

Link House Limited

Fairway House

Inspection report

Links View
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Tel: 01362695588

Date of inspection visit:
24 April 2017

Date of publication:
18 September 2017

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

The inspection was announced and took place on the 24 and 25 April 2017. The provider of the company and registered manager oversee two registered services on the same site. Fairway House is registered for personal care and Link House for residential care. We inspected both services together as they have shared staffing, and policies. We gave the provider 48 hours' notice to ensure we could meet people using the service. We have not inspected either service since a change in their registration, (ownership) where there was a new provider in March 2015.

Fairway House provides personal care to adults with a learning disability. One person lives in their own house and there are two other houses with four people in each. They have a shared tenancy and individually contracted hours around their support needs.

There was a registered manager in post at the time of our inspection. They were registered for both services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was very well managed and run in the interest of people using the service. The service was continuously adapted to ensure it met people's current and changing needs. The service was appropriately staffed and staff worked flexibly around people's needs. Staff were familiar with people's needs and provided continuity of support.

There were safe systems in place to ensure people were protected from unnecessary risks and staff knew what actions to take to mitigate risk. People were supported to maintain their accommodation and equipment to ensure it was safe to use. People were familiar with the services approach to risk management and were involved in decisions about their care, welfare and environment. They were supported to take risks when it was their choice to.

People took their own medicines and checks were carried out by staff to ensure they did so safely.

Staff understood different types of abuse and knew what actions to take should abuse occur or they suspected someone to be at risk of harm or actual abuse.

Staff recruitment procedures were sufficiently stringent to help ensure only suitable staff were employed. Staff were supported in their role and had the necessary competencies. There was a thorough induction, ongoing training and support for staff. This included regular supervision, observation of practice, and regular appraisals. Training was bespoke and around the needs of people using the service.

Staff were highly motivated and had developed good relationships with the people they were supporting

and extended this support to people's family and friends. Staff supported people to maintain relationships of their choosing and to make their own decisions about this.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA ensures that people's capacity to consent to care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to a structured process.

People were supported to maintain good health and staff encouraged people to have a healthy lifestyle and participate in regular exercise. People were fully involved in menu planning and preparing meals for themselves and others they lived with.

People were encouraged to live independent, fulfilling lives and had opportunities to participate in a range of different social activities, work placements and day centres. There was opportunity for evening and weekend activities and annual holidays. This helped ensure people were fully engaged and participating within their local communities.

People had care and support plans which documented how their needs should be met in line with their wishes. Plans showed what they had achieved or what they were hoping to achieve. Staff worked consistently in line with people's plans.

People received medical attention as required and staff monitored people's physical and mental wellbeing to enable them to seek and prompt support, when this was required.

The service was very well led and staff worked cohesively in line with the services aims and objectives. Staff were highly motivated and took every opportunity to engage with people and promote meaningful activity. They supported people without judgement and enabled people to have a full life as possible and were skilful in balancing positive risk taking with the right to self-determination and independence.

The service had audits in place to measure the success and effectiveness of the service it provided. It took into account feedback about the service to help them improve the service and provide in a way that met people's wishes and aspirations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks were well managed and there was a proportionate approach to risk taking. Routine maintenance and servicing meant equipment was safe to use.

Staff were able to recognise different types of abuse and knew what actions to take if they suspected a person to be at risk of harm or actual abuse.

There were safe systems in place to ensure people took their medicines as intended.

Staffing levels were consistently provided and staff had the necessary skills and competences and worked flexibly in line with people's needs.

There were robust recruitment processes in place to try and ensure only suitable staff were employed to work at the service.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary support to help them in their role and to develop their professionalism. There was a robust induction and training programme for staff and staff were sufficiently supported.

People were supported to have good health through active lifestyles and a balanced diet. Staff monitored people's health and took actions when necessary. People saw health care professionals in a timely way.

Staff supported people and respected their right to make their own decisions which staff upheld.

Is the service caring?

Good ●

The service was caring.

Staff supported people and demonstrated a genuine rapport with people encouraging people to live the lives they wanted to but within a supportive, non-judgemental framework.

People were living independent, meaningful lives with lots of opportunity to try new experiences and learn new skills.

Is the service responsive?

Good ●

The service was very responsive.

The service was centred on the individual and they determined how they spent their time and had support when they needed it.

The service was progressive and adapted itself to people needs recognising at times people needed more or less support and different environments worked as people's needs or circumstances changed.

The care and support plans were thorough, well written and showed how people were progressing and achieving their wishes and personal goals.

There was a complaints procedure and people had access to this information. So they knew what they could expect and what they could do if the service fell below a certain standard.

Is the service well-led?

Good ●

The service was well led.

The manager was exceptional and managed two services successfully.

They had very good interpersonal skills and had developed very positive relationships with people using the service. They trusted and in turn staff trusted them. They had empowered staff to work independently and have autonomy within a structured network.

The compliance manager work tirelessly to ensure people and staff were protected by working within procedural guidance to cover most eventualities. Policies were developed with staff and people using the service and were therefore bespoke.

The service routinely listened to people and the service was individual to each person. Any concerns were addressed immediately and people were in control of their own destiny.

Audits helped determine if the service was well managed or if

there were any unnecessary risks or lessons to be learnt from events, incidents or accidents. These were minimal because the service tried to pre-empt risk and take steps to actively reduce it.

Fairway House

Detailed findings

Background to this inspection

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

The inspection took place on 24 and 25 April 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed people's permission to visit them.

In preparation for the inspection we looked at the previous history for this service including the last inspection report, any feedback and notifications which are important events the provider is required to tell us about by law. We had received a copy of the provider's information return which gives us information about the service, what it does well, and improvements they plan to make.

The inspection was undertaken by one inspector. We spoke with six people using the service and three relatives gave us feedback. We spoke with staff working in each service and spoke with the manager, compliance manager and the provider.

At the inspection we also looked at three care and support plans, viewed staff records and other records relating to the management of the service.

Is the service safe?

Our findings

Relatives told us they knew their family members were safe and they trusted the staff. Staff proactively managed risk. We looked at care plans, risk assessments, the accident book and spoke with staff. Activities of daily living were assessed and if a risk was identified steps were put into place to reduce the risk. Risk assessments were reviewed to ensure actions in place were effective. The service was not risk adverse but promoted people's independence. For example a staff member told us, "They cut their own garden lawn; all the logical things are in place to protect people such as circuit breakers and regular checks on electrical equipment." A person using the service told us regular fire alarm checks were carried out and including fire evacuation. They said, "We all know what to do." This meant people were protected from unnecessary risks. We advised the manager to keep accident records in people's individual files to protect their personal data.

People had their own tenancies and there were clear arrangements to ensure people lived in a safe, clean and well maintained environment and had choices about how their service was refurbished.

The service had drawn up individual risk assessments in consultation with people and ensured external providers carried out annual health and safety surveys of the premises. Each person had their own individual risk assessment which covered issues such as being home without staff, going into the community without staff, using public transport independently, taking their own medication and managing their own finances.

Risk assessments for specific activities such as going to the gym or going on holiday were also in place and staff as far as reasonably possible anticipated possible risks to people's safety. Some people carried cards which gave emergency contacts, or alert cards which included details of health care conditions. This meant people could get the right support if required when traveling independently.

There were enough staff to ensure people received the support they needed. One staff member said, "People are given a lot of choice, craft exhibitions, theatre, London, we work flexibly." One person told us, "The service is outstanding because we get what we need." A relative told us, "There is a core group of staff and each person has an identified person, 'a key worker' who oversees the persons care to ensure their needs are being met and they have everything they need from toiletries to individually planned holidays." People told us there were always enough staff for their needs.

The manager said staffing levels have been adapted over time to ensure people have the support according to their individual needs and individual circumstances. For example sometimes people went to their parents and this meant less staff were required but staffing was flexible should people be unwell or require time to attend health care appointments.

Forward planning enabled people to go on individually chosen holidays or together if they wished and to attend different weekend and evening activities. People's needs had been assessed and staffing was planned accordingly. There were systems in place to ensure people knew who to contact in the event of an emergency and staff in the residential service could offer support and advice if required. People spoken with

were confident with the arrangements in place and knew who to contact. There was a regular staff team who met people's needs flexibly. There were no staffing vacancies and they did not use agency staff. The manager said they were able to look at the skills and competencies of their staff and deploy them in services which they were best suited to and took into account people's preferences in relation to staff. They said people have continuity and knew who was supporting them on which days. This was reflected by the staffing rotas. Staff worked alternative weekends and were on for the whole weekend which gave them more scope to plan and engage people in different activities.

We viewed a number of staff files which showed us the manager followed a robust recruitment process to help ensure that only suitable staff were employed. Staff were asked to provide proof of their identity, their work and education history, their skills, attributes, references from a previous employer and personal references. Disclosure and barring checks were also required to ensure the staff member did not have a conviction which might make them unsuitable for care work or had been barred from working in adult social care.

Staff completed training to help them recognise different types of abuse and what actions they should take if someone was at risk of abuse. People spoken with were comfortable with staff and said they would raise concerns if they had them. People were able to articulate their feelings and we saw everyone had regular reviews and house meetings which they all participated in. People also had access to information and contact details to raise concerns as appropriate. This meant people were safeguarded as far as reasonably possible.

All staff completed a safeguarding course which covered both adult and child abuse as children often visited the service. Staff had access to a quick reference guide which was displayed in the office and told them what to do if they suspected someone to be at risk. We spoke with staff who knew about different types of abuse and what actions they should take including reporting concerns outside their own agency when necessary. One staff member told us about an incident where they had raised a safeguarding concern and the steps they had put in place to support the person making the accusations and the accused. A staff member told us about a specific allegation which was later unfounded. However they told us every step was taken to ensure the parties were protected and the person making the allegation was believed. This incident was documented and shared with the staff team to ensure that lessons were learnt.

There were adequate systems in place to ensure people's finances were protected. People had a personal allowance and within the supported living service were responsible for their rents, shopping and bills. The provider covered costs for staff including their meals, drinks and other sundries. All were properly accounted for and audited. People we spoke with were aware of what they paid for and any financial safeguards in place to ensure people were protected from financial abuse.

People had been supported by health care professionals including psychologists in regards to their own personal safety which could be compromised due to their vulnerability in certain situations and personal relationships they had chosen to have.

People received their medicines as intended. An assessment of the persons needs was used to determine if people could safely manage and take their own medicines or if they needed staff to administer it. Everyone in the supported living service was responsible for taking their own medicines and ordering them. There was individual guidance for each person about their medicines, what they were for and any special instructions such as if they were to be taken regularly or when required such as pain relief. Staff received medication training. The service had recently been carrying out annual competency assessments to ensure staff understood what they were doing and could demonstrate that they administered medicines safely.

The service has a robust medication policy and a medication error reporting procedure. There was also a policy for homely remedies. There was suitable storage for medicines. There were daily checks to ensure medicines were kept at the correct temperatures. We saw medication audits which were completed monthly and there was a daily check that medicines had been administered as intended. This helped ensure people received their medicines safely.

Is the service effective?

Our findings

Staff were well supported and had the knowledge and skills for their role. We looked at staff records and saw staff had completed the necessary training and had regular opportunities to meet with other staff and share ideas and support each other. Staff told us training was individual to the service and people they were supporting. Training included areas of health care specific to the people they were supporting such as epilepsy management, sexuality and personal relationships, autism and managing anxiety. Staff told us training was accessible and there was good support from other professionals who could be contacted for advice. All training was provided face to face and the provider confirmed there was no specific budget for training but the manager had the autonomy to source what staff needed. In addition all staff except one held or were working towards further qualifications in care. Other staff had other relevant professional experience and had transferable skills. All of this as considered in staff interview. Senior staff completed additional studies to help them effectively support and manage staff.

The manager told us bespoke training for all staff was introduced when they identified a need. This enabled staff to support people regardless of their disability. The service told us how they acted on the advice of others, such as all staff completed training on nutrition and healthy eating and then designed a policy around this so staff could support people consistently with eating well.

Staff received supervision every two months. This was confirmed by records. There was an annual appraisal of their performance. Appraisal was a two way process including self-assessment and the manager's view on the staff's performance which included ongoing observation of their practice. In addition to formal supervision the manager provided informal support and noted when staff had done well or had done something that could be improved upon. This was recorded for future reference but used as a positive experience and continuous learning for staff. In addition direct observations of practice were carried out.

The whole staff team were trained in Advanced Communication and Challenging Behaviour. There was a bespoke policy with helpful guidance for staff about how to support people with their behaviours in a positive way without the need for restraint. Where the need arose staff accessed support from other health care services to support people with their anxiety or other behaviours which had a negative impact on them or others.

Staffs induction records were completed and took into account staffs previous experience. The care certificate was completed providing evidence of staffs skills and competencies in key areas of practice. Staff completed an in house induction, training and shadowing more experienced staff until they felt confident to work unsupervised. A member of staff told us their training was up to date. They had done the care certificate. They said they had received additional training and had been assessed as competent in areas of practice such as manual handling and being able to administer medicines safely.

People had the capacity to make their own decisions and staff gave them the freedom and support to make their own choices. However staff recognised people could be vulnerable in certain situations. In these instances safeguards had been put in place to protect people but only after full discussion and consultation.

with people using the service. Staff spent a lot of time talking to people about their decisions and possible consequences of their actions.

Staff had a good understanding of mental capacity and said everyone was able to make their own decisions. However staff knew what actions to take should a person not be able to make a decision about their health and welfare. Staff had received training as documented and had access to policies and information to support their decision making. This ensured staff supported people lawfully.

People had their health care needs met. A relative said, "Staff supported my family member when they needed to go to hospital, staff went with them, stayed with them and provided me with the necessary reassurance." Staff supported and reminded people to make and keep health care appointments and any follow ups required. Records demonstrated how advice had been actioned and showed that people had consented to treatment. Staff told us and records demonstrated that people had annual health checks, and regular medication reviews. Staff said there was some access to alternative therapies such as reflexology. Staff said they were well supported by the learning disability team, community nurses and epilepsy nurse. Staff were confident in meeting people's needs but said they always had someone to refer to.

People were supported to have a healthy life style Staff appeared knowledgeable about people's dietary needs and their preferences. Staff supported people in menu planning and shopping. People all contributed to preparing meals and this seems to work well. Staff received training around nutrition. They had a good awareness of low sugar/high sugar diets and the effects of this on pre-existing conditions and people's metabolism. People's weights were monitored and steps taken where there had been a change in a person's weight. This was recorded in people's health care plans and daily notes. We spoke with one person who told us how staff were supporting them with their diet after they decided they wished to lose weight. They said they had achieved this by reducing their portion size, along with regular exercise. They said they loved dancing and did Zumba and aqua fit. One person told us they had lots of health issues and needed help to manage their diet and to have regular blood tests. They said staff helped them with this, and said, "We take turns to cook, I make chicken kebabs."

People's records contained good medical information and showed the service was proactive in following up health care concerns and ensuring people had regular check- ups from the GP, dentist, optician and chiropodist. One person told us staff reminded them to make appointments. Regular local authority and in house reviews detailed how people's health had been and if any additional actions were required. People had health care plans and information went with people to hospital to enable staff less familiar with their needs to treat them successfully.

Is the service caring?

Our findings

The service was held in high regard by the people we spoke with and their relatives. One person said, "If I was asked to rate the service it would be outstanding." A relative told us, "I think it is pretty amazing, I don't think they could find anything better. The staff are wonderful they all do their jobs." One staff said, "The service is unique and we provide continuity of support." Two people said 'All the staff were nice and made them laugh.' Another person told us, "I am supported by staff in the way that I chose. I do lots of different activities, my choice."

Staff were clear that their role was to promote people's independence in a supportive environment. Staff told us about people's achievements and how people had grown in confidence. They gave examples of people going to work, moving to more independent accommodation and going on trips and holidays with minimal support. We spoke with people about the things they did every day and what support staff provided them with. We observed people in their houses participating in daily activities which involved running the home: cooking and keeping the home clean. All but one person went out independently and every one had goals they were working towards such as: learning monetary skills, budgeting, holidays, shopping, and menu planning and using public transport. Staff described people as being proactive in their support i.e. using the shopping scanners and choosing and paying for their own shopping.

Staff said people decided for themselves how they wished to spend their time and who with. Staff said this was a difficult issue and sometimes family members did not always agree with the decisions of their siblings. Staff said they tried to strike a balance between supporting the person with their wishes whilst respecting the views of others. Staff did this in an unbiased way and had regular communication with people and their families when appropriate. Staff were observed promoting people's choices in line with their wishes. Policies were developed according to current guidance and thinking and reflected the service ethos and values. Families were encouraged to formally raise concerns where they might disagree with actions taken by staff. This helped ensure their voice was heard and staff demonstrated transparency.

Staff said their overriding concern was sometimes people could potentially be vulnerable and needed support to understand stranger danger and different relationships. Staff recognised people's rights to make their own decisions and to self-determination and choice. They gave us examples of where people had expressed preferences in relation to their sexuality, their need for privacy and their wish to pursue relationships. There were policies determining what behaviours within the service would be unacceptable and unlawful but recognising a person's right to make their own decisions within a supportive framework. For example two people had met, married and moved out; another two people were in a relationship having met at the service, they were supported to share a room using the other as a lounge so they had some privacy from others. They told us their wish was to marry in the future which staff said they could work towards but they needed support to do so.

Staff demonstrated a good understanding of how to support people with their individual needs and to help people manage their stress and relationships with others. People had individual activities and opportunity to go out with each other. Staff said and we saw different strategies for helping people manage their anxiety

including hobbies and different past times. For example people played football and went swimming. One person told us when they first arrived at the service they could not swim but now swam regularly, swimming widths and laughing with the staff about how they went down the slide on holiday. One person told us about their personal planning book which set out goals they wanted to achieve and how this was broken down in to steps to help the person achieve their goals. One person told us they supported a particular football team and staff had helped them personalise their room to reflect their interests including making curtains representing their favourite team.

Staff were familiar with people's needs and associated disabilities. Staff were attending conferences to learn more about certain disabilities and supported people to have friends with and without disabilities.

The service had care plans in place which showed us that people were involved and consulted about their care and the support they needed. People were able to tell us about the content of their support plan. Where people lived in shared accommodation house rules had been agreed. People had regular meetings and agreed where they would like to have a holiday, what they would like to do, where they would like to go on holiday, who with and to decide on the food menus. People were also consulted about the refurbishment and redecoration of the communal areas of the home. We saw minutes of these meetings. There was also a newsletter to keep people and their families up to date with any events/changes in the service. Families were involved as much as they wished to be according to the wishes of the person being supported. One relative told us, "I am involved in my families care; (They) like to be involved in decisions." They said there were annual meetings and regular opportunities to meet and discuss any issues arising. They said the manager always informed relatives of anything of concern, or changes within the service.

The service took into account people's diverse needs. It made information accessible to people and could translate documents or produce in different languages or print for people when needed. Staff received training and support around providing personalised care to people. Staff had completed care planning and dignity and respect training. Staff told us that people had their own space and were tolerant of each other but had set behaviours and routines which staff were aware of and supported people accordingly.

Is the service responsive?

Our findings

Staff demonstrated that they had life skills and life experiences which they could utilise at work. They had a good understanding of people's preferences and how they wanted to receive care, treatment and support. This was because they communicated effectively with people and took the time people needed to build up relationships and support people. Staff tried different approaches to enhance people's sense of wellbeing. For example one person told us how they had been unhappy in their day placement and staff had managed to get them a personal budget which enabled them to work from home and pursue their interests. They said they were much happier and staff had supported them in developing a work space to pursue their interests. The person went on to sell some of the things they had made so the money raised could be reinvested into their hobby. Another person told us they went somewhere every day and this included weekend and evening activities. They said they had made friends in and outside of the service who they met up with and were supported to see their family. One person told us how they had a job and had lost it but was being supported to find another job. They told us about their favourite things and how staff arranged for them to do the things they liked to do. This was inclusive of their family members. One family member told us about the difficulties they had finding a suitable service for their sibling. They said since despite a number of health and physical issues their family member had been supported with their independence and was able to travel by themselves to Norwich and pursued a lot of hobbies and interests at the weekend. They told us they had a love of history and had visited Buckingham palace and a number of historical landmarks across the country. Staff told us how they balanced the needs of each individual and helped them make their own decisions and understand the possible consequences of each decision.

We spoke with several family members who told us there was always something going on in the service and people were supported to be independent and undertake different activities throughout the day. Relatives told us about evening activities as well as vocational, supported employment and volunteering opportunities. People had a number of leisure opportunities, holidays and day trips and whenever possible used public transport. Staff told us there was a high level of choice and they worked closely with other services to ensure people had meaningful occupation and opportunity to undertake other areas of interest. The service had arranged with a local person to use their swimming pool which suited some people more than using the public pool. People regularly attended clubs, including night clubs, and social groups. People had personal planning books which included their wish list. There was evidence of how people were supported to achieve the things they wanted to. For example one person wanted to and was supported by staff to go and watch Donny Osmond.

We spoke with staff who told us about one person and how they had progressed with continuity of support, clear boundaries and goals. The person was now fully accessing the community and was very settled and happy. We met the person who told us what they liked about their life, their achievements and about staff supporting them. They had a whole range of activities they engaged with to help them live a fulfilled life as possible. Staff had a good insight into their needs and helped them to manage their behaviours in a more positive way. We found staff were skilful in recognising people's needs and when they had changed so they could adjust the support people received. Staff recognised their own skills and the skills of their team members and utilised these to benefit of the people they were supporting. It was evidence through staff

supervision and appraisal that staff development was as important as the development and opportunity afforded to people using the service.

People had extensive assessment carried out by the manager and the Local Authority. This was used to help decide if a person could be appropriately supported in their own home. People had opportunities to visit their potential new home as many times as they liked to help them decide if it was the right environment for them or if any adaptations were needed. The service had clear processes in place to support people and ensure transitional arrangements were as robust as possible. Individual accommodation was designed to meet a wide range of individual needs and adapted for people less physically able who might require aids and adaptations. One person told us about where they use to live and how they came to live here. They said staff supported them to move in and helped them choose and buy furniture for their accommodation.

Every person we spoke with were familiar with their care plans, the purpose of them and told us they were involved and consulted about their needs and the support they required. We spoke with a number of relatives who felt the service worked inclusively with them and kept them informed on a need to know basis. Families were involved in discussions and reviews with the agreement of the person being supported.

We viewed a number of care/support plans and found they followed the same format which made them easy to read and information was presented in a logical, clear way. Support plans reflected the person's needs preferences and diversity. Plans were written to be accessible for people and they inputted into these documents and stated what they wanted support with. They included a care plan summary, essential information (e.g. known likely emergency situations), health, personal hygiene, behaviour, communication, daily routines, weekday activities, evenings and weekends and arrangements for money. There was evidence that support plans and care plans were kept up-to-date and enabled staff to monitor and show how they had responded to changes in people's health or needs.

Care plans gave specific information about health issues and disabilities and the impact they were likely to have on the person and what was in place to help overcome this. For example in regards to epilepsy, guidance told staff how they might be able to recognise when a seizure was imminent. It gave information about sensory/visual impairment.

The service had a statement of purpose and service user guide which had relevant information about the service and told people what they could expect from the service. People were given a service user guide and it was kept under review. There was an admission check list which acted as an audit tool and demonstrated how the service collated information and helped the person feel settled in their new home. The checklist included what should be in place and by when such as care plans and risk assessments and when they should be reviewed by.

People's notes showed us how their needs were kept under constant review and how any concerns were acted upon. The care plans enabled staff to know what the person's needs were and helped them to work in a consistent way to ensure continuity which in turn helped people settle in more quickly. The only exception to the above was in the event of an emergency admission. The circumstances when this might be necessary were clearly defined and safeguards were in place to ensure as far as possible that any new admission did not compromise other people's well-being. Staff recorded information when necessary to reflect if anything out of the norm had occurred such as episodes of poor behaviour, changes in the person's health or any forthcoming events, appointments or steps achieved towards a recorded goal.

The service provided flexible support according to the person's needs. Some people had moved from home where they lived with family, others had already lived independently but had not managed without the

necessary structure and support in place. The manager told us that people had the option as their needs changed to use different parts of the service. For example one person lives in the residential home but it was then agreed that their needs would be better met in the supported living service. Staff were able to accommodate this and meant the person had their own space whilst still being able to maintain contact with people they previously lived with. Other people had gained the necessary skills and confidence to move into their own house and live independently. One couple having met at the service got married and moved out to live their lives as a couple. Staff living at the service supported the individuals in terms of planning their wedding and moving to their own home.

The service was flexible and responsive to people's individual needs and preferences. People attended activities of their choosing and people attended higher education and work. We asked the manager to demonstrate how they supported people to live the lives of their choosing. For example the person who initially lived in the residential service had issues around their confidence and managing their behaviour in a positive way. Staff supported them to develop the necessary skills and confidence. They helped the person access the therapy and support they needed and gradually the level of support they needed decreased. They were able to live more independently and moved into supported living. (change this) They learnt to manage their own finances and got paid employment The manager said this was one of their goals and helped them to feel part of the community and learn new skills which were important to their self- worth. In addition they wanted to go on holiday and staff supported them in choosing a holiday right for them by getting brochures and discussing different ideas. They had photographs to remind them on their trip. The manager told us their journey had been a positive one. They said their journey reflected the services mission statement which states, 'The aim of the service is to support individuals to become more independent and make decisions, as they have rights to choices just like the rest of society. '

People were actively encouraged to give their views and raise concerns or complaints. The services saw concerns and complaints as part of driving improvement. People's feedback was valued and people felt that the responses to the matters they raise were dealt with in an open, transparent and honest way. Investigations were comprehensive and the service uses innovative ways of looking into concerns raised, including the use of people and professionals external to the service to make sure there is an independent and objective. In most instances concerns were acted upon immediately so did not result in a complaint being made. We saw many compliments about the service and an established mechanism for asking people for their feedback mostly through informal conversation, reviews and formal reviews of the service.

Where appropriate, the service took a key role in the local community and was actively involved in building further links. Input from other services and support networks were encouraged and sustained. People using the service were very much part of a wider community and able to access the facilities locally and further afield. The manager reported excellent relationships with the local neighbourhood and families of people being supported. Staff all recognised the importance of helping people to stay in contact and recognise the value of wider circles of support they had from friends and family. All of whom were welcome at the persons request and where this was not possible the service worked hard to support people to have some contact, whether that be face to face or through information technology. They said when possible they attended local events and supported local charities, and took part in sponsored walks. Another person regularly sold poppies to raise money for war veterans. People attended supported work placements, and did volunteer and paid work. Some people regularly attended night clubs and other groups. This demonstrated that the service was inclusive. One person told us how they worked in a centre for older people and helped set/clear tables and how much they enjoyed talking to the older people.

Is the service well-led?

Our findings

The service was dynamic and there was a strong sense of leadership., There was a drive to deliver a service which improves the lives of the people who use the service and their relatives in a fulfilling and creative way. The service ethos was to deliver a person-centred and responsive service. The registered manager empowered her staff and encouraged them to think outside the box and come up with new ways of improving the service. For people that used the service this meant that they were supported to make their own decisions and make the most of every opportunity in the least restrictive way possible. People developed their confidence and self-esteem and were able to take risks within a supportive environment which was progressive and constantly adapting according to people's needs and wishes.

There were regular opportunities for people to comment on and influence the service they received. The manager provided both informal and more formal opportunities for people to have their say and shape the service they received. The manager worked alongside staff and knew people well and any issues concerning them. In addition the service had an annual service review in which they asked people, their families, care managers, health professionals and day services about their views on the care and support they provided. This helped the service to forward plan and make the necessary changes based on the feedback. This feedback was clearly documented in the newsletter showing how the provider was responding to it. The newsletter was widely circulated including the day services. From this survey we saw overwhelming evidence that this service met and exceeded people's expectations and that of their relatives and other health care professionals linked to the service rated the service highly. Comments included. "They love being at the service and enjoys the company of all the residents and staff, we are extremely happy with all aspects especially with their keyworker." Another said, "I have always been made welcome and now I feel almost like one of the family. Another said, "The staff are always very approachable and helpful. " One family member raised some concerns and felt their relative's choices were sometimes a little restrictive. In response to this the service spoke with the person and with their permission contacted their family and arranged a review with them and others involved in the persons support including the social worker. From this meeting a better understanding of the issues arose and plans were put in place to address them.

Feedback from health care professionals was inclusive and included day services and employment services. A sample of comments included." A great deal of work is done to ensure residents are supported to reach their full potential and aspirations. I have found the staff from managers down the line management structure to be very caring and supportive to the residents whilst promoting a full and inclusive safe environment for the residents to develop in "Supported employment services. "I am always kept up to date with any necessary information. Staff give appropriate support at reviews and in all aspects of the resident's life."(Day Service) "Tenants always listened to. Good communication. Good service. Support excellent. (Social Worker)

We asked for examples of actions taken by the service in response to feedback from people using it. The service responded by sending us minutes of regular house meetings held at the service but also said keyworkers regularly talk with people about how they are and monthly reviews of people's care was recorded. The minutes demonstrated that the keyworker is very important to people using the service and

people are able to choose who they want to be their key worker. Other issues included financial issues and payment of bills or other shared household items, holidays and how people wished to spend their time and anything which people were unhappy about which could arise from sharing with others. Staff sought to guide people in reaching compromises or adapting something to respect others living in the service. This helped people live harmoniously.

There was a strong emphasis on continually striving to improve. The manager and compliance manager worked with the provider, staff and people using the service to help them identify what was needed and if the policies were implemented in practice or needed to be rethought due to changes in the service. The service was constantly reviewing its service in line with people's expectations and within its own quality assurance framework. It regularly implemented systems in order to provide a high-quality service. The service demonstrated excellence across both of its services and evidenced how they were meeting and in some cases exceeding the expectations set out in the key lines of enquiry. The service had not joined an accreditation scheme but we discussed the merits of this. The provider was responsive to the needs of its manager and its staff and where they lacked the expertise they gained support from external auditors. They worked in line with CQC expectations and used our methodology to inform their auditing processes. The service communicated effectively with CQC and the service has been consistently managed throughout its history of registration.

On both days of our inspection we met the registered manager. They had been registered for three years across both services, which had different registrations and different regulated activities. One for personal care and one for residential care. They had been involved with both services for about twelve years, having first been employed as a support worker. They had been successfully promoted and had undertaken a range of relevant health care qualification and had a qualification in management which helped them effectively manage both services. They recognised the importance of staff development and progression and had absolute confidence in their staff to manage the service in their absence and provide a service in a seamless way.

Throughout the day we received nothing but praise about the approach and commitment of the staff and the manager and we saw people were settled and happy within the service and receiving the support they needed. They continued to thrive and make progress towards greater independence and self-determination.

Staff demonstrated their passion and commitment for the people who used the service and were able to clearly explain the differences between both services and how they were able to meet a wide range of needs and support people to access the community and have fulfilling lives as possible. We observed the interactions between the manager and their staff and people using the service. They knew people well and had a very strong relationship with people. People clearly responded to the manager and all the staff said they felt supported. In turn each member of staff was able to work autonomously. The service was inclusive and people and staff reported that they were happy. The provider of the company told us they gave their manager the autonomy to manage the service within a clear framework and accessible support from themselves and external consultants.

People told us how much they liked the manager and how much she was respected. One staff member said, "The manager is fantastic, really appreciative, very approachable, caring and promotes people's well-being." Other staff stated they had the freedom to implement changes and make decisions. They said they had the support and tools to do their job effectively. One staff said, "Yes she is fantastic."

Some people felt a bit unsure about what was happening as the manager was preparing to leave. A new

manager had been recruited to but could not start as agreed to enable time for the existing manager to work alongside them for a number of weeks. The provider had told us in the transitional period they already had a full complement of staff including senior staff who held managerial posts and a compliance manager who had a clear overview of the whole service.

We were confident that the service was being adequately handed over and people would have continuity of care and support. Each separate house had a senior support worker who were responsible for the smooth running of the service and reporting back to the manager. They told us the manager was very visible and supportive and the staff all supported each other and clearly had well established relationships with each other and supported and trusted each other.

In addition the two separate registrations were supported by a compliance manager who kept up to date with regulations governing the different care sectors and ensuring they were complying with legislation. They were knowledgeable and supported the manager in reviewing and writing guidance and policies for staff which was bespoke for the individual service types and took into account different pieces of legislation and the key lines of enquiry underpinning CQC inspections. They told us when they reviewed policies or were introducing new ones they only did so with the involvement and discussion with staff to ensure policies reflected what staff did in practice and identified what the service needed to put in place to help staff do their jobs properly. There were staff handbooks which highlighted policies staff needed to be aware of.

The manager and the compliance manager kept their knowledge up to date. They had both attended and become familiar with The Care Certificate, a new national induction framework for care staff. They had implemented it at the service and were using it effectively to assess staffs competencies. They had also attended courses on managing effective staff teams, safeguarding people, care provision and attended conferences on different disabilities and how it affected people they were supporting.

The provider was described as supportive and approachable. Staff said anything they requested was provided within reason and they recognised staffs hard work and provided bonuses particularly at Christmas such as paying for a staff meal. The manager wrote a monthly report for the provider advising them of any changes, adaptations required and said the provider always responded to any requests but did not frequent the service very often. However they were accessible. They told us most of their support came from external consultancy and from the compliance officer. In addition they referred to a network of support, through skills for care workforce and independent care matters. They said this was a forum for managers where they could share initiatives and receive updates of changes in adult social care and the policies that governed them.

The manager and compliance officer had a clear overview of risk and carried out regular audits to ensure the service was being run safely and all known risks reduced as far as reasonably possible. We saw planned maintenance checks were carried out as well as regular spot checks and audits for medication, finance health and safety and records. There were regular cleaning schedules and checks on equipment such as first aid boxes.