meet their own goals and wishes. They had been trained to use a variety of innovative techniques to communicate

effectively with people to support them to make choices.

Staff spoke very positively about the people they supported and were passionate about supporting people to be independent with personal activities of daily living and into work opportunities.

Staff recognised people's rights to privacy and to be treated confidentially and with dignity and ensured they protected people's human rights.

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

The service was extremely responsive

People had very person-centred plans that were developed with their full involvement or that of their relatives. These described in detail how people's needs should be met and were recorded in a way that provided detailed guidance to ensure care was provided in line with the person's wishes.

Staff and managers encouraged people and their relatives to make complaints and used this as an opportunity to improve their service. The provider investigated and responded to complaints in a robust manner and to the satisfaction of the complainant

**Outstanding** 

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

The service was exceptionally well- led.

The registered provider went above and beyond in sharing a clear vision of the service with staff, people, and relatives and in seeking their participation in operating the service.

There was very strong leadership at all levels. The management team was actively involved in all aspects of the service and was dedicated to providing the best service to those in their service and to support and share knowledge with other providers in the area.

There was an exceptionally robust quality assurance framework in place. Care delivery was always of a high standard as was the management of the service and record keeping.

**Outstanding** 

# Active Social Care Limited (Kirklees, Calderdale and Bradford)

## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 23 April and 14 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit. We visited the office location on 23 and 25 April 2018 to see the manager and office staff; and to review care records and policies and procedures. We visited one person in their own home and spent time at the registered provider's supported living home. The inspection team consisted of two adult social care inspectors.

Before the inspection we gathered and reviewed information from statutory notifications. The provider completed a Provider Information Return (PIR). 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. The inspection was informed by feedback from questionnaires completed by a number of people using services, relatives, staff and professionals. We contacted the local authority commissioning and monitoring teams and reviewed all the safeguarding information regarding the service. We also contacted Healthwatch to see if they had received any information about the provider and they shared the information they had about this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the registered manager, three assessment and reviewing coordinators, the positive behaviour manager, the communications manager, the monitoring and development manager, the human resources

manager, the training and development manager, two senior support workers, the rota senior and two care workers during the inspection. We spoke with a visiting social worker during the inspection. We met two relatives and spoke with one person using the service over the telephone during the inspection. We met with four people using the service during our inspection and two senior care workers and a support worker at the supported living home. We reviewed three care plans in detail as part of this inspection and a further four care plans to look at particular aspects such as falls prevention and behaviour management. We looked at all the quality assurance information and records relating to the management of the service, their policies and procedures.

After the inspection we spoke with two commissioners and emailed a third. We spoke with one local authorities lead around deprivation of liberty and emailed one person from Skills for Care for their feedback. We spoke with five relatives, and six care staff following the inspection.



# Is the service safe?

## Our findings

We asked people using the service if they were safe using Active Social Care Limited. One person told us, "Yes, definitely. They seem to know what they're doing and I trust them." People's relations told us their relative was safe and one said, "We visit regularly and never have concerns. Staff can always answer any questions or concerns." They also said, "They've got an awful lot of integrity. I'm 100% confident with them."

The provider had clear and up to date policies for safeguarding adults and children from harm and abuse. The policy outlined the practice and procedures to be adopted by all staff, in order to minimise the risk of abuse and neglect of people supported by the service. The policies for safeguarding adults and children reflected local and national safeguarding protocols, which were available to staff to make sure they followed the correct procedure to raise any concerns. Staff were able to describe the signs of abuse and what they would do if they saw it. One said abuse could be, "Physical, emotional, financial, institutionalised – it could be any form", and "I'd report it immediately to my line manager and document it." They were able to tell us the procedure they would follow to ensure the person was not at risk of harm, which gave us confidence in their knowledge.

Environmental risk assessments were thorough, and included risks inside and outside the person's home. The service used a range of standardised and specific risk assessments to ensure risks had been identified and reduced to protect people from harm. People's individual risk assessments included information about action staff were required to take to minimise the chance of harm occurring. There were systems in place to respond to safety alerts such as from the Medicines and Healthcare products Regulatory Agency (MHRA). This is a public body responsible for the regulation of medicines and medical devices and equipment used in health and social care. They investigate harmful incidents. Staff were able to advise us in relation to two recent safety alerts. One on the precautions required in relation to the safe use of emollient moisturising creams in relation to fire hazard and another in relation to the use of electric socket protectors. This demonstrated the service was responsive to external assessments of risk by assessing and reducing known risks.

One of the coordinators took the lead in moving and handling and had received training from the registered provider's trainer and also the local authority train the trainer course. We found moving and handling risk assessments and care plans were exceptional in their detail to enable staff to safely move a person. These included details of all the equipment in use and the servicing arrangements. Step by step guidance was provided to staff which, if followed, would ensure the person was moved safely.

The service had developed a reputation for supporting people with behaviours that challenged others. One of their manager's roles was to lead staff in this area and develop policies, procedures and staff support mechanisms. They had developed a monthly monitoring form for each person whose behaviour challenged and identified the date, time staff members involved, and coding system and a description. From this they had devised in-depth behaviour management strategies which were exceptional in detail. The behavioural support manager was able to demonstrate to us by the use of robust monitoring systems how they had positively impacted on people's behaviour. This also enabled them to give precise information to

professionals about people's behaviours and triggers and promote better interagency working.

People were supported by a consistent team of staff. They knew who would be supporting them prior to their visit and staff were always introduced to people which ensured they were comfortable with staff supporting them. This is particularly important to people with autism that benefit from a consistent staff team. One person told us, "They'll phone up and say if they want to introduce new staff and they shadow. It works fine for me and them." The registered provider had introduced a new electronic monitoring system and staff were expected to log in and out at people's homes which provided real time monitoring of the time spent with people.

The registered manager told us there were never any missed visits and if a staff member was unable to work, the senior staff member who was familiar with the person provided the care. Contingency for emergencies was factored into the rotas to ensure there was always cover and people's safety and wellbeing was not put in jeopardy by staff availability. One relative told us the registered provider contacted them during the recent bad weather to assure them the care staff would be able to support their relative. One of the concerns of several family members of children and adults with very complex needs was around contingency arrangements as there was often a small pool of care staff who supported their relative. They appreciated the pool needed to be small to ensure familiarity, but they told us this meant there was a risk the care arrangements could break down. They told us on the rare occasions this had happened they had changed their plans to plug the gap. They told us communication at these times could have been better and more notice given when planned absences were likely to cause an issue. They were overwhelmingly positive about the agency and the staff and this was the only area relatives had concern about and they were confident in the registered provider's ability to manage this.

The recruitment process in place was robust and the registered provider went to great lengths to attract and maintain a workforce that was dynamic, committed and caring, with the same values as the organisation. Many of the staff had direct experience of living with people with autism and/or physical disabilities often having used this service in the past. The service used a values based approach to the recruitment of new staff and had the support of a person who used the service to determine questions for the potential recruit. They were considering the best way for people who used the service to be involved in the interviewing of applicants to demonstrate their inclusive culture. Relatives also felt involved with the process ensuring staff were right for the relative. One relative said, "I think they have found the people who have the talent and enthusiasm to deal with [Name]. They have specifically picked people." They were overwhelmingly positive the recruitment process had worked to ensure people with the right skills and abilities had been chosen to support their relative.

There were detailed medicines policies and procedures in place to ensure people received their medicines safely. Staff had received training in medicines and had a competency assessment before being able to support people with their medicines. Medication administration records (MARs) were checked by one of the managers who was responsible for this area of care provision. This meant people were protected from harm as there was a robust system in place to ensure medicines had been administered as prescribed.

Systems were in place when new medicines were introduced to ensure all staff were aware of the changes. We checked MARs in people's homes which evidenced a good standard of record keeping. We were aware of one situation where staff had respected a person's choice in how the administration of their medicines was recorded which was not in line with best practice. On discussion with the registered manager they agreed to be innovative in their approach to ensure they respected the person's wishes but at the same time ensured a contemporaneous record of administration. This meant safe systems in place protected people from harm and ensured medicines were managed safely.

Lessons were learnt and improvements made when things went wrong. We were aware of two incidents which had taken place prior to our inspection. We saw evidence they had been thoroughly investigated and actions had been put in place to ensure the likelihood of the situation happening again was reduced. The family of one person told us, "[Manager] was very, very open. She told me what they'd done about it. I was very happy with what she'd done about it." They told us they thought it was a "one-off incident." The other person was also satisfied with how the service had handled the incident and with the measures put in place to prevent the situation recurring.

The service recorded all incidents, accidents and near misses and we could see where appropriate risk assessments and risk management strategies were put in place, reviewed and communicated as required. Staff training and competence was also reassessed. This meant the service was actively ensuring they were keeping people safe from harm.

## Is the service effective?

### Our findings

Staff received on-going training which was refreshed in line with company policy. The service had recently worked with Skills for Care and ensured their policy for refresher training was in line with nationally recognised guidance. Skills for Care said, "The manager is passionate about providing excellent care and support. She often contacts me to discuss our resources and she is always willing to provide feedback and engage with Skills for Care activity." The registered manager recognised the role training and development had in ensuring a competent, motivated workforce and the service employed a manager whose role was to identify training and develop courses for staff. Training information was clear and up to date with very good oversight of when each member of staff needed to refresh their training.

Additionally, the registered provider recognised they could benefit a wider audience by offering courses to families and to staff who worked for other services. For example, they had recently run a course on positive behaviour management to parents of children with additional needs in the area. This collaborative way of working ultimately benefitted people using the services to achieve a positive outcome. We saw feedback in relation to this. Comments ranged from "really effective information" to the more specific "really good at helping me understand," "it has made me re-think how I deal with challenging behaviours and gave me ideas on how I may adapt my parenting".

The service utilised the Care Certificate for all staff whether or not they were new to care. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. We saw observations and competency assessments had been carried out in line with the standards and staff were awarded the Certificate at the end of the process. The registered provider had adapted their induction from Social Care Information and Learning Services (Scils) and Skills for Care, company policy and procedure and best practice materials. Staff were expected to complete booklets and on line training in their own time within a 16 week period. Each member of staff had a personal development plan and training was provided in different styles to suit the differing learning style of the staff. All staff spoke highly of the training they had received and the quality of the training providers both in-house and external to the company.

Staff told us how good the training they received was. They said the registered manager encouraged them to seek out training opportunities and to share learning to improve the service. They told us they were proactive in obtaining up to date information about best practice and we saw evidence to support this. Professionals confirmed staff were well trained. One said, "Staff are trained to meet the needs of people with a wide range of needs. They have the skills and desire to work with people."

The training and development manager showed us the course they were developing to support people with oral hygiene needs. This covered all aspects of oral care from location, behaviour, positioning, to supporting a person to the dentist and had been based on best practice from NICE. They had also devised a knowledge check to ensure at the end of the course, the staff member had gained the necessary skills required to support people to maintain their oral health. This demonstrated the registered provider was looking at outcomes from training they were delivering and this positively impacted on the care they provided.

The service employed a communication manager who had developed various communication courses to develop staff skills in this area. For example, bespoke communication training had also been developed when taking on a new client. This involved training staff to use PECS (picture exchange symbols), intervener deaf/blind training, multi-sensory training and British Sign Language. We saw the evidence of the effort the service had gone to, to ensure a smooth transition for one person, where communication was key to the success of the package.

Feedback from staff following a course on communication at the supported living house indicated they had been struggling to encourage the people they supported to eat healthily. From this feedback they developed a "fake away" folder to include healthy eating equivalents to replace the usual take away meals people were eating. We saw evidence of healthy eating strategies where words, pictures and encouragement were used to change people's eating habits whilst not restricting their choices. This demonstrated the registered provider considered the important role staff had in encouraging the people they supported to maintain a healthy lifestyle and showed how innovative practice benefitted the people they supported.

One professional told us about one person supported by the provider to eat healthily. They said the person, "didn't have a good diet but they worked with [person] and now they are having a varied diet." They told us it was the effective interventions of the staff that had resulted in this change and this demonstrated the provider utilised staff with creative skills and behaviours to improve people's wellbeing.

The company provided a range of training they had identified as essential for all staff and in addition provided specialist training to enable staff to work with people with particular needs. Where people had complex needs bespoke training was provided to manage this health need. For example, on how to use a nebuliser, suction, gastrostomy or specialised medicines. Care plans recorded step by step instructions for staff to follow to reduce the risk of unsafe management.

The registered manager explained due to the complexity of the needs of the people they supported, many skills were learnt through working with people. Staff confirmed this too, by telling us that although the training was really good and provided them with the knowledge required; working with people and their relatives provided them with the skills required to provide excellent care.

The provider recognised people's mental health can be affected by medication. One of the assessment and reviewing coordinators had recently undertaken training in STOMP. STOMP is a national NHS England campaign which is aimed at stopping over medication of people with learning disabilities, autism or both. People with a learning disability and 'challenging behaviour' are prescribed psychotropic medication as a way of chemically sedating or 'restraining' them. Following on from this course the staff member had identified people they were supporting who might be considered to be sedated or restrained by medication and was in the process of contacting their GP to discuss other more suitable strategies. They had shared this learning with others in the organisation which further demonstrated they were keen to work in a way that was considered to be best practice and supporting people's rights and choices to be free from overly restrictive practices. At the time of the inspection, as this was a recent innovation, they were unable to evidence outcomes in relation to this but monitoring was in place for this development.

Supervision records showed staff had received individual supervision sessions in line with guidance. Our review of supervision records evidenced these meetings were exceptionally thorough and used to drive up the standard of care. For example, each member of staff had a knowledge check about the person they supported to ensure they continued to support the person well and were aware of any changes to the person's care arrangements. This demonstrated the registered provider had systems in place to continuously improve staff practice to achieve the best outcomes for people using the service.

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.

We found people had their capacity assessed in order to determine their ability to provide lawful consent and decision specific capacity assessments and best interest decisions were kept in people's care files. Where people were able to consent to care and treatment this was recorded in their care plans. People's care files demonstrated the service had gone to great lengths to determine whether people had the capacity to consent to specific decisions and where they lacked the capacity they were supported in their best interests with these decisions. For example, around forming close relationships with others and in relation to proposed surgery. This involved using the skills of professionals to help the person to understand the decision to be made and also identifying staff who would be most appropriate for the person to discuss the topic under consideration. A great deal of thought, consideration and compassion had gone into the discussions to ensure the rights of the person were protected but without impinging on their safety and wellbeing.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection. The service supported one person deprived of their liberty and where an application had been made to the Court of Protection in relation to their tenancy arrangements and care plan. They ensured they were acting in accordance to the requirements of the Court of Protection and introduced measures to support the person in line with this. We spoke with a professional who was the local authority lead in this area. They were extremely complimentary about the registered manager and the staff at the service and their knowledge about the Mental Capacity Act. They told us the standard of care planning was impressive and as the person making the application, they were able to use the information with minimal alteration to send to the Court of Protection. They said the interest from management down to care staff in using the MCA was unusual in their experience, and this ensured the person was safer, happier and engaged. They were impressed the use of the MCA was not a tick box exercise and they were using capacity assessments to help them provide safer care.

There was clear evidence of collaborative working and excellent communication with other professionals. For example, a visiting professional told us, "This is one of our effective partnerships in terms of communication. They regularly update us. They know the young person well. They are creative and inclusive. If I email them, they get back to me straight away." Care plans contained details of correspondence to a range of health and social care professionals to highlight how they were able to work together to ensure effective care and support. Each person's care plan had details of other health and social care professionals who were involved in their care, including GPs, nursing professionals and occupational therapists.

Staff supported people to attend hospital clinics on an on-going basis. Staff provided the medical team with up to date information about people's conditions that they had monitored and recorded at the service. For example, a detailed record of a person's behaviours and triggers was passed to the relevant team which enabled clinicians to have real life up to the minute information. Staff encouraged and supported people to attend so that they would receive well-informed and up to date on-going care from relevant health professionals. People had health action plans in their care files to enable staff and other professionals to have the information required to enable individuals to communicate on their transfer between services. This also provided essential information around risk and, the needs and preferences of the person to make their

transition between services home, hospital and other services more effective.

## Is the service caring?

### Our findings

Without exception, we received extremely positive comments about the staff and the support they received. People told us the staff were kind, compassionate and caring towards them. One person said, "They're lovely." Another said, "Sometimes they'll stay on later to help me get into bed", "They do little things, and if I'm not well they'll ask me if I need anything from the shops.

Equally, relatives were overwhelmingly satisfied with the service their relations received. One said, "I couldn't ask for better people. I can't praise them enough. I can't put it into words. Without them, parents like us would struggle. Another relative said, "I can't fault the service. They are wonderful."

A professional we spoke with told us about one situation and the lengths the agency had gone to draw up a care plan which worked. They said this involved, "Weekly meetings with the family to work out what was working well and what wasn't working." They said the agency worked to a good ethos, looking at what works best for the children. They were always prepared to attend reviews, wherever these were held to ensure the best outcome and they had used this agency when other statutory services had not been successful. They were successful due to their ability to analyse what worked and why and then implement changes based on these successful outcomes.

Care was clearly focused upon each person as an individual, with meaningful and purposeful activities based upon people's real interests, goals and outcomes. People and their families felt listened to, involved, and valued. One person said, "I've read them. They came out and we went through it all." They said if they wanted to change anything, "I can ring up and ask them and they'll sort it." Another said, "The care plans were straightforward and easy to understand."

Staff knew the people they were working with and were able to talk about their personal histories and how they liked to be supported, including important parts of people's routines. It was clear they understood the importance of providing care that was tailored to the individual. One said, "It's putting their needs and wishes first and foremost in a safe manner." Another told us about the importance of building relationships with people they cared for and how they had learnt to read their non-verbal signs as they were unable to verbalise their wishes. They explained to us how they could tell if they didn't like the music on the radio and if they wanted the channel changing from their body language and the use of Makaton. This is a way of communicating that uses signs and symbols. Staff were able to use the Makaton signs people understood and told us what these meant.

People's care plans specified clearly how people communicated their wishes and how they understood what was being said to them in order for them to make choices. The behavioural support manager was able to evidence how people no longer exhibited such a high degree of behaviours that challenged as their choices and wishes were now understood and being met. They worked closely with the communication manager on this aspect of service delivery as they recognised how closely linked people's ability to communicate and behaviours that challenged were linked. They gave one example of a person's whose behaviour became more challenging at the end of school holidays. They worked with the person using



pictures and profiles to help understand the change in routine and compiled a picture calendar which could be ticked off every day to prepare for the change. We saw a communication champion checklist which clearly identified the actions the service had put in place and the future action plans to ensure they maximised communication with the people they supported. This demonstrated the service recognised that effective communication was the foundation to securing people's most basic human rights.

Care plans also contained Disability Distress Assessment Tool (Dis DAT). The purpose of the Dis DAT is to help observe and identify distress cues in people who have severely limited communication because of cognitive impairment or physical illness. These were regularly reviewed to ensure they remained current. This contributed to the culture of autonomy, respect and dignity.

Through conversations with staff and our observations, they all demonstrated to us how they maintained people's dignity and respected their privacy during physical and intimate care and support. One staff said, "When I have a new member of staff shadowing me or if a new member of staff is being introduced and I am doing personal care, I always ask them to wait outside when undertaking personal care." One person who used the service confirmed, "Yes they do. They put me at ease (during personal care)." One relative told us their relation "is always treated with dignity and respect."

People told us they were empowered to be as independent as they wanted to be. This involved being able to choose how they wanted to live their lives. One said, "Getting up, what to wear or eat etc. I decide for myself." Other people were supported to remain independent through the use of assistive technology such as telecare. Telecare helps to manage risk and support independence by means of unobtrusive wireless sensors placed around the home which can be linked to a monitoring system or used as stand-alone devices. One person who was at risk of getting lost had been assessed for a device which enabled others to track their whereabouts which meant the person was able to remain independently able to go outdoors, but protected their safety in case they were unable to find their way home.

Meeting people's spiritual, religious and cultural needs was a key focus of the staff. They were able to provide staff from a diverse background which reflected the communities they served and the differing languages and communication methods. The registered manager equally recognised the importance of equality when dealing with staff and had put in measures to support people with protected characteristics. They gave examples of reasonable adjustments they had made to facilitate staff working at the service. We saw evidence during our inspection that people who used the service were involved in recruiting staff they wanted to support them. This clearly demonstrated the registered provider embedded equality, human rights and diversity into their working practices.

People who needed access to advocacy services were supported in this area. Advocates are trained professionals who support, enable and empower people to speak up. Information for people using the service contained details on how to access advocacy services including Independent Mental Capacity Advocates (IMCA) and Mental Health Advocacy Groups and Advocates for parent and carers.

The registered manager also told us, people were supported to be involved with their local community. As well as providing services in people's own homes the registered provider also provided day care facilities. Although these are not a regulated service, people who received support in their own home also used this facility and we were shown evidence of how these people were supported to be involved in the local community.

## Is the service responsive?

### Our findings

Our inspection evidenced the registered provider placed people firmly at the heart of the care planning and care delivery process. This was confirmed in our discussions with staff, people using the service, relatives and professionals. One relative told us they had been fully involved in the care planning process and said, "They put in a lot of time and effort to putting the care plan in place. They go through everything with me to make sure it meets [relatives] needs." One relative who had a previous poor experience of care told us how happy they were. They said, "Everything moved forward straightaway – it was fantastic. It's very individual for [Name]; they understand [Name's] behaviour; they anticipate what [Name] wants. It's the little things that make a massive difference."

The service had a dedicated support planning team with three assessment and reviewing coordinators. Our discussions with them demonstrated how well they knew the people they supported. Their knowledge was translated into a comprehensive care plan which provided staff with detailed guidance to follow. We reviewed three care plans in detail as part of this inspection and a further four care plans to look at particular aspects such as falls prevention and behaviour management. A copy of the care plan was kept in the person's home and a copy was kept in the office.

Care plans were extremely detailed and very person-centred. Outcomes were clearly identified and concentrated on what the person wanted to achieve in their life and how best the care staff could support them. Each contained the person's goals, information about personal history, personality and likes/dislikes. Care plans were in place for all aspects of a person's care and support, with consideration of hazards specific to the area of support, any moving and handling needs, what they could do themselves, support needed from staff and any restrictive practice. For one person living with dementia, their record contained a management of dementia care plan which included information from Alzheimer's disease international website about the importance of routine. The roles of each member of staff were identified. For example, in one care plan where two staff were required the plans specified the role of each person to ensure the person supported did not become agitated, putting their needs at the forefront.

Staff kept a record of their intervention with people whilst in their home. For example, for one person receiving 24 hour care, staff recorded in their record every two hours. This included an account of what the person was doing, and their food and fluid balance. This provided an excellent record of a person's day and enabled a seamless handover to the next staff member supporting the person.

We found information regarding people's communication needs was recorded in care plans and the service had gone to extraordinary lengths to ensure information was provided to people in accessible formats. The service had an easy read service user guide and had taken advice from people using the service to ensure they were able to provide the information in a way which had meaning to the people it was aimed at. The guide was available also in large print, a different language or "other ways you can understand." This included comprehensive information about the services on offer but also provided the company policies in easy read format.

They had employed a manager to specifically look at this area of practice and deliver training to staff to improve their knowledge and skills. This meant the registered manager was meeting the requirements of the Accessible Information Standard. This requires them to ask, record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

We saw the lengths the company went to in ensuring that people and their care worker were well matched, shared the same interests in life or had similar personality traits. At the front of each care record and on the electronic record system there was a "client crucial information page." This detailed information about their needs and the training staff would require before they would be considered to support the person. This ensured only staff with the necessary skills were placed on the rota. In addition, the electronic record system captured staff personal profile which meant the people organising the rota could identify suitable staff for people using the service. This enabled the service to respond to emergency situations where they were called on as a last resort to support a person or family in crisis. Matching people and their care workers meant that people were better-supported, there were shared interests or life experiences and this had an extremely positive impact on people receiving care.

One professional told us "I don't know what we would have done without this service. The registered manager has been very helpful and switched things around." They explained to us, Active Social Care Limited had been successful where many other services had been tried and failed. They told us the service took on some of the most complex situations and people with the most challenging of needs. They explained about one situation where the service was able to support a family who had reached a crisis point. They said the registered manager, "Instantly got started on the package and went and sorted the situation out within an hour."

People told us the service was flexible wherever possible. We saw that the service was responsive in changing the times of visits and accommodating last minute additional appointments when needed. For example, one person said, "I can ring up and ask them and they'll sort it." One relative told us the service was very responsive to their relative's needs, "They don't stick rigidly to the care plan, they always ask what [relative] wants to do. If it's a nice day, they will look for outdoor activities."

The service used person-centred active support (PCAS) as a way of working with people to make choices about things in their lives. Using the principles of PCAS "Every moment has potential, little and often, graded assistance to ensure success, maximising choice and control." They supported people with activities. Staff aimed to provide enough help to enable the client to participate successfully in meaningful activities, and to help the client develop independence and feel more in control of their everyday lives. We saw this was evidenced through case studies provided at inspection which showed staff had supported people with everyday activities to achieve outcomes, however small. Once achieved, new goals were set and people encouraged and motivated towards successful outcomes.

The registered manager, management team and office staff were all motivated and clearly passionate about making a difference to people's lives. The registered manager had identified staff with a specific interest in areas of practice and supported them to develop their own and other staff practice in these areas. The positive behaviour manager told us, "If the function of behaviour says [people] are bored, we need to do something." They could clearly demonstrate how this had impacted positively on people's lives and enabled a very responsive service to be delivered. They had developed very detailed care plans to support staff to manage these behaviours and had achieved impressive outcomes. They recognised the importance of sharing this information with other providers such as day centres and schools so that they all worked to a consistent approach.

The positive behaviour manager gave one example about the difficulty one person had during car journeys. They had identified their behaviour was linked to over stimulation. By removing all the stimuli from the car and giving the person one toy this had positively affected their behaviours.

Staff had attended equality and diversity training which encouraged them to promote individuality and ensure people's personal preferences, wishes and choices were respected. Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, race, age, disability or religious beliefs. We saw staff understanding of equality of opportunity had impacted on people's lives to achieve positive outcomes as staff had supported people individually and flexibly. For example, staff supported one person into work, spending several months building up a positive relationship to encourage them to achieve set goals such as walking outdoors, interacting with people and being paid to work. We spoke with this person and they explained how the care worker had supported them to achieve their goal, how they were intending to set further goals to achieve and how they were now developing relationships with people where fear of being targeted by others had meant their life had previously been very restricted.

The use of technology was being extended by the registered provider to benefit people and they were in the process of changing their system to one which would allow them to capture more detailed quality assurance systems. Staff used "Apps" on their phones, from example NHS England, to remind themselves about safeguarding. In addition, electronic systems were utilised to support supervision and appraisal, electronic monitoring, and care records where staff were able to speak into the system and give real time feedback to management.

We asked people using the service and their relatives if they had any complaints about the service and if they knew who to complain to if they were unhappy. One relative said, "No problems in the last 12 months. I have had to write a couple of times and they dealt with it very well." Another said, "They are always contactable. I've made a complaint in the past. They are very responsive to complaints." All the people we spoke with commented about how good the response had been when they had raised concerns which gave them confidence in the service.

There had been complaints about the service and CQC had been contacted prior to our inspection. However, we were satisfied the registered manager had systems in place to deal with complaints fairly, openly and with transparency. Where the service had fallen short the registered manager complied with their duty of candour, investigated and responded to the complainant in accordance with this requirement. The duty of candour means the registered provider is required to be open and honest when things go wrong. The registered manager maintained a log of compliments they had received about the service from professionals, staff and people using the service. Compliments were glowing about the staff, the management and the support provided including the impact their involvement had on people using the service.

Staff had experience of supporting people at the end of their lives, although they weren't currently supporting anyone at this stage. They recognised the importance of end of life care planning and their role in ensuring people's end of life wishes were respected. One of the assessing and reviewing officers told us they were well aware of the impact supporting people at the end of life had on staff particularly when a young child died. Plans were put in place to support both staff and people using the service. They accessed support from hospice staff in addition to their own support mechanisms.

## Is the service well-led?

### Our findings

Everyone we spoke with, people, their relatives, staff and other professionals expressed how exceedingly well-led the service was. Their vision statement, "Improving people's quality of life by delivering person centred services," was consistently put into practice by the service and we saw they were committed to acting to their logo, "Putting our clients at the centre of all we do." Some of the comments we received from people using the service and their relatives included, "It's like Christmas every day when you get good care like this." "As a parent, I'm listened to, if there's a problem, it's sorted. The staff are well trained. It's a good service." "It's very well-run", "Active are very good."

We received the following comments from a professional about the leadership, "[Name] stands out as a manager to me because she is always looking for ways to improve her service, share her learning and solve problems." One professional we spoke with said, "Families praise them to high heaven. They are one of our best working partnerships. If it's on the plan, it's done."

The registered manager who was also the owner of the company was working in partnership with several commissioning authorities. We contacted all the commissioners who told us how well-led the service was. One commissioner said, "The owner [name] is extremely person-centred and is always one step ahead in terms of new legislation, policies and good practice." Prior to the inspection we sent questionnaires to professionals for their view of the service. We received the following responses, "Excellent well led care provider. Get lots of good feedback from families and carers. Very responsive and person centred." Another said they "have always found [name removed] and her management team to be very proactive in ensuring they meet the needs of their service users and carers."

There was a dynamic, positive and open culture at the service and we found staff "buzzing" with ideas and examples of how they had implemented new ways of working to benefit the people using the service. Every member of staff wanted to showcase the organisation and their part within it making a difference to people's lives. Staff were encouraged to write case studies to evidence how their interventions had a positive impact on people supported by the service and they were keen to share these with us during the inspection. The registered manager was always looking at ways to improve the service and had created two new managerial roles to oversee and support staff in the area of communication techniques and positive behaviour management. This demonstrated the service was identifying and putting plans in place to support the service to develop and deliver an outstanding person-centred service.

The registered manager was involved in a range of local networks and groups aimed at sharing good practice across the local care sector. They had run a training session for parents on how to manage behaviours that challenged and particularly around positive behaviour strategies. The feedback from the course showed this had been of benefit to the parents involved and demonstrated a genuine interest in achieving positive outcomes for all children whether supported by the agency or not.

The registered manager had set up a registered manager group for the local area to share best practice amongst their peers. We saw the minutes of the latest registered manager meeting which confirmed they

were leading on work to improve the delivery of care overall in the community. The registered manager told us they were not precious about sharing what they had learnt. They benefitted greatly from working across three local authority areas and the training opportunities this offered, and they wanted to share the knowledge gained. They supported smaller providers in the area by enabling staff from these organisations to participate in training events run by the service and by sharing training materials. One commissioner said of the registered manager, "An excellent team player as she engages with other providers to share all of this. [Name] chairs a Registered Managers network of domiciliary care providers in Kirklees which she set up and which is invaluable for everyone and promotes good practice amongst them all." Another professional we contacted said, "[Name] always listens to other providers at the meetings and encourages them to share their learning. She also organises for speakers to attend networks to discuss issues identified by the network."

The registered manager was at the forefront of many initiatives and used knowledge gained to support developing services. For example, they were keen to support the Transforming Care Agenda and developing personal budgets. They had also agreed to test the new version of the National Minimum Data Set (NMDS) for Skills for Care. By involving themselves at this stage, they felt they would be able to influence the system to ensure it was more user-friendly and easier for providers to use and would support organisations to gather necessary data. Skills for Care said of the manager, "She is always willing to share resources and learning with other providers. [Name] has arranged for her administrator to provide support to other services to complete NMDS-SC. She regularly shares information from other meetings and events she attends."

Staff we spoke with consistently described management as "approachable and supportive." Staff told us they felt involved and able to make suggestions for improvements. One member of staff told us, "After every course or meeting we're always asked for feedback. It's constant. They always want to listen." Staff were all very positive about the service. They talked to us about the importance of working as a team. One said, "We all pull together. We are all equal." They told us good team working had a positive impact on people using the services as it led to consistency of staffing. They reported to us that, for one person they supported, most staff had been working with the person for over two years.

We could see evidence the company valued their staff and had implemented a number of initiatives to reward staff. Innovative practice and positive feedback was celebrated and staff were encouraged to share this. Staff were rewarded with vouchers for outstanding work, or for submitting a case study which demonstrated the positive impact their support had on the lives of the person supported. They also operated a "refer a friend" scheme which had been successful in attracting new staff with an understanding of the values underpinning the company.

Whilst recognising that monthly team meetings were logistically difficult the registered provider had explored other ways of keeping care workers fully informed. This included use of their "extranet" internal website to provide staff with real time updates at their fingertips. For example, updating staff about the recent measles and flu outbreak in the local area, encouraging staff to ensure vaccinations were up to date. Also information about local inclusive events and sports for staff to suggest and pass on to the people they supported.

The registered provider utilised social media to create a community within the company. They used this to share interesting educational information and videos to keep learning interesting. We were given a copy of the registered provider's social media policy which they had linked to the CQC key lines of enquiry. They recognised they also had a role in keeping people using the service safe on line, and the policy included examples of safety tips on how to keep safe on line.

Staff from senior level upwards were responsible for monitoring the quality of the service. We found the registered manager had put in place robust and effective systems to assure the quality of their service including a range of audit. For example, the annual audit of accidents and incidents and the report for 'near misses' clearly demonstrated they had analysed each incident and used the CQC key lines of enquiry as a benchmark so they could assure themselves they were acting in line with best practice. The thoroughness of these audits enabled them to demonstrate the low number of accidents and incidents they have indicating the systems they have in place on the whole have been very effective in supporting staff to provide a safe service. Other audits were used to develop individual reports such as an annual safeguarding report and a physical restraints annual report. These demonstrated the service was undertaking its responsibilities to continuously improve the quality and safety of the service.

The provider undertook a detailed annual equality audit and they had undertaken an equality impact audit. This demonstrated they were ensuring they were committed to diversity and equality of opportunity for employees and people using the service. They measured their service against all the protected characteristics. This demonstrated they maintained a diverse staff profile, statistically more diverse than the national average. They were able to demonstrate people they supported were also from a very diverse background. From the report they devised an action plan to ensure ease of access to the service for staff and people using the service. They also monitored whether groups with protected characteristics were over represented in the central audit systems in relation to accidents/incidents, personnel issues, physical interventions and safeguarding. This meant they were proactively ensuring they met all the requirements of equality legislation.

We saw that formal surveys were conducted with people and their relatives and were extremely positive. Staff were also surveyed annually and action identified for areas of improvement were recorded and shared with staff. This demonstrated the registered manager used areas for improvement suggested by staff to improve their experience working at the service. They received positive feedback from staff which included the following statements on what the service did well, "We support staff well. We listen to issues and concerns and follow these through." "We provide good communicate to staff and clients." "We provide good quality care." "We offer good quality training." "We match clients to staff well". The survey showed that a small number of staff did not share the same positive experience and where negative comments were received actions were identified to improve the experience for all staff.

One person within the organisation had been given responsibility for updating policies. They had signed up to various policy alerts from government departments and third sector organisations to ensure they always had the most up to date information. We saw policies were regularly reviewed and updated. Policies contained information on where guidance had been obtained so we could see this information was current and regularly reviewed and updated. Policies were also linked to the CQC regulations and Key Lines of Enquiries. One such example was the policy on transition (supporting people through children to adult services). The policy included how the service was to work in partnership with other organisations and incorporated an equality impact assessment.