

Consensus Community Support Limited

Consensus Community Support Limited- Redan Street

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Consensus Community Support Limited – Reddan Street provides care and support to people, living in 'supported living' accommodation, so that they can live in their own home as independently as possible. People's care and housing are provided under separate arrangements; this inspection looked at the personal care and support arrangements. There were 16 people using the service when we carried out the inspection on the 1, 10 and 22 March 2017. The service comprised of four supported living premises in Essex and Suffolk, for people on the autistic spectrum and who may have complex needs, we visited three of these premises during our inspection.

This was an announced inspection. Three of the premises we planned to visit covered a large geographical area which required time to arrange with the provider. Therefore the provider was given 72 hours' notice because the people living in the supported living accommodations' have complex needs and can need time to prepare to take part in the inspection.

A registered manager had not been in post since 6 August 2016. 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 provider's regional area manager was in the process of registering with the CQC. They were supported by three managers who were in day to day charge of the four supported living premises.

The service was exceptionally well led. There was visible and effective leadership within the service. The service was effectively organised and well run with an open and transparent culture. The management team demonstrated how their robust quality assurance systems had sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and led by example.

Retention of staff was good and supported continuity of care. Support workers enjoyed their jobs and understood their roles and responsibilities. They were passionate about the care and support they delivered to people and were positive about the way the service was managed and how they were supported to professionally develop.

Ensuring people received personalised care and support which enhanced their quality of life was integral to the running of the service. An enabling and supportive culture focused on meeting the individual needs of people within their supported living environments' had been established.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received tailored care and support which was effectively planned and delivered to meet their specific needs, take account of their wishes and keep them safe. This led to people experiencing an excellent service which was distinctive to their individual needs.

People and their relatives were complimentary about the care provided. They told us their support workers were kind and attentive and they trusted them to come into their homes. They described how they received safe and effective care by, support workers who knew them well and encouraged them to be as independent as possible and to achieve their goals and aspirations.

There were robust procedures and processes to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised but also ensured their rights and choices were respected.

Support workers had received safeguarding training and understood what actions to take to protect people from abuse. They were able to confidently describe the different types of abuse that may occur and how it should be reported.

Where people required assistance to take their medicines there were appropriate arrangements in place to provide this support safely.

There were sufficient numbers of support workers who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. Support workers respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner. They were knowledgeable about people's choices, views and preferences.

Staff understood the need to obtain consent when providing care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged and supported to attend appointments with other health care professionals to maintain their health and well-being. Where people required assistance with their dietary needs there were systems in place to provide this support safely.

Support workers were proactive in making sure that people were able to maintain relationships that mattered to them such as family, community and other social links. This protected people from the risks of social isolation and loneliness.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. Feedback including comments, concerns and complaints were appropriately investigated and responded to and used to improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were systems in place to help protect people from the risk of abuse and harm. Support workers knew how to recognise and report concerns and were confident to do so.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to support workers on how to manage risks and keep people safe.

There were sufficient numbers of support workers who had been recruited safely and who had the skills to meet people's needs.

People received their medicines safely.

Is the service effective?

Good ●

The service was effective.

Support workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People told us they were asked for their consent before any care, treatment and/or support was provided.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and had their privacy, independence and dignity promoted and respected.

People were complimentary about the effective relationships

that they had with the management and the support workers.

People and their representatives where appropriate were involved in making decisions about their care and these decisions were respected.

Is the service responsive?

Good ●

The service was responsive

People's care and support needs were regularly assessed and reviewed. Where changes to their needs and preferences were identified these were respected and acted upon.

People received care that was based on their individual needs and preferences. They were involved in all aspects of their care and support arrangements and were enabled to live their lives the way they wished to.

People's views and opinions were actively sought and listened to. People knew how to complain and share their experiences. Feedback including comments, concerns and complaints were appropriately investigated and responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well-led.

Dynamic leadership was demonstrated at all levels. The management team promoted the highest standards of care and support for people; delivered by a passionate and committed team of support workers.

There was an open and transparent culture at the service. Support workers were supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to continually monitor and improve the quality and safety of the service provided.

The service worked effectively in partnership with other organisations to improve the lives of people they cared and supported.

Consensus Community Support Limited- Redan Street

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.

We carried out announced inspections on three of the supported living premises on 1, 10 and 22 March 2017. The provider was given 72 hours' notice because the people living in the schemes have complex needs and can need time to prepare to take part in the inspection. In addition the premises we planned to sample covered a large geographical area which required time to arrange with the provider.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before we visited the service we checked the information that we held about the service. No concerns about the service had been received by us.

This inspection used the standard Care Quality Commission (CQC) assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community services. The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service.

We met and spoke with nine people who used the service. Some people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures and a communication board. We observed the way people

interacted with their support workers and spoke with seven relatives.

We spoke with the provider's regional area manager, three supported living housing managers, and eight support workers. We received positive feedback about the service from three health and social care professionals

To help us assess how people's care needs were being met we reviewed eight people's care records. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us and we observed that they were safe and comfortable with the care and support they were being provided with. Two people nodded and smiled when asked if they felt safe and at ease with their support workers. Another person said, "I trust them. They don't get in my face. Some I like better than others but got no reason not to feel safe. If I get upset [name of support worker and manager] knows me best and makes me feel better, feel safer."

A relative told us, "I know [person] is very safe here without their independence being compromised in anyway. There are staff here during the day and also at night if needed. Everyone [support workers and management] is well trained; alert to potential danger and risk. Importantly they are skilled at dealing with testing situations that can happen without safety being affected." Another relative said, "I had my reservations at first with [person] coming here, what can they [service] provide that we can't? But we knew they needed to leave home but you can't help but worry. However I have been impressed with the level of detail that goes into the support arrangements for [person] and how importantly any risks are managed and people here are kept safe. They [manager] discuss everything with us and am more than happy with things."

Systems were in place to reduce the risk of harm and potential abuse. Support workers had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures [reporting concerns of poor practice] and their responsibilities to ensure that people were protected from abuse. Support workers knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to support workers when learning needs had been identified or following the provider's disciplinary procedures.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Support workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in people's homes and communal areas of the supported living accommodation.

People who were vulnerable as a result of specific medical conditions such as epilepsy had clear plans in place guiding support workers with appropriate actions to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Support workers told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

Where people may display behaviours that challenge others their care records provided information for support workers to follow if they became anxious or upset and how to safely support people and others.

This included prompts to reassure the person and techniques to calm them and maintain a safe environment. We observed a manager and support worker effectively employ these measures when a person suddenly became distressed due to a change in their planned routine. Their positive interventions calmed and settled the person and ensured people were protected.

Support workers told us that the information in people's care records was easy to access which helped them to safely meet people's needs. One support worker said, "In an emergency I can find what I need straight away. Contact details what procedures to follow. Important information is accessible and regularly updated." Records showed that these measures were effective and helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently.

Regular reviews of care and support were carried out and involved people who used the service and their representatives, where appropriate. This ensured that information in people's risk assessments was current and reflected their individual needs and preferences.

Staff retention was good with sufficient numbers of support workers to meet the needs of people. People and their relatives told us that they had continuity of care and regular support workers that were known to them and understood their needs. One person showed us their notice board in their lounge which had photographs and pictures of several activities of what the person would be supported to do during a 24 hour period. Alongside were photographs of the support workers who would be assisting them. The person said, "[Name of manager] or [name of key worker] helps me to put the right things on here so I know what I am doing today and who my support worker is."

Safe recruitment and selection systems were in place and followed to make sure suitable staff were employed to work at the service. All applicants completed an application form, which recorded their employment and training history. Each applicant went through a selection process. The provider ensured that the relevant checks were carried out to ensure staff were suitable to work with vulnerable adults. The provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure staff they recruit are suitable to work with vulnerable people who use care and support services.

Suitable arrangements were in place for the safe management of medicines. People's records provided guidance on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if their needs had changed and if they needed further support.

Support workers were provided with medicines training. Regular medicines audits and competency checks on support workers were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Is the service effective?

Our findings

People and their relatives told us that they felt the support workers had the skills and knowledge that they needed to meet their needs. One person said, "They all know me, what I like and don't. Yes they know what to do. If I get upset they calm me down and talk to me. They don't shout. Makes me better." Another person smiled, nodded their head and put their thumbs up to communicate the staff were skilled and capable of meeting their needs. A relative commented, "Every one of the staff I have met are extremely competent, very knowledgeable, highly trained and so incredibly easy to approach." Another relative talking about the understanding all the staff had regarding specific conditions like autism said, "They [support workers] and the manager are so skilled at getting the best out of [person]. They understand the importance of routines for [person]. Fully recognise how even the slightest change can disrupt and affect [person's] mood and behaviour. They are so good at managing this. Never fazed, always patient in their manner."

The provider had systems in place to ensure that support workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Discussions with support workers and records showed that support workers were provided with the mandatory training that they needed to meet people's requirements and preferences effectively. This included management of medicines, moving and handling and safeguarding. In addition they received specific training to meet people's care needs. Such as supporting people with autism, epilepsy and managing behaviours. This provided them with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

We saw that staff training was effective in meeting people's needs. For example support workers interacted well with people in line with their individual needs. This included maintaining eye contact, providing reassurance and using familiar words that people understood. In one of the supported living premises a support worker and the manager skilfully used a communication board which was the person's preferred means of communication to converse with them. They took their time to ensure they had understood the person and responded accordingly.

Feedback from support workers about their experience of working in the service and the support arrangements in place were positive. They described how they felt encouraged to develop in their role through regular one to one supervision and team meetings. One support worker said, "We have regular team meetings, supervisions. Lots of opportunities to discuss things within the team. The managers are very hands on; always on the end of the phone if you need them but more often than not they are in the service; either in the office or on shift providing support. The training is spot on...some face to face in team meetings, on line, classroom and work books. The office is always open if you need to speak to the manager." Another support worker described the support available to them, "I have regular supervisions where I can raise things or during shift I speak to the senior if something was bothering me. The manager is a visible presence very hands on and available if you need them. There is a lot of experience within the team here; I have learnt so much since I started."

The management team described how the support workers were encouraged to professionally develop and were supported with their career progression. This included new support workers being put forward to

obtain their care certificate. This is a nationally recognised induction programme for employees new to the health and social care industry. One of the managers showed us the provider's internal reporting systems that helped them to effectively track, monitor and plan upcoming training for their team. They explained how the online tool alerted them to upcoming training including refresher updates and where training was overdue so they could follow this up with individuals. They said, "This information is updated all the time and is really useful for planning the rotas and making sure we have the appropriate skilled staff on shifts." These measures showed that training systems reflected best practice and supported support workers with their continued learning and development. A support worker acknowledged their need to have further training on people's health conditions such as epilepsy but told us they were well supported by their colleagues and senior staff and their training was coming up. Another support worker commented, "I have had all my training, it was really good and I have a couple of refresher sessions planned. Be interesting to see if anything has changed."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us they were asked for their consent before support workers supported them with their care needs for example to mobilise, with personal care or assisting them with their medicines. One person said, "If they [support workers] help me with anything; cooking, getting washed or dressed, they ask me what I want them to do." We observed this practice during the visits to the supported living premises, for example, when assisting people to mobilise, or when a choice had to be made support workers listened and respected people's decisions. One person told us, "They [support workers] check and ask me, they don't just do it." The management team and support workers we spoke with demonstrated how they involved people who used the service as fully as possible in decisions about their care and support. They had a good understanding of the MCA and what this meant in the ways they cared for people. Records confirmed that staff had received this training. Guidance on best interest decisions in line with MCA was available to staff in the offices of the supported living premises'.

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "They [support workers] help me get my meals ready and to be more healthy." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support where required. One person's relative said, "The staff are very good and alert to the slightest change in [person's] mood and health and what this could mean. They take [person] to all their appointments at the doctors, hospital and help them manage their medication. They will contact the doctor or call the ambulance if they are concerned and always keep me informed." Another relative commented, "[Person] is taken to all their GP and hospital appointments. [Manager] is very well organised and on top of everything; nothing is missed. Massive weight of my mind. They keep us family informed of any changes."

Support workers understood what actions they were required to take when they were concerned about people's health and wellbeing. Records showed that where concerns had been identified, such as weight loss, or general deterioration in a person's health, the relevant health professionals had been contacted and actions were taken with the consent of the person. This included prompt referrals and requests for advice made and acted on to maintain people's health and wellbeing. Treatment and or feedback received were reflected in people's care records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People had developed positive and caring relationships with their support workers. People were complimentary about the approach of their support workers and told us they were treated with respect and kindness. One person said, "They [support workers] are very nice to me. [Name of support worker] is my friend. I'd tell them if anything wrong." Another person commented, "I can have a laugh and a joke with them [support workers]. [Name of manager] is nice to me. Comes to see me makes sure I am happy and sometimes we go out and have a chat and coffee in town. [Support worker] is my friend. I can tell them anything; good or bad. Everyone is nice to me." A third person told us, "It is a good place. I am happy. This is my home. [The support workers] are nice, friendly to me." One person's relative told us, "The support workers are all good, caring, well trained, know what needs doing and how to do it to get the best out of [person]. They keep me well informed so I always know what is going on good or bad. Yes I feel involved and included in the decision making. It really is like one big family. I trust them [manager and support workers] to do right by [person] and to keep them safe and happy. [Person] has thrived since moving in and that's a lot to do with the caring nature of everyone at [service]."

We observed the way people interacted with the support workers and management team. This included how people responded to their environment and the support workers who were supporting/communicating with them. In all three of the supported living schemes we visited people presented as relaxed and at ease in their surroundings and with their support workers. We saw two people smiling and laughing with several support workers as they left to go on a planned trip to a garden nursery. One person told us, "It's alright here; I like it I can have a giggle with them [support workers]. They make me laugh."

There was a warm and friendly atmosphere in the three supported living premises we visited. Some people had complex needs and had limited verbal communication. Support workers were caring and respectful in their interactions and we saw people respond positively; smiling and putting their thumbs up to communicate their agreement or using a communication board to get their views across. Effective communication skills were used to offer people choices. This included sensitivity to the language used and the amount of information given, to enable people to understand and process information. Staff were seen to give people time and space to express their needs and choices. This included picking up on non-verbal communication such as body language and gestures to understand what people were communicating. Support workers talked about people in an affectionate and compassionate manner. They showed an interest in people's lives and knew them well; demonstrating an understanding of their preferred routines, likes and dislikes and what mattered to them.

Support workers and the managers described how they provided a sensitive and personalised approach to their role and were respectful of people's needs. They told us they enjoyed their work and demonstrated commitment and a positive approach. One support worker said, "I love my job it is so fulfilling and rewarding. No two days are the same. There is a real sense of pride when people achieve their goals." Another support worker spoke positively about people when describing situations involving behaviours that were mildly challenging. They said, "Any change in routine can completely throw [person] and it all becomes too much. You have to understand how unsettling this is for them and how best to support them."

Care records identified people's preferences, including how they wanted to be addressed and cared for. Support workers told us that people's care plans provided enough information to enable them to know what people's needs were and how they were to be met. One support worker said, "The care records are up to date, very clear and easy to understand. They tell me what I need to know to support the person. There is information about people's behaviours that may challenge and how I need to keep myself and others safe. Very comprehensive."

People were supported to express their views and were involved in the care and support they were provided with. One person said, "I talk to my key worker [designated support worker], sometimes with [senior support and manager]. They ask me how I am doing, what I need and check if I am alright." Records showed that people and, where appropriate, their relatives had been involved in their care planning. One person's relative said, "Yes most definitely do I feel included. I am listened to and involved in decisions about what goes on. I have no concerns. We have regular meetings to discuss how [person] is getting on. You can tell how happy [person] is when they come back home to visit us as [they] can't wait to go back again. They call [name of the supported living place] their home now that's how well they have settled. I am very proud of how independent [person] has become and how well they get on with the other people that live there. The manager and all the support workers are amazing. They have a fantastic relationship with [person] really care and understand [them]."

People's care records had been devised according to the assessed needs of the individual. Reviews were undertaken and where people's needs or preferences had changed, these were reflected in their records. This told us that people's comments were listened to and respected.

People's independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected, which included support workers closing curtains and shutting doors before supporting them with personal care. People's records provided guidance to support workers on the areas of care that they could attend to independently and how this should be promoted and respected. Two people told us they felt well cared for and that the support workers staff understood that they wanted to be more independent in the future and were helping them to achieve this.

Is the service responsive?

Our findings

People received personalised care that took account of their individual choices and preferences and responded to their changing needs. Some people required full support with all their personal care needs whereas others were more independent and only needed a few hours support with this each day. We found that detailed assessments had been carried out before people received support from the service to help ensure their needs could be met. People's ongoing care and support was planned proactively with their involvement and they were encouraged and enabled to maintain their independence. We observed that support workers were patient and respectful of people's necessity to take their time to achieve things for themselves.

Comments received from people and their relatives indicated they were satisfied with the care and support provided and that the service was responsive to individual's needs. One person's relative said, "I am very happy with the arrangements in place. [Person] has grown incredibly fond of their support workers and has become more independent with their encouragement and attention. They understand [person] really well and know how to adapt to suit [Person's moods]."

People's detailed care records provided support workers with the information that they needed to meet people's needs and preferences. This included information about people's specific needs and conditions and the areas of their care that they could attend to independently. Support plans and risk assessments were regularly reviewed and updated with the input from people and others involved in their care to reflect people's changing needs and preferences. This showed that people's ongoing care arrangements were developed with feedback from all relevant stakeholders. Records of shift change/ handover meetings identified that where there were issues in people's wellbeing or changes in their care this was discussed and appropriate actions planned. This showed that people received personalised support that was responsive to their needs. Support workers told us that these records were accurate and provided them with the information that they needed to support people in the way that respected their choices.

Relatives told us they were kept informed of changes to people's needs and said they found the support workers and management team to be, "Excellent at keeping you informed of what is going on," and, "Crucial in taking quick action if they spot a significant change in [person's] health and wellbeing. They act on their concerns; this gives me piece of mind. I trust them to do right by [person]." People and their relatives said that they were comfortable discussing their experience of the service and were actively encouraged to do this on a frequent basis, through care reviews and satisfaction surveys. One relative commented, "I meet often with the manager and support workers involved in [person's] care. We work as a team and I trust them implicitly. They talk to me when there are important decisions to be made and my comments are duly considered."

The service recognised the importance of social contact and companionship. Support workers enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. Support workers were proactive in making sure that people were able to maintain relationships that mattered to them such as family, community and other social links. This protected people from the risks of

social isolation and loneliness.

There had been numerous compliments received about the service within the last 12 months. Themes included 'kind and caring support workers,' and 'helpful and effective communication' from the manager. In addition, several relatives had taken the time to contact the service to show their appreciation for the support provided during times when people had been poorly and had needed extra help in managing their health needs.

People were actively encouraged to express their views about the service and were given clear information about how to make a complaint without fear of recrimination. One person said, "If I am not happy, they [management team] have changed who provides the support so they do listen." Another person told us, "The manager listens and sorts out any problems for me." A relative described how their concern had been acted on and they were satisfied. Another relative shared their experience of how a matter they had raised had been swiftly dealt with. They said, "A while back I wasn't over keen on one person [support worker]. I didn't like their manner; too forward and [person] seemed to be more quiet. I wasn't going to make a fuss but when I spoke to [manager during a review] I mentioned it. [Manager] was brilliant and sorted it out straight away. Told me not to worry it wasn't a problem they would change the rota. Not had a problem since, very happy with the way things are handled."

Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. We looked at the complaints log and found that any complaints received had been investigated and responded to in line with the provider's complaints policy.

Is the service well-led?

Our findings

People and their relatives were extremely complimentary about the provider's management team. They described how they led by example to provide an enabling and supportive culture focusing on meeting the individual needs of people within the service. This led to people experiencing an exceptional service which was distinctive to their individual needs. One person said, "Everyone here [manager and support workers] listens to what I want. I matter. They help me to make choices and to do things that are important to me." Another person explained how they had received support from one of the managers to make a DVD about their specific needs, how this affected them and to provide information of the best ways to engage and interact with them. They described the positive impact this had made by reducing their anxiety and distress at meeting professionals that were new to them. At their instruction we were given the DVD to watch before we met with them as part of this inspection.

The management team demonstrated a passion for providing a high quality service, which continually developed in order to meet people's needs in a holistic manner. In addition to providing personal care, the management team took an inclusive approach towards people's diverse needs. They took into account the physical, aspirational and social aspects of a person's life, by providing opportunities for people to enhance their physical ability through exercise such as going to the gym and addressing people's health needs promptly. They facilitated opportunities for people to engage in activities and events they enjoyed, recognising the positive impact it had to maintaining their wellbeing and independence. This included going to garden centres, shopping, day trips to the beach and other areas of interest. For one person their goal to travel independently on public transport was being supported and they told us how important this was to them. They said, "[Manager] knows how much it means to me. I want to be able to come and go. Do my own thing. I need to be able to go on the bus on my own to do that. They [manager] is helping me. I trust [manager]."

People were actively encouraged to voice their opinions regarding all aspects of their care and support. They told us they felt valued and included in making decisions that affected them and were actively involved in their ongoing arrangements. One person said, "It is a happy place, I like it here, I am safe. They [support workers and management team] are nice, listen to me about what I want. They help me to set goals for things I want to do. I am happy here. I like talking to [name of manager] [they] know me and is my friend."

Relatives shared their positive experiences. One relative said "It is exceptional here, from the manager, senior team and the support workers, they all know [person] really well. What is going on with them especially if there are any changes to [person's] health or mood; they are all over it. Manager is hands on and very visible. Their door is always open if you need to talk. Never a problem if you need to contact them or have a quick word they ring you straight away if they are not in the building." A second relative said, "Everyone goes above and beyond to do right by [person]. What impresses me most is [manager] doesn't assume [they] know best. [Manager] works alongside the others [support workers] spending time with [person] getting to know and understand them more. They provide support and care; not just in the office doing paperwork. The change since [person] came here is incredible. [Person] does so much more for themselves. Has become more active, independent and confident going out and about; they have a busier

social life than me. [Person] is thriving they are so happy and well cared for, we couldn't ask for more, we really couldn't." A third relative said, "I think the place is very well run and I wouldn't hesitate in recommending it. The manager and the staff are brilliant; go above and beyond."

There was a caring and considerate ethos, promoted by the management team which resulted in a compassionate staff team who told us they felt valued and motivated to be at work. Leadership was visible and effective. The managers ensured all aspects of the service were efficiently organised and well run with an open and transparent culture. The management team and support workers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Support workers said they felt that people were involved in the service and that their opinion counted. They said the management team were approachable and listened to them. One support worker commented, "Everyone [support workers and management team] here is committed to doing a good job; keeping people safe and delivering quality care to people. Good team spirit; work well together, positive morale. I love my job."

People received care and support from a competent and dedicated care team because the managers encouraged them to learn and develop new skills and ideas. For example, support workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. There were designated staff champions [members of staff with a lead role] within the service to promote best practice and develop understanding within specific areas. These included dignity, health and safety, medicines and infection prevention and control. Support workers were highly motivated and committed to ensuring people received safe quality care and were enabled to be as independent as they wished to be.

To support continual improvements and provide a high quality service the provider invested in their workforce through a number of recognised accredited schemes. This included a Future Leaders Programme, Independent Living manager's qualification and Positive Behaviour and Intervention accreditation. To support the progress and development of staff at all levels of the organisation an accredited programme for service managers, team leaders and senior support workers was being devised. The provider had established a 'best practice' group and 'continual improvement' to support progress at operational level. These groups met regularly and reviewed and evaluated guidance, systems and processes as part of driving the organisation forward. This included a recent initiative of producing guidance to inform support workers on how to assist people to achieve and sustain a healthy diet. In addition representatives of the provider had British Institute Learning disabilities membership, to enable them to stay informed about changes within the industry, share new ideas and promote best practice

People, their relatives and or representatives were regularly asked for their views about the service. This included regular care reviews, daily interactions and communications and quality satisfaction questionnaires. People's feedback was valued and used to make improvements in the service. Such as changes to the key worker, communication processes and support arrangements following people's suggestions.

Creative and effective communication systems were in place to inform staff of any changes, share views and best practice. This included 'communication facilitators' (designated staff champions) who promoted and supported colleagues in the use and understanding of the different communication tools that people used such as electronic aids, Makaton, easy read, sign language and individual means of making themselves heard and understood. Regular electronic newsletters were cascaded by the managers and discussed with the support workers. Team meeting minutes showed that staff were encouraged to feedback and their comments were valued, acted on and used to improve the service. For example, they contributed their views about issues affecting people's daily lives. This included how best to support people with personal care and

to be independent. Support workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One support worker said, "We have regular team meetings. It's good we discuss issues within the service concerns we might have. Best practice it all helps to keep us up to date." A senior support worker shared with us an example of how they had made some suggestions about how to work differently with a person who due to their condition had become, "Focused and fixated," about their diet which could be a risk to the person. They told us the management team and their colleagues had listened and supported them to try out their suggestions which had a positive outcome for the person.

Robust quality assurance systems and processes were well established and used for evaluating information about the service. The monitoring systems were very thorough and underpinned by a comprehensive range of audits and reviews which focused on positive outcomes for people. These were carried out in wide number of areas such as care planning, accidents and incidents, managing behaviours, medicines and nutrition and hydration. These identified and addressed shortfalls in the service and were used to make improvements. An effective and transparent reporting structure ensured accountability for keeping people safe at all levels in the organisation. The management team showed us their development plan which identified the areas that had been prioritised to ensure people received a safe quality service. This included improvements to medicines management, ongoing recruitment and staff development.

The service worked in partnership with various organisations, including the local authority, district nurses, local GP services and mental health services to ensure they were following good practice and providing a high quality service. Feedback from health and social care professionals about their experience of working with the service was complimentary and reflected positive and effective working arrangements.