

Green Light PBS Limited Littlecroft

Inspection report

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Date of inspection visit: 27 August 2015

Date of publication: 18/11/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Outstanding



Is the service well-led?

Good



Overall summary

The inspection was carried out on 27 August 2015 and was unannounced.

Littlecroft provides accommodation for up to three people with a learning disability and complex needs. The service uses three detached bungalows with gardens.

There were three people living at the service at the time of our inspection.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Some people who lived at Littlecroft had very limited communication skills meaning we were unable to gain some people's verbal views on the service. We observed staff interactions and spoke with two people who lived there. We observed that people were relaxed, engaged in

Summary of findings

their own choice of activities and appeared to be happy and well supported by the service. We also spoke with people's relatives and staff to understand their experiences.

There was a positive atmosphere within the service and it was noticeable that staff and management put people at the centre of the service. People and their relatives were encouraged to be involved in the planning of care. Senior management, staff and relatives regularly

discussed how to best support people living at the service. There were regular feedback opportunities for people to give their thoughts on how the service was working. This enabled people and their relatives to comment on the service independently. Comprehensive quality assurance processes were regularly undertaken to ensure management were aware of how the service was operating, and were able to implement changes to keep the quality of the service high.

People had regular routine access to visiting health and social care professionals where necessary. People attended an annual health check with a GP and had access to specialist medical services to ensure their health needs were met. There was appropriate communication between the service and medical services and clear guidance for staff about how they

were to meet people's needs so that they worked in collaboration. Staff responded to people's changing health needs and sought the appropriate guidance or care from healthcare professionals. Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions.

Staff had a positive approach to keeping people safe and there was commitment to managing the changing risks in the service. Staff had developed their skills and understanding to appropriately support people when they became stressed or anxious. There were enough staff to keep people safe and properly supported to do the things they enjoyed, such as surfing and coastal walks. People's safety risks were identified, managed and

reviewed and staff understood how to keep people safe. Staff identified and reported any concerns relating to a person's safety and welfare. The registered manager had a system to respond to all concerns or complaints appropriately.

Rigorous recruitment procedures were used to make sure new staff were safe and competent to work with people at the service. Staff were trained to provide the support individuals needed. A comprehensive system of induction and training was in place. Staff said the training was thorough and gave them confidence to carry out their role effectively. The staff team were supportive of each other and worked together to support people.

People were treated with kindness, compassion and respect. Staff demonstrated they had an excellent knowledge of the people they supported and were able to appropriately support people without limiting their independence. Staff were highly motivated and flexible which ensured people's plans were realised so that they lived meaningful and enjoyable lives. Staff consistently spent time speaking with the people they were supporting. We saw many positive interactions and people enjoyed talking to and interacting with staff. One staff member said, "I am really pleased to be working at Littlecroft. It's a very stable service which is providing a supported but independent lifestyle for all three people who live here".

Relatives of people who used the service commented, "The staff are most caring, very professional and set clear guidance for employees working with our (relative). Staff are always polite, they communicate well with us, keep us informed with what they are doing/hoping to achieve with (person's name) and we are considered an important part of their team. They are open to our suggestions and ideas. It's an excellent service".

Where people did not have the capacity to make certain decisions, the service acted in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People, their relatives and external professionals who had contact with the service all commented very positively about the strengths of the service and how safe and supportive they felt it was for the people who lived there.

The management of the service understood the importance of ensuring that people were supported by staff they felt comfortable with, and who understood their needs including when they felt unsafe. Staff were confident they could keep people safe whilst supporting them to take assessed risks.

Systems for the administration and recording of medicines helped to protect people from risk.

Staffing levels met the present care needs of the people that lived at the service. They were also flexible so that staff resources were increased and reduced as people's needs required.

Good



Is the service effective?

The service was effective.

The service ensures that people's needs were met consistently by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to provide support in meeting people's needs effectively.

There is a proactive support system in place for staff that develops their knowledge and skills and motivates them to provide a quality service.

Visiting health care professionals told us that they have positive relationships with staff and their recommendations and guidance are acted on in people's best interests.

The service met the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

Good



Is the service caring?

The service was caring.

Littlecroft had a strong, visible person centred culture. People were at the centre of every aspect of the service. Staff and management were fully committed to this approach and found innovative ways to support people to live the lives they wanted, for each person using the service.

Particular attention was paid during recruitment and induction to find the best match between new staff and the person they would support. This process resulted in strong relationships between staff and the people they supported.

People who lived at the service had comprehensive care and support plans which were up to date and reflected the daily lives of the people they were about. This ensured staff were aware of the needs of the people they supported and were better placed to meet them.

Good



Summary of findings

The service demonstrated a commitment to working in partnership with people in imaginative ways, which meant people felt consulted, empowered, listened to and valued. People, their family and friends/advocates, were actively involved in the running of the service and were consulted at regular intervals for their input.

Is the service responsive?

The service was responsive.

Concerns and complaints were consistently recorded and there were audits in place to monitor outcomes for people and trends.

People were supported to receive prompt and appropriate healthcare when required.

The service provided an extensive range of personalised activities chosen by people to participate in.

Outstanding



Is the service well-led?

The service was well led.

There was an open and relaxed atmosphere at the service. The culture of the service was transparent, clear and positive about supporting people to achieve the goals they set for themselves.

The staff team were very positive about how they were supported by the registered manager and the organisation generally.

The service worked closely and in partnership with other health and social care professionals to ensure best practice for people who used the service.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

Good



Littlecroft

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 14 August 2015 and was unannounced. This is a small service therefore the inspection was undertaken by a single adult social care inspector, with learning disabilities experience, so that the inspection would not disrupt people's routines.

Before the inspection we reviewed the information we held about the service. This included statutory notifications. A notification is information about important events which the service is required to send us by law. We requested and

were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received.

We spent time with three people who lived at Littlecroft and spoke with two people who expressed their views the service. We also received feedback from two relatives and four external professionals who had experience of the service. We looked around the premises and observed care practices on the day of our visit.

We spoke with two support staff, the registered manager and deputy manager and area manager for the service. We looked at records relating to the care of individuals, one staff recruitment file, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. Relatives and other professionals who worked with the service commented they felt the service's attention to detail for every aspect of service delivery provided an 'outstanding service'. One professional commented, "I have been involved with this service for over four years. I am very impressed with the consistently high level of support offered to my client. I will say without any hesitation that Littlecroft provide an excellent, supportive and safe service". A relative of a person who lived at Littlecroft told us, "We consider this to be the most appropriate, safe and caring service we have ever seen; indeed it is the first service (person) has remained for more than 12 months within the last eight years".

People told us that if they had any concerns about their wellbeing that the registered manager would deal with them straight away. Staff demonstrated they had a good understanding of types of abuse and how to recognise it. They described how to observe for individual changes in

people's health or behaviour and other signs which may indicate possible abuse or neglect. They understood the procedure to follow to pass on any concerns and felt these would be dealt with appropriately by senior staff. Records showed that all staff had completed safeguarding training and were encouraged by the registered manager to report any concerns.

The registered person had introduced a clear procedure for making appropriate alerts to the local authority regarding people's safety. We followed the procedures for a safeguarding alert made for one person. The service had been diligent in ensuring appropriate referrals to multi-disciplinary agencies were made, strategy meetings were attended and risk assessments for the person were updated to ensure appropriate support was in place.

There was a system in place to record accidents and incidents. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

We looked at the arrangements for the management of people's medicines. People each had their own personal medication file and lockable storage facility within a coded safe. People were supported to manage their own medicines depending on their level of ability. We spoke

with the person who had most responsibility for managing their own medicines. They showed us their medicine administration records book (MARs). We saw this was accurate and complete. The person had a safe storage system in a locked cabinet in their flat. They were reminded by staff to take their medicines and staff completed regular audits and re-ordering of medicines on behalf of the person. For people who were fully supported with their medicines this was provided on a one staff to one person basis. The staff member ensured the person knew what medicine they were taking and why. We saw appropriate records were completed immediately following administration of medicines. Medicines records were accurately recorded and any changes to people's medicines were clearly recorded on charts.

Controlled Drugs (CD) systems were in place although there were no controlled drugs in use at the time of inspection. Recording requirements demonstrated room and medicine storage temperatures were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for. Staff told us and documentation evidenced staff had received updated medicines training. Staff demonstrated a sound knowledge of the service policy and procedure for managing medicines. The registered manager carried out medicine administration checks weekly and a comprehensive monthly medicines audit was in place to ensure safe practices were followed. Medication administration recording sheets were checked daily. Medication and risk assessments were reviewed monthly by key workers and there were regular medication review meetings held with the multi-disciplinary team. Yearly reviews of the medication system were undertaken by the supplying pharmacy. The service policy and processes helped to ensure the management of medicines was thorough, safe and effective.

We looked at how the service recruited new staff. We saw safe recruitment practices were followed including detailed records for interviews, references and Disclosure and Barring Service (DBS) checks. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

Staffing levels at Littlecroft met people's individual support plans and were flexible to meet people's changing needs. Each person who lived at Littlecroft had different support levels and this was reflected in the staffing plan and rotas.

Is the service safe?

There was a mix of staff skills and experience on each shift. Support staff who had been employed for longer periods worked together with staff that had joined the service more recently. Staff commented, “We are quite lucky because it’s a small close team. In my experience there are enough staff available to support people properly”. Relatives told us there were enough staff to meet people’s needs. One relative of a person who lived at Littlecroft said, “The staff are amazing, they are constantly striving to support (person’s name) life. (Person’s name) quality of life is just fantastic”.

Staff were competent and had the skills and time to develop positive and meaningful relationships with people. The management of the service understood the importance of making sure that people were supported by staff they felt comfortable with and who understood their needs, including when they felt unsafe. We saw a number of examples of this on the day of inspection, for example, staff acted as advocates on behalf of people when they showed their discomfort or anxiety with the inspection process. During our visit, staff had the safety and comfort of people at the forefront of their minds at all times. We heard about the experience of one person who lived at Littlecroft whose health conditions put them at risk of sudden physical collapse. This person had a job locally and was kept safe by staff accompanying them during their work, while also keeping sufficient distance to allow the person to have their independence. This gave the person a sense of satisfaction and self-esteem gained by earning their own money and would not have been possible without the service’s support.

People’s care records contained appropriate individualised risk assessments which were reviewed regularly and covered a wide range of areas. The risk assessment identified when and where the risk was higher and what actions could be taken to reduce the risk. Risk assessments were detailed and gave staff clear direction about what action to take to minimise risks. Assessments documented where alternative options had been considered and benefits and risks of actions were balanced against each other. This meant that people could take informed risks. For example, one person exhibited behaviour which challenged the service when travelling in a vehicle. This posed a risk to the person and others. Staff had a behavioural support plan in place for the person when travelling. This supported the person’s desire to be independent and access the local community safely, and

was achieved through the staff’s knowledge of the potential risks and triggers for the person’s behaviour and the positive de-escalation methods to be used to support the person.

The service had environmental risk assessments in place for risks such as fire and electricity systems, and these were assessed on an individual basis.

All three people living at Littlecroft were supported with their personal finances by the staff team. Where money was held by the service this was audited twice weekly and financial risk assessments were in place which sought to minimise the risk of financial abuse. In addition people’s finances were also monitored and audited by a Finance Manager and accountant. The provider offered an ‘appointee’ service if required. This was a service available to people if they were unable to manage their own finances due to a physical or mental health incapacity. Where appropriate relevant capacity assessments and Best Interests meetings had been held about these issues.

There was a transparent and open culture that encouraged creative thinking at Littlecroft. For example, when faced with a situation between two people who shared an outdoor space, which could have led to conflict, staff were able to turn the situation around into a positive project of one person building a fence. This provided personal outdoor space for both people. This was positive for both people as one person told us they had been happy to find a solution to the issue which also provided a project for them. The second person was happy to have their space and was kept safe from potential conflict. A professional with links to the service said, “The key to the success of the service is the strategic management of the service. It is very inclusive, people first type service and from the bottom to the top staff seem to have an excellent understanding of the conditions of the people they support and how to keep them safe but at the same time let them live fulfilling lives”. We saw an example of this, one person who lived at Littlecroft loved to take part in water sports such as surfing. However, the person’s health conditions also made this potentially hazardous due to a risk of sudden physical collapse. The service took an enabling attitude towards informed risk taking and had worked with the person to conduct thorough risk assessments. The service ensured

Is the service safe?

there were always sufficient and competent staff available to accompany the person during their active pursuits to ensure they could participate in the activities they wanted to do, while managing the risk involved.

Is the service effective?

Our findings

People who lived at Littlecroft, their relatives and other professionals we spoke with told us they felt the service was effective. People's needs were consistently met and people lived their lives in the way they chose to and were as independent and active as they wanted and were able to be. This was because people's needs were met by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours to provide support in meeting people's needs effectively.

Staff told us they were supported to develop as individuals and as a team to achieve the aims of the organisation. Support for staff was provided through effective training and the management had plans in place to continually develop staff so that they could meet the needs and preferences of the people they provide care and support for. For example, one person had a rare and complex condition which involved a high degree of understanding about the condition and therefore effective support from staff. Staff had received training in the condition and demonstrated an excellent understanding of how the condition affected the person and the support that had been put in place to best support the person.

Staff told us they had a clear development pathway that included reflection and planning for future

training. This showed that the provider planned ahead to develop motivated staff to continue the succession of the management team. Staff said the level of training and support provided was 'excellent'. New staff completed a thorough two week induction process in a classroom setting. Training covered understanding of autism, safeguarding vulnerable adults, understanding and working with the Mental Capacity Act and associated Deprivation of Liberty Safeguards, as well as other core training areas such as food safety and infection control. Once new staff had started working at the service they had a full house induction and a period of shadowing experienced staff on shift to ensure they were competent in their role. One staff member commented, "I have personally learned so much since working for Greenlight. I have recently had a refresher epilepsy training and I got a lot out of it". We saw this training had been particularly valuable as the staff member was supporting a person who experienced epilepsy. Staff had been able to support the person through a recent health and medication review.

This helped provide reassurance about the condition to the person. The high standard of training was echoed by relatives of people who lived at Littlecroft, one person told us, "The staff are well trained and all work to the same objectives and guidance set for (person) in his care".

New employees who were new to working in a caring role were supported to undertake the Care Certificate within the first 12 weeks of employment. Once successfully completed staff were encouraged and supported to enrol at a local college to undertake further Diploma level qualifications in Health and Social Care.

Regular supervision between employees and management as well as annual appraisals were used to develop and motivate staff and where required, to review practice and/or behaviours. Supervision meetings took place every six to eight weeks where discussions included how the service provided support to help ensure people's needs were met. It also provided an opportunity to review aims, objectives and any professional development plans. Annual appraisals gave an opportunity to review staff work performance over the year. Staff told us supervisions were useful for their personal development as well as helping ensure they were up to date with current working practices. One staff member told us, "I find the supervision process very worthwhile. We have an opportunity to use peer appraisal for colleagues and this is discussed during supervision. It is useful because it brings a different perspective to discussions and ultimately what I get out of supervision". This showed staff had the training and support they required to help ensure they were able to meet people's needs.

People experienced positive outcomes with regard to their health. People's routine health needs and preferences were written down in their support plans, staff demonstrated they understood people's health needs and these were kept under review. The service worked with health and social care agencies to ensure people's needs were met. Appropriate referrals were made to other health and social care services as necessary. For example, to Speech and Language practitioners and Occupational Therapists. People and their relatives told us they were informed and invited to be involved in their healthcare and were encouraged to have choice and control as they were able to. People accessed healthcare services as required and received ongoing healthcare support and reviews. For example, we saw records of annual health reviews with GP

Is the service effective?

services and people had regular appointments with Learning Disability services. People saw their GP and other necessary appointments, such as the dentist, when they needed to and this was documented in records. Specialist services were used when required. For example on the day of inspection one person visited a specialist in treating epilepsy to review their treatment. Medical professionals told us they had no concerns about the care and support they saw at the service and that appropriate referrals were made.

The service assessed each person's needs before they came to live at Littlecroft to ensure the placement would suit their needs and keep them safe. We looked at some of these assessments and saw they were detailed and provided a comprehensive report of the needs of the person they were about. Management at Littlecroft told us, "We conduct a full assessment for people before they move here". We were told management worked closely with each person and their family and other professionals to ensure individualised services which were specific to the person. Care was taken to ensure staff were selected for each person to ensure shared values and attributes as much as possible. Staff were chosen to work with each individual because there was a 'fit' between them and the person they supported. For example, one person at Littlecroft enjoyed active water pursuits and running, and management had ensured this person's core staff team shared these interests. A relative of one person who received support from Littlecroft commented, "Management have tried to put suitable staff with (person's name) as people (person) would feel comfortable with".

The service placed emphasis on being familiar in all aspects of the lives of people who were supported. Staff accessed support plans and other relevant documentation via a computerised portal which was only accessed after appropriate permissions had been given by senior management. Staff were able to describe how different individuals liked to spend their time and we saw people had their wishes respected. People and their relatives confirmed staff knew the support people needed and their preferences about their care. A relative described the staff team as: "First class" and "amazing staff team", who "constantly strive to improve people's lives".

Other professionals we spoke with such as social workers commented the staff at Littlecroft were competent and well trained. During the inspection we saw one person was supported to go surfing with their support worker. This was something they both enjoyed.

People were supported to eat and drink enough and maintain a balanced diet. Daily logs were kept of individual's food and drink intake to enable the service to monitor that each person was receiving a healthy, balanced diet. People who required it were supported to prepare specialist meals such as gluten free alternatives. Menu planning was done in a way which combined healthy eating with the choices people made about their food. We saw one person was supported to learn about the theory of the types of food available and how healthy choices could be made. This was particularly key to supporting this person due to a complex health need which affected the person's dietary intake. This was followed up by a practical session when the person created and cooked a meal of their choice. The person told us they had enjoyed doing this.

We discussed the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) with the management team. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The legislation states it should be assumed that an adult has full capacity to make a decision for themselves unless it can be shown that they have an impairment that affects their decision making. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Mental capacity assessments and 'best interest' meetings had taken place when decisions needed to be taken on behalf of someone who was deemed to lack capacity to make the decisions themselves. We saw applications for Deprivation

of Liberty Safeguards authorisations had subsequently been made. For example, management were in consultation with other specialist services about a mental capacity assessment for a person who had stated their wish to stop taking medication. We were confident management were familiar and competent with the processes required and were able to carry out their responsibilities under the Mental Capacity Act 2005 legislation.

Is the service effective?

Staff demonstrated an understanding of the importance of upholding people's human rights including the right to make risk assessed decisions for themselves. For example, one person had requested that they stop taking medication. Staff fully respected the person's right to state what they wanted to do and worked with the person to have a mental capacity assessment carried out to consider whether this decision was in the person's best interests. People were asked for their consent to decisions. People said staff always offered suggestions and made sure people were happy before undertaking a support action.

The design, layout and decoration of the three living units met people's individual needs. For example, some people had invested a lot of time personalising their home, putting up decorations and ensuring their personal space was very individual to them. Other people had a personal preference for minimal decoration and it was left to each person to decide how they wanted their home to be.

Is the service caring?

Our findings

People and their relatives told us they felt the service was extremely caring. It was clear by observing how staff interacted with the people they supported how much they valued them as individuals and respected their boundaries. Staff relationships with people who used the service and their relatives were strong, caring and supportive. Relatives consistently told us how much they valued the service. Typical comments included, “The staff are most caring, very professional and set clear guidance for employees working with our (relative). They are always polite” and “We feel very fortunate to have found this service. It offers so much to (person) and great peace of mind to us”.

The atmosphere at the service was relaxed and friendly. People were free to move around the grounds at Littlecroft and their homes at ease. We saw lots of coming and going throughout the day as people went about their daily lives supported by staff. People made many positive comments about the care provided at the service. One person told us, “I like it. The staff are nice, I like my place and I live my own life”. None of the people who lived at the service or the staff we spoke with raised any concerns about the quality of care. The relative of a person who lived at Littlecroft told us, “I am really really pleased with Littlecroft. I know that (person’s name) is in a very fortunate position in terms of the level of care and support (person’s name) receives”.

Staff were seen to be highly motivated to provide the best and most suitable support to people they worked with. Staff were not rushed, were focused and spent time on an individual basis with each person. People who lived at Littlecroft were treated with care and dignity. People lived as independently as possible with the support of highly focused, well trained staff. We saw many positive interactions between staff and people which were respectful, warm and encouraging of people’s autonomy. A relative of a person who stayed at the service provided an example of how well Littlecroft understood and met the needs of their relative. We were told, “Staff are always open to new ideas and suggestions. They have gone the extra mile to find (person’s name) suitable voluntary positions working with animals because they recognise (person’s name) gets a lot out of this”.

Throughout the inspection staff gave people the time they needed to communicate their wishes. For example, staff ensured people were comfortable in making their own

decision about whether to speak with inspectors. Two people initially did not want to talk to inspectors and this was respected without judgement. Later in the day one person changed their mind and asked to meet with the inspector. The person showed the inspector around their flat and we looked at a food related project the person had been working on. We saw the person was comfortable and engaged with the support staff who assisted them. We observed many positive interactions which supported people’s wellbeing. Staff protected people’s privacy. They knocked on the doors to private areas and requested consent before entering people’s personal living space. Staff understood that one person felt uncomfortable with too many people in their living space and ensured they were sensitive about how many people entered the person’s home at any one time.

People’s support plans were clear, detailed and written entirely from the perspective of the person they were about. It was noticeable that there were no limits to the expectations of what people who lived at Littlecroft could achieve. People were encouraged to live their lives as they wanted to, to attend college, choose exciting holidays and live busy active lives like any other young person their age. People told us they had been camping and recently had a short holiday away in a hotel. A relative of a person who lived at Littlecroft told us, “For a person who has spent a lot of their life being told what they can’t do, Greenlight have really helped (person’s name) to believe that (person’s name) can achieve their goals”.

The service supported people to express their views and be actively involved in making decisions about their daily care and support. If a person struggled to make choices, staff were trained to support them by offering different suitable options in a suitable format, for example, by using pictures or symbols if necessary. Support plans clearly recognised potential challenges to communication and provided clear guidance for staff about how best to support people. For example, for one person it was stated they required plenty of time to process and answer and it was encouraged that the person be supported to contact their family using technology such as Skype and Facebook because this was something they enjoyed.

Support plans were updated and kept current. People had an opportunity to complete, with support, a quality feedback form each month to check they were happy with different aspects of service provision, such as activities and

Is the service caring?

food choices. We saw those that needed it could use Picture Exchange Communication System (PECS) boards to communicate their needs to staff. Staff were trained and supported to understand the communication patterns for each person and to use these. Relatives of people who lived at the service told us staff ensured they understood people and gave them consistent space, time and opportunity to communicate their needs.

People and their relatives were aware of, and were supported to have access to advocacy services that are able to support and speak on behalf of people if required. Support plans had recorded end of life care planning clearly. People and/or their representatives had recorded their preferences and choices about their end of life care. There were clear policies and guidance about how to make advance decisions to refuse treatment or appoint someone with lasting powers of attorney to support people if they chose to do so. People told us they were adequately supported to make important decisions about their lives.

The service had put together comprehensive, picture led support plans and information for people about their lives at Littlecroft. Each plan was full of personalised

photographs, making the plan very clearly about the person it was written about. These plans were laminated and were given to the person so they could be familiar with it and use it.

Management and staff continually reflected on their practice and sought to make improvements for people who were supported. There were monthly joint management and team meetings, these were recorded and demonstrated that the team was consistently monitoring and reflecting on the service. One area the management were highly aware of was the need to remain innovative and constantly seek to find new ways, ideas and activities for people, to keep them challenged and engaged. We were given examples of how the service had been doing this including how one person with a passion for music had been supported to attend college to follow their interest. However, due to the person's health conditions this had not been sustainable in the long term. The service had put a lot of thought and resource into bringing elements of what the person had experienced in the college environment into their home. This now included the input of a music therapist and a support worker with similar interests to ensure the person could continue to enjoy their passion for music in a safe environment.



Is the service responsive?

Our findings

People who lived at Littlecroft and their relatives told us they felt involved in the planning of their care and staff valued their input. People received care, treatment and support that was personalised, putting them at the centre of identifying their needs, choices and preferences. Care and support was planned in a proactive way with people's involvement. External professionals visiting the service fed-back that the service was consistently focused on providing a person centred service. We found the service was flexible and responsive to people's individual needs and preferences and was consistently finding creative ways to enable people to live as full a life as possible.

We heard of many examples of how the service had become part of the local community and was actively involved in building further links. For example, in the form of volunteering activities undertaken in the local community. One person volunteered at an animal sanctuary and told us how much they benefitted from this. People also took part in community education projects and paid employment opportunities. People who used the service were encouraged and supported to engage with services and events outside of the home. For example, one person who before moving to Littlecroft was not confident to take part in social activities outside of their immediate environment, was now attending local musical festivals and was taking part in sponsored run events to raise money for charities. People took advantage of the rural aspect of the service, particularly walking and surfing at the local beaches. People were encouraged to take individual and group holidays and were supported to budget their finances in order to do this.

People and their relatives told us staff understood their needs, knew how to meet them and were proactive in suggesting additional ideas that the person might not have considered. For example, one person had become engaged in a skills swap with a meditation tutor in the local area; the person offered their assistance with gardening in return for tutoring in meditation practice.

We saw input from other services and support networks was encouraged. Local musicians had become involved in 'jamming' sessions with a person who had a particular talent for music and the person had taken part in a music

concert at college. For another person, a learning initiative with both theory and practical sessions had been introduced to provide a stimulating and challenging course which aided their skills and independence.

People and their relatives told us that they were comfortable discussing their experience of care with the service. They were actively encouraged to do this on a regular basis through quality feedback surveys and by meeting with keyworkers to discuss their ideas. Each month people would sit down with their key worker to discuss their feelings about living at Littlecroft. This was a time to suggest changes to menus and/or activities and provided a way to assess people's satisfaction with the service and demonstrate the service was able to implement changes for people's benefit when required. People told us they received regular and helpful feedback on proposed changes to care and support, in light of the comments they had made. We saw this led to concrete changes to the service. For example, one person shared their frustration with a lack of privacy in their garden, which was being entered by another person who used the service. This was discussed and the person was asked for their ideas about a workable solution. The result was a joint project, with the person and their staff working together to build a fence to provide better privacy for the person. The person told us how much they valued this decision and how they took pride in building the fence and painting it.

Relatives of people who used the service told us they were kept informed of changes to people's needs and said they found the staff "excellent at communicating". A relative told us, "I receive regular updates about (person's name) and what is lovely is that it isn't just when something might be wrong, I receive emails, photographs, phone calls sharing (person's) day and it's lovely. I look forward to speaking with staff and I really feel part of the team". People told us requests for information or clarification were always met openly and encouraged because the service was keen to ensure relatives were involved and felt part of the service at Littlecroft. If a situation arose where a person made it clear they did not want their information shared this would be handled sensitively and with the consent of the individual as the determining factor.

The service had a policy and procedure in place for dealing with complaints. People told us they were aware of how to make a complaint and would feel comfortable doing so. One person commented, "I am happy to speak to the



Is the service responsive?

manager if I have any complaints and I have done so in the past.” We spoke with the manager about the complaints procedure and were assured the service took complaints seriously and acted promptly to address concerns. The service had put together a simplified complaints document, which consisted of symbols such as thumbs up and thumbs down to assist people to share their views.

We found people were assured of consistent, co-ordinated and person-centred care when they moved between services. For example, relatives of a person, currently transitioning from short stay respite to long term support, told us how supportive the Littlecroft team had been in ensuring the move was well planned and as easy as possible for the individual. The person had been staying at

the service for lengthening periods of time and more frequently, helping them to become familiar and comfortable with the new routines of living away from home. This meant care was properly planned in a way that met the person’s individual preferences and needs.

We saw that routine care planning reviews took place consistently. Records demonstrated that people and their relatives did routinely discuss their support plans. Each person or a family representative had signed their support plans to indicate they were aware and gave consent to their support. Care records contained comprehensive information about people’s health and social care needs. Plans were individualised and relevant to each person.

Is the service well-led?

Our findings

Greenlight, the organisation which runs Littlecroft, has a small number of management layers which support the delivery of the service. As well as a Registered Manager, who has day to day management responsibility for the service, there is also an Operations Manager. This role provides background support and acts as a link between the service manager and administrative staff supporting the service. In addition, each Greenlight service is strategically managed by the Managing Director who is trained in Operational Leadership and Management as well as Positive Behavioural Support. Both additional layers of management make regular visits to each Greenlight service to ensure services have appropriate support. The service benefited from the clear lines of accountability and quick effective decision making of the locally based management structure. It was apparent during the inspection that people both knew, and were comfortable with, senior managers from the organisation when they visited the home.

Everyone we spoke with from people who used the service, their relatives, staff and external professionals with experience of the service, remarked that Littlecroft had a strong management base and was well led. The service had a clear vision and put values, such as kindness, compassion, dignity, equality and respect into practice. Staff clearly understood these and were committed to them. Supervision and appraisal processes were in place to enable management to account for the actions, behaviours and performance of the staff. Staff remarked that feedback was “constructive” and “motivating”. The service had a strong emphasis on continually striving to improve and management recognised, promoted and regularly implemented systems to achieve provision of a high quality service. Management were aware of and used a consistent but varied approach to gather people’s views and acted on these to find creative ways to enable people to be empowered and voice their opinions. As a relative told us, “They look back, evaluate honestly and move forward and make it even better”.

Staff told us the service had a culture of fairness and openness and an approach, which encouraged people and staff to question practice. The service was transparent and open in the way it was run and this was clear from every aspect of the inspection evidence. The registered manager

told us, “we pride ourselves on transparency. We share and discuss events that take place as a staff group. It is important to be open about our vision for the service and of the importance of the involvement of the residents”. Management and staff were professional and friendly. People told us they were happy living at the service and had no complaints or concerns about staff. One relative said, “The management and staff at Littlecroft run the service to a very high standard. We are very pleased with the service (person’s name) is provided with”.

Management and staff told us there was a culture of learning from mistakes. Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were always dealt with in an open, transparent and objective way.

The service had a positive culture that was person centred, inclusive and empowering. The provider kept abreast of current practices in the specialist areas of Autism, Aspergers syndrome, Epilepsy management and support for people with Learning Disabilities through close partnership working with specialist agencies. Specialist training was delivered to staff in these areas as well as on-going training and support in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people’s quality of life using a range of person centred behavioural techniques. Staff were trained in the PBS technique from basic ‘initial orientation’ through to the highest ‘practitioner’ level. This training is accredited by The British Institute of Learning Disabilities (BILD).

Management have a well-developed understanding of equality, diversity and human rights and put these into practice. Professionals who spent time at the service told us, “I have been genuinely impressed with every aspect of the service. The level of support provided is high, they are open to learning and open to ideas for improvements. Each person is treated very much as an individual and their support tailored for them. I wouldn’t hesitate to recommend this service”.

Management recognised how important it was to have a competent skilled staff group. New staff were provided with a range of training, much of it classroom based as well as e-learning. The service had embraced the requirements of the new Care Certificate and encouraged staff to

Is the service well-led?

professionally develop themselves in their career. Staff demonstrated they would have the confidence to report any concerns about the care offered by colleagues, carers and other professionals, and were encouraged to do so through the system of peer review used during supervision sessions. When this had occasionally happened staff were supported and their concerns were thoroughly investigated. Staff reported they were motivated and supported by the way the service was managed and led and that they were happy in their job. One staff member told us, "I'm really pleased to be with Greenlight. It is a very stable service and it's providing the independent lifestyles for all three people who live here. We focus on using very positive language that allows us to rise above negativity and really best support the young people who live here".

The need to assure quality was understood and there were clear quality assurance systems which involved staff and other stakeholders, and came in the form of regular quality assurance feedback opportunities and regular service meetings. Management were receptive to changing areas of the service whenever this would improve how it operated. Minutes of staff meetings demonstrated that staff inputted their ideas and suggestions about the service and these were listened to and acted on if appropriate. For example, the service worked with a person who had had a long-standing relationship with a person who lived at Littlecroft, in order to broaden the knowledge of the new staff group about how best to meet the person's needs.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. Minutes demonstrated the regular frequency of meetings. The staff team discussed issues pertinent to the running of the service and communicated well with each other. Staff said they felt well supported by management at the service. The service manager told us, "It is a good team. We work well together".

People and their relatives told us that they were asked for their views about the service in resident surveys which were completed monthly. The service used a range of methods to gather people's feedback including easy read formats for information where required. These formats included the use of picture, photographs and symbol based. Relatives and other professionals were asked to complete monthly surveys to give their feedback about the service. We saw that most of the comments in the completed surveys were very positive. Where people had suggested areas which could be improved their suggestions had been listened to and acted on. Previous examples have been given within this report such as one person taking part in discussion of their privacy culminating in them helping to build a fence.

The service had robust quality assurance processes in place, including monthly audit of the service's medicines system and monitoring of any concerns. These processes acted as an audit system and were used to drive continuous improvement.

There was a clear management structure at the service. Staff we spoke with told us the managers were supportive and helpful. Documentation relating to the management of the service was clear and regularly updated. For example, people's care and support records and care planning were kept up to date and relevant to the person and their day to day life. This ensured people's care needs were identified and planned comprehensively and met their individual needs.

The service understood and complied with their legal obligations, from CQC or other external organisations, and these were consistently followed in a timely way. For example any notifications that we required were received promptly and contained appropriate information.