

Your Lifestyle Nationwide Limited

Your Lifestyle LLP Dom Care

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 30 November and 4 December 2017 and was announced. Your Lifestyles is a domiciliary care service which provides personal care and support to people who have learning disabilities, autism, mental health problems and sensory impairments. This service provides care and support to people living in a number of 'supported living' settings 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 Your Lifestyles received a regulated activity; CQC only inspects the service being received by people provided with the regulated activity of 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in place as required by their conditions of registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was outstandingly responsive to people's needs. The provider promoted a highly person centred culture and this was reflected throughout our inspection. Staff had high standards and expectations of both themselves and people and this promoted an exceptionally positive culture of staff passionately challenging disability perceptions and stereotypes. We found this positive 'can do' approach had improved people's confidence, access to the community and daily opportunities.

Staff were proactive in managing people's risks to themselves and others. Staff worked towards positive outcomes for people based on people's strengths, choices and abilities. Creative and highly personalised strategies were put in place by staff to help people live meaningful and active lives. Staff had gone the extra mile and responded to people's needs and wishes and helped them overcome barriers. We found examples of how the consistent approach of staff had enhanced people's wellbeing.

People were encouraged to try out new activities and overcome any preconceived barriers which had resulted in positive engagements with their local community and trying out new opportunities. It was evident that people had progressed in the management of their own emotions and behaviours. People's risks and control measures had been put into place to keep people safe. People were safeguarded from harm and abuse and there was a culture of acting on concerns and learning from mistakes or incidents.

People's care plans gave staff detailed guidance on how people liked to be supported and their preferred standards of care. People had been supported to maintain links with their families but also to become as independent as possible. The management and administration of their medicines had been reviewed and was based on people's individual support needs. People were encouraged to make their own decisions about their meals but were also encouraged to eat a healthy diet.

Sound recruitment processes were in place and staffing levels were effectively managed and reviewed. Staff had been trained to support people with a range of diverse needs. They told us they felt supported by senior staff.

The registered manager and managers were committed in providing effective care for people with complex needs. A strong leadership team was in place which promoted equality and empowerment of people using the service. The managers had a robust framework to monitor the service being provided and consistently reviewed their approach to drive improvements across the service. We have recommended that the service monitors and analyses the impact of new initiatives on people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Individual's risks had been thoroughly assessed. Suitable preventative measures had been put into place to keep people safe. There was an open culture of learning from mistakes or incidents.

Staff were knowledgeable about safeguarding people and reporting any concerns.

Sound recruitment processes were in place and staffing levels were effectively managed and reviewed.

People received their medicines as prescribed.

Good ●

Is the service effective?

The service was effective.

People were supported with their personal care by staff who were trained and supported.

People were supported to make decisions about their care and support. They were encouraged to eat a healthy diet. Where required people were supported with planning, shopping and preparing their meals.

Systems were in place to provide continuity of care when people moved into the service. People were referred appropriately to health care services if their care needs changed.

Good ●

Is the service caring?

This service was caring.

People and their relatives were positive about the care they received. Staff supported people with their personal care needs in a dignified manner. They were respectful of people's own decisions.

Good ●

People were encouraged to retain and develop in their levels of independence.

Is the service responsive?

The responsiveness of the service was outstanding.

Creative and highly personalised strategies were put in place by staff to help people live fulfilled and meaningful lives. Staff had gone the extra mile and responded to people's needs and wishes and helped them overcome barriers.

Excellent working relationships between the service and other agencies had resulted in people not always needing to go to hospital if they had a fall as well as knowing that they will be supported to maintain their tenancies.

Complaints were managed in line with the provider's policy. Complaints were actively addressed and reviewed by managers.

Outstanding 

Is the service well-led?

The service was well-led.

The registered manager and managers of the service were clear that people received care in line with their visions and values.

Various systems had been implemented to help drive improvement across the service.

Robust quality auditing systems were in place to ensure people received good quality care with positive outcomes.

Good 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 on 30 November and 4 December 2017 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Not everyone using Your Lifestyles receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The inspection was carried out by one inspector. Prior to the inspection, we looked at the information we held about the service. Inspection site visit activity started on 30 November 2017 and ended on 15 December 2017. We visited the office location on 30 November and 4 December 2017 to see the registered manager and office staff; and to review care records and policies and procedures.

We spoke with two people, an advocate and the five staff members as well as two health care professionals. We also spoke with the registered manager, two area managers, four service managers, the operations manager, the transition manager and the training manager. We also looked at the care records of five people and records which related to staffing including their recruitment procedures and the training and development of staff. We inspected the most recent records relating to the management of the service including quality assurance reports. After the inspection, we spoke with one person and two relatives by telephone about the service they or their loved one's received from Your Lifestyles.

Our findings

People could be assured that they were protected from harm and abuse as comprehensive systems and policies were in place to safeguard them. Staff had been trained in recognising types of abuse and how to report any concerns or allegations. They had a good understanding of their responsibility to keep people safe and protect them from harm and discrimination. In the past, people had been given opportunities to partake in safety workshops in order to help them understand and recognise abusive relationships and support them to form safe relationships. We were told a new schedule of workshops would be planned for people in 2018 to ensure people continued to understand how to safeguard themselves and report concerns. When safeguarding incidents had occurred, prompt action had been taken by the registered manager and senior staff to ensure the safety of people. Records showed a full investigation was carried out and actions were taken to reduce the risk of a repeated incident.

Risks to people were managed in accordance with their needs. The managers and staff had involved people, their families or other health care professionals in the assessment and management of people's individual risks including risks associated with their health, emotional well-being and support requirements. Staff understood the strategies needed to protect people and the safety of others. Management plans were in place which gave staff guidance on people's level of risks, their support needs and the actions staff should take to help mitigate these risks. For example, care and risk management plans were in place for people who were alcohol dependent or who suffered from a mental health disorder or physical health condition such as diabetes. Care records provided staff with direction on how to support people if they became upset or were known to become agitated in a noisy environment. Possible triggers of the cause of people's behaviours and how staff should support people were also recorded. Staff gave us examples of supporting people in the least restrictive manner and providing people with choice and exploring new opportunities such as swimming.

Some people had been involved in the training of staff to ensure staff fully understood their needs and how staff should assist them in managing situations and reduce their anxieties, such as the cause and signs which may indicate they were becoming upset. For example, staff knew the approach to take to avoid people becoming over stimulated when walking through a busy environment such as a shop. People's safety in their own home's and community had also been assessed and managed. For example, people's ability to manage and monitor the safety of their home such as checking smoke detectors had been assessed and actions had been taken to help mitigate any risks.

Where the management and cause of people's risks could not be fully identified and managed by staff; the

provider had sought additional advice from local and independent health care professionals. For example, the provider commissioned a specialist to carry out an assessment of one person who frequently became agitated and was at risk of losing their care package. As a result of the recommendations made by the specialist, staff had adapted their approach when supporting the person and reported that the person was now less agitated and enjoying activities with staff. For example, staff supported the person to use specific self-calming and distraction techniques. Staff recorded any changes in the person's behaviour which was monitored and analysed weekly by the service manager to ensure they were supported to minimise the risk of them becoming upset and agitated.

Staff recorded and reported any incidents and near misses to their line managers. The culture of the service was to review incidents and reflect on what actions could be taken to protect and manage people and staff's safety and reduce the likelihood of the incident reoccurring. Staff told us this was done through staff training and meetings. They told us that the managers were receptive to any ideas or suggestions to improve the support and approach that was provided to people.

People were supported by sufficient numbers of staff to meet their needs. People were supported by staff who were familiar with the needs of people. Staff worked within teams headed by a service manager who ensured staff were familiar with the support requirements of the people they cared for. Where agency staff had been used, the registered manager had met with the agency provider prior to placing agency staff to ensure their suitability. They ensured all agency staff had completed the provider's induction training and had been introduced and were familiar with people before they supported them. A 24 hour on call system was available for people and staff to contact if they needed any additional support and advice. The staffing levels and support requirements of people were reviewed weekly by the managers of the service to ensure that their funded hours and any additional support needs were being met by sufficient numbers of qualified staff.

Effective recruitment processes were in place to ensure people were cared for by suitable staff. The previous employment history of new staff and Disclosure and Barring Service (DBS) checks were carried out to ensure staff were of good character and suitable for their role. Identity and health checks had also been undertaken before staff started work. The service was recruiting extra staff to provide more flexibility around people's needs. People's views of the staff who supported them were valued and acted on. The registered manager had asked people to express their views and preferences about the staff who supported them such as their gender or interests to ensure that staff who were recruited would be compatible with the people.

People were supported to take their medicines as prescribed. Appropriate arrangements were in place to ensure people's medicines were managed and administered according to their needs and in line with the provider's medicines policy. People were given their medicines by staff who had been trained and deemed as competent in the safe management of medicines. People's medicines administration records had been completed with no gaps or errors. A description of people's medicines and their side effects were recorded to guide staff and the actions they should take if people refused to take their medicines. Protocols were in place for medicines that may be taken 'as required' such as for the occasional pain relief or managing people's anxieties. Staff could describe how they would support people with their self-calming and distraction techniques and only used their prescribed anxiety medicines if the behaviour support was not effective. However these alternative methods to support people before administering people's 'as required' medicines were not consistently recorded. The managers informed us that the guidance would be updated to prompt and inform staff. Staff consulted with health care professionals and their GP when people's medicines needed to be reviewed.

Our findings

The care and support being provided by Your Lifestyles was being delivered in line with current evidence based guidance and legislation. Staff training was delivered in house and based on national standards. The managers of the service were passionate about the training that was provided to staff. The registered manager said, "We have developed a robust training programme for all our staff to attend. They are observed and assessed from the moment they start with us. We want to be sure that our service users are supported by well trained staff."

New staff went through an in-house induction programme consisting of training and shadowing experienced colleagues until they were confident in supporting people. The service managers and training staff carefully considered and assessed the knowledge, strengths and approach of staff during the induction period to ensure they had the skills they required to meet people's needs. Staff felt they were trained to support people. One staff member said, "We are definitely trained well. If we are not satisfied and we have any worries we can always ask for more. It is never refused." People and most relatives told us they felt confident in the skills and knowledge of staff, although one relative said they felt some staff needed more detailed training and understanding of supporting people with autism.

When required, additional bespoke training around individual's complex support requirements was planned and delivered to the team with the involvement of the person that they were supporting. This allowed staff to have a better understanding of people's medical, emotional and personal backgrounds and how this affects them and the appropriate support that they may require.

The registered manager was keen to support staff to professionally progress and develop within the service. Records showed staff had been provided with additional training to support their professional development which was reflected in the service's policies relating to staff professional development. Some staff had received training in British Sign Language, train the trainer and some senior staff and managers had attended some advanced courses such as record keeping, safeguarding and addressing poor practices.

Staff felt supported in their role. One staff member praised the support they received and said, "I'm 100% happy with the support I receive. I can always ring my manager or someone in the office if there is a problem." Records showed that staff met with their line managers regularly within their probation period and throughout the year to discuss their role and professional development. Improvements had been made to the staff supervision records to evidence that any outstanding staff development actions were acted on.

Where required, some people were supported by staff with the planning and preparation of their meals. Staff told us how they had worked with some people to develop their kitchen skills, meal planning and budgeting. People's risks associated with the kitchen or storing food in their bedrooms had been assessed and control measures were put into place to ensure the safety of themselves and others. People were encouraged to maintain a healthy and well balanced diet and were provided with meals in accordance to their food preferences and/or recommended specialist diets. Records showed that guidance had been sought and acted on when people had been identified as being at risk of choking. Staff told us how they supported people to enjoy meals out in the community and recognise if people's behaviours and emotions changed if they were becoming thirsty or hungry.

Robust systems were in place to ensure people who moved in and out of the service maintained continuity in the level of support they required. A transition manager assessed each person and developed an action plan to assist people to effectively move from their previous provider to the service of Your Lifestyles. For example, during people's transition consideration was given to the required staffing levels, care plan development and the communication with the staff, the previous provider and other agencies involved in the person's care. The transition manager told us they tried to match new people with compatible people who they may share their accommodation with as well as the skills of staff. Where possible staff from Your Lifestyles often visited people initially while being supported by their previous provider. This supported them to gain a better understanding of people's needs and allow an opportunity for people to get to know the staff team who were going to support them.

The managers had good relationships with health care professionals. One health care professional said, "The service is brilliant. Really good." They went on to explain how the service had supported a person to move to a new home and said, "They are committed to working with (person's name) and are dedicated. They are taking things at her pace and have really got a good understanding of her needs and how she needs to be supported."

People had a health action plan which described the support they needed to stay healthy. Records confirmed that staff had supported people to access their GP, dentist, optician and other health care appointments as required. Records showed that staff had sought specialised advice from health care professionals when people's needs had changed. For example, a referral was made to an occupational therapist for a wheeled walker for one person who was becoming out of breath when walking in the community.

The service had a proactive approach to respecting people's human rights and worked within the principles of the Mental Capacity Act 2005 (MCA) to ensure people were involved in decisions about the care they received from the service. The 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.

Staff told us how they supported people to make choices about their day and respected their decisions. Where people lacked capacity to understand the impact of a decision, professionals and relatives had been involved in helping them to understand the care and support they should expect to receive from Your Lifestyles. One advocate complimented the support that the person they represented had received since being supported by Your Lifestyles. They explained how staff had worked in the person's best interest. Staff had supported the person to move to their new accommodation and were taking slow steps in building up their confidence to venture outside and partake in some activities of daily living. They explained that they

had noticed a positive difference in the person's emotions and behaviours as a result of involving the person at their own pace.

Our findings

People were supported by staff who were thoughtful and compassionate towards them. Relatives praised the support and approach of staff. We received comments such as "They are brilliant, really great", "He (person) has a lovely team at the moment. They are very caring" and "We are more than happy with the staff. They deal with him really well. The main thing is they are the first company that have listened to us." Health care professionals also complimented the caring nature of staff. One health care professional said, "I can't speak for all the service users but from what I have seen I have found them very kind and always knowledgeable about the service users they support."

During our inspection, two people came to the provider's office with their support staff to speak to us. Staff had previously spoken to them about the purpose of our inspection and asked them if they would like to speak to us about the support they received from Your Lifestyles. Both people were extremely positive about the support they received from staff. One person told us they felt the staff were 'lovely and very kind'. They explained that they were given choice about the activities they wanted to achieve during the day and were helped by staff to plan and cook meals. The other person told us how staff had positively supported them in their transition from their previous placement in another county. They said, "The staff are very good, they know when I am getting tired. It has been the best placement ever. They (staff) have been helping me to work towards my independence but they are still there if I need help."

Staff told us how some people's confidence had grown as a result of exploring new opportunities and had formed new relationships. People had been supported to achieve personal goals and took part in the planning of their activities and some were planning a holidays. One person told us about their plans to start a course at the local college. Another person was supported to achieve their goal to ride on a bus. This had now become a regular activity which had improved their social skills, confidence and his vocabulary. Staff provided support to some people who lived with their families and supported others who lived in their own accommodation or shared home. They assisted people to make adjustments to their routine to enhance their well-being such as improving their sleeping and eating routine. We were provided with several examples of how staff had recognised concerns in people's wellbeing or resistance to care and had adapted their approach and looked for creative solutions to address the concerns. For example, one person often declined a bath or shower and was at risk of self-neglect and their skin becoming sore. A system to record and assist the person to wash different parts of their body over a period of time was implemented which meant their personal hygiene was being maintained.

Relatives and people's representatives explained that they had noticed a decline in people's behaviours and

emotions which may challenge others since being supported by the service. One relative said, "The care staff have a really good understanding of the needs of (person's name). They know what triggers him and they keep a very close eye on his behaviour and distract him very quickly which helps calm him down." Health care professionals also praised the consistent approach of staff. One health care professional explained that a stable and constant staff team had helped one person to manage their emotions and live a balanced and fulfilled life. They explained that staff were working with other agencies to help the person transition from a school routine to exploring new opportunities as an adult such as swimming and cycling.

Throughout our time with people, we observed staff treating them as equals and respected their views. Staff were very patient with people, provided them with choice and reassured them when required. They told us how they had been encouraged to be independent and explore new opportunities and learn new skills.

People were supported to maintain contact with their relations and friends or had been assisted to re-establish links with their families. It was evident from our conversations with staff that people were treated as equals and their human rights were respected. The service's policies promoted and encouraged a 'fair society where everyone can participate and have opportunities to fulfil their potential'

Staff who we spoke with were able to tell us how they respected people's dignity and privacy and recognised when some people preferred to spend time alone. They also gave us examples of how they supported people with different levels of communication skills, physical abilities and personal preferences. For example, they told us how they adapted their communication according to people's needs by using a combination of verbal and visual sign language to help people understand. They explained how some people responded to a more direct approach of communication with shorter sentences whilst others enjoyed having a laugh and a joke. Staff recognised that some people preferred a day which was structured and involved lots of activities in their home and in the community. One staff member described one person who initially came to the service with a history of behaviours which may challenge others and rarely went out of their home. They described how they slowly introduced the person to new environments in a structured and controlled manner. The staff team had built a strong rapport with the person and we were told the person now enjoys swimming and visiting a trampoline centre.



Our findings

The provider promoted a highly person centred culture and this was reflected throughout our inspection. Staff had high standards and expectations of both themselves and people and this promoted an exceptionally positive culture of staff passionately challenging disability perceptions and stereotypes. We found this positive 'can do' approach had improved people's confidence, access to the community and daily opportunities.

People were at the heart of the service. Staff proactively responded to people's needs and focused on their strengths and potential. The service had looked at innovative ways to help people remove barriers so that they had an improved quality of life. Staff addressed people's concerns and challenged other organisations to ensure positive outcomes for people. For example, the service had reviewed the management of people's medicines as some people's activities were being restricted due the timings and administration of their medicines. The registered manager had sourced a new pharmacist to manage and dispense people's medicines which was being introduced in stages across the service. We were told that the new pharmacist would be able to provide a more personalised service which allowed some flexibility with the management of people's medicines such as when they went on day trips or visits to their family home. We heard how this provided people with more control over how they wanted to spend their day.

The service had developed excellent partnership working with emergency services to prevent unnecessary hospital admissions for people and to support them to manage their health at home. For example, the ambulance service had recognised there had been a high number of calls from staff to the ambulance service when people had fallen but not sustained an injury and staff had needed advice and assistance. A meeting was set up with senior managers by the ambulance service which resulted in the service reviewing the training of staff as well as implementing a new protocol in assisting people from the floor in non-urgent situations. These actions have significantly reduced the number of calls to the ambulance services and the need for people to access emergency departments.

The managers provided us with examples of how they had tirelessly worked with people and other agencies to ensure that there was a positive resolution to people's concerns. For example, adaptations had been made to people's houses and gardens and managers had met with people's neighbours to help build a better relationship between people and their neighbours. The registered manager had formed strong links with local landlords to ensure that people had a safe and appropriate environment for them to live in under a tenancy agreement. As a result of these links with the landlords, the registered manager explained that they were often able to provide both 'support and accommodation' when commissioners made a referral to

the service. We were told that the landlords were responsive to making changes and adapting people's homes to ensure their environment suited their needs.

The managers had recognised that the transition of people moving into the service could be more streamlined. The registered manager explained that they had identified that moving care providers and homes was a negative experience for some people and that improvement was needed in the management of referrals and admissions of people in to the service to ensure people received continuity in the care and support. As a result a transition manager was employed to work with people, their families and other agencies to ensure there was a smooth transition for people who were changing their personal care provider to Your Lifestyles. This new system had helped people to adjust to their new home and to the staff who supported them. For example, staff had spent time working with the staff team from their previous home of one person and find out what was important to them such as regular access into the garden. An advocate for the person explained that as a result of Your Lifestyles taking a lead in the transition process, the person had quickly settled into their new home.

People told us that the service had responded creatively to their request and they been supported to explore new opportunities and had been encouraged to live life to their potential. One person said, "I am truly happy with the support I have received so far. The staff have really helped me grow and supported me to do things for myself." Relatives also acknowledged the work staff had done to support people to live a contented and less agitated life. One relative said, "I am so pleased with the progress (the person) has made. He is a different person." Relative told us that staff had used and considered different strategies to support people in their own unique way. Some people who used the service had complex emotional needs and could display behaviours that may challenge others or put themselves or others at risk and their previous support arrangements had broken down.

The registered manager and managers were determined to find creative solutions to ensure people could have a home for life. They had considered people's backgrounds and histories and had challenged the perception that people who had previously been deemed as having limiting abilities were unable to engage in personal and recreational activities. The leadership and management of the service were strong which provided staff with the support they required to meet people's needs. They provided examples of how some people had initially required significant and individual levels of staffing to support them in activities in their home and in the community; however with time and the correct support people now lived fulfilled lives with less staff support. The service managers had carefully considered the compatibility of new staff and had matched them to the people they supported in their teams to ensure that people were supported by people who they got on with. They recognised the importance of ensuring that staff had the skills and qualities that people required as people were often supported for long periods of times by staff.

Staff had exceptional skills to provide creative support that played on people's strengths, preferences and abilities. One staff member told us how their assessment of people with mental and emotional needs was constantly being reviewed as staff began to understand their needs and triggers which may over stimulate them or cause them distress but also to identify people's strengths. For example, staff had recognised that one person had responded better to staff who were of a similar age and gender as themselves and who could enjoy similar interests such as pamper and fashion activities. As a result of changes in the staff who supported them and the activities provided, the person was now more emotionally stable and was being supported to reach their goal of living independently in their own flat. The consistent and familiar approach of staff had had a positive impact on another person who had previously lived in an unsafe environment. As a result of the support they have received, the person had blossomed from someone who had limited trust and social interaction with people to a person who now enjoys a rewarded life of activities including playing badminton and bike riding. The person had also fulfilled their ambition to travel on an aeroplane and visit

and explore a foreign country with the support of staff.

People were supported to live independent, full and varied lives. They met monthly with their keyworkers to discuss and review their aspirations, goals and achievements. Staff embraced people's diverse needs and provided people with opportunities to experience new activities and events. There was a strong sense in promoting social inclusion amongst staff such as being supported to find employment or attend the local college. For example, some people had been supported to develop a curriculum vitae and look for employment or volunteer opportunities. Staff supported one person to contact a recruitment agency for people who face barriers in finding employment. Staff supported the person in preparing and attending job interviews. After successively gaining a part time job, we were told the person had benefitted from making new friendships and receiving positive feedback from their employer. Staff also supported other people who found employment to prepare their work clothes the night before and had helped people research and plan their bus routes to their place of work.

At the time of our inspection, no one receiving the services from Your Lifestyles was receiving end of life care. However there were systems and policies in place which would ensure people received end of life care which was in partnership with other organisations and based on people's wishes and diverse preferences. There was recorded evidence that people had been supported to engage in conversations about their thoughts and plans for their end of life.

The feedback from people, their relatives and health care professionals connected with the service was valued and acted on when concerns were raised. One relative said, "They are the only company who have actually listened to what we have said." People's complaints had been managed in line with the provider's complaints policy. A pictorial complaints policy and form was available for people who used the service. Complaints and concerns were taken seriously by the registered manager and used as an opportunity to improve the service. The registered manager said, "We are always very responsive to concerns. We take any complaints seriously." Community health care professionals told us the staff were accessible and approachable and dealt effectively with any concerns raised.

Our findings

The service had a clear vision and set of values which promoted dignity, openness and equality across the service. People were supported to be empowered and involved in their care planning and planning for their future and achieving their goals.

The service had a clear leadership structure to ensure staff received the support they required. Each team was headed by a service manager who was responsible and accountable for the service being delivered to a number of people and the staff who supported them. The registered manager was also supported by other key managers within the service to oversee, deliver and monitor the service being provided. The registered manager said, "We have a strong team here. We love what we do."

Robust and accountable quality auditing systems were in place to drive continuous improvement in the care and support that people received as well as monitoring the development of staff and the management of the service. Regular audits and checks of the service were carried out to ensure that the service complied with the legal requirements and current practices and expected standards. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team. In addition the service managers were required to provide a weekly report about the service they managed and attend monthly meetings with their line manager to review their findings and the quality of the service being delivered in their area. Any outstanding actions or new actions were discussed, recorded and colour coded according to the actions that have been taken. A summary of all the discussions and actions across the service were collated and reviewed by the senior managers to identify any trends or concerns and act on any concerns.

The results of a quality assurance questionnaire sent to people who used the service formed the basis of the service's development plan for the forthcoming year. The questionnaire and the actions to be taken were based on CQC's five key questions. For example, the service plans to ensure that the information that is provided to individuals is accessible and ensure staff are trained to think creatively about activities that may enhance people's experiences.

The provider valued people's feedback about the staff who supported them and had considered ways of involving people in the management of the service and staffing. For example, people had been involved in the specific training of staff about their emotional and health needs and how they should be supported. The managers were also considering different ways of involving people in the recruitment process of new staff such as people being part of the interview panel or asking people for questions to be used during the staff interview meetings. The registered manager explained how they recognised that empowering people about

making decisions about the staff who supported them was the foundation of person centred care. They had also considered the impact on people when staff were being observed by external health care training assessor. The registered manager had met with the training provider to discuss an alternative way for staff to be assessed without intruding on people's well-being and privacy. Together they had agreed an arrangement where staff could be observed and assessed without having a negative impact on people.

We recommend that the provider seeks guidance on the analysis and monitoring of the impact of new initiatives which could demonstrate positive outcomes for people.

We saw policies and procedures which were regularly reviewed to reflect the services practices and changes in legislation and guidance. Policies relating to the support of people were underpinned by legislation with the aim to safeguard people, protect people's human rights, prevent discrimination and prevent exploitation. The registered manager understood their legal obligations including reporting any safeguarding concerns to CQC and the local authority. The service had strong links with community health care professionals, advocacy services and services that provided accommodation.