

## Avenues East

# Avenues East – Services

### Inspection report

Acorn Business Centre  
Paper Mill Lane, Bramford  
Ipswich  
Suffolk  
IP8 4BZ

Date of inspection visit:  
13 June 2017  
16 June 2017

Date of publication:  
13 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

This inspection took place on 13 and 16 June 2017 and was announced. We had given the service 48 hours' notice that we would be inspecting in order that arrangements could be made for us to visit people in their own homes with their permission.

Avenues East provides personal care to people in supported living settings and in their own homes through a domiciliary service. There were 50 people using the service at the time of our inspection. Some people using the service had an acquired brain injury.

This is the first inspection of this service under our inspection system.

People who used the service had access to a case manager responsible for assessing their needs on an on-going basis to promote their recovery, independence and maintenance of their well-being. The service is based around each person's individual needs and is therefore not time limited.

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

People felt safe using the service and were empowered and enabled to take responsibility for their own safety. There were systems and processes in place to minimise the risk of abuse and staff understood their role in safeguarding people from harm. There was a culture of transparency and staff were given training in how to whistle blow on poor practice.

Risks associated with people's care and support were managed safely whilst promoting independence. There were effective, organised systems in place for the safe handling of medicines. Assessments were in place to support people administer or increase their independence to self-administer their medicines.

People were supported by a team of staff who were skilled and experienced in the assessment of and meeting people's individual needs. Staff were provided with supervision, appraisals and on-going training.

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 procedures of the service and used the by staff supported this practice.

The staff supported people to make decisions and choices in their lives having ensured capacity assessments had been completed. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.

People were supported to choose and prepare their meals and staff ensured that people had enough to eat and drink.

The service had a person centred culture focussed on the promotion of people's rights to make choices and live a fulfilled life as independently as possible. People received a personalised service which took into account their diverse needs and emphasised their recovery, rehabilitation and or on-going support. Support plans were personalised and centred on people's preferences, views and experiences as well as their support needs.

People were supported by caring staff that knew them well and understood how to support them to maximise their potential and attain their goals. People's progress was monitored and celebrated.

Staff had supported people using the service to develop hobbies and interests in gardening and fundraising for a charity of their choice. People had also linked with a local school to share a sports day together and raise their profile of the service in the local community.

The service assessed and supported people whose needs were complex. The support was planned in a proactive way with people's involvement. People were listened to and there were systems in place to obtain people's views about their care. People were encouraged to provide feedback on the service and felt they could raise concerns. Complaints were taken seriously, investigated and responded to professionally.

The registered manager was well known by the people using the service and supportive of their staff to lead a service aiming to provide person-centred support. The management staff consulted widely with the people using the service, staff and other professionals to provide a service which was outstanding in the way it responded to people's needs.

The service had a statement of purpose and clear vision for personalised support to be embedded throughout the service and there was a strong commitment to deliver a high standard of personalised care. There was a culture of continuous learning, development and improvement.

Robust and frequent quality assurance processes ensured the safety and quality of the service. Practice was evidence based and regular evaluations took place to ensure that the service had a positive impact on the lives of the people using 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.

People were protected as far as reasonably possible by staff who had received training to recognise abuse and how to report the matter.

There were sufficient numbers of staff to meet people's needs and keep them as safe as possible.

There were appropriate systems in place for handling and administering medicines.

There were robust recruitment practices in place to help ensure only suitable staff were employed.

### Is the service effective?

Good ●

The service was effective.

The induction for new staff was robust and all staff received regular and effective supervision and support.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and Best Interest meetings.

People were supported to maintain good health and an appropriate diet for their needs.

The service worked with other professionals to support people to meet their needs.

### Is the service caring?

Good ●

The service was caring.

The service staff listened to people and supported them to be as fully as involved as possible with writing and review their support plans.

People were supported to express their views.

Staff treated people with understanding and respected people's privacy and dignity

### Is the service responsive?

Good ●

The service was responsive.

Emphasis was placed upon quality support through the appointment of a case manager and using a person-centred support plan.

There was an assessment process in place so that people received personalised support.

Staff knew people well because they were organised to work with a small number of people using the service.

Any issues, complaints or ideas for improvement were listened to and addressed promptly.

The service had supported people to engage with their local community.

### Is the service well-led?

Good ●

The service was well led.

The manager set the example of how the staff were to perform and was approachable to people using the service and staff.

The service had clear values which were put into practice by organised and caring staff.

There were effective systems in place to assess and monitor the quality of the service.

# Avenues East – Services

## **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.

The inspection took place on 13 and 16 June 2017 and was announced. We had given the service 48 hours' notice that we would be inspecting in order that it could make arrangements for us to visit people.

The inspection team consisted of one inspector.

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. We also reviewed the information we held about the service, this included any safeguarding alerts and statutory notifications which are related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We visited seven people who used the service to find out about their experiences and spoke with three relatives. We also spoke with the registered manager and six other members of the care staff, plus two professionals who support people to use the service.

We looked at eight people's care records. We viewed the medication procedure and the safeguarding policy. We also looked at three staff recruitment records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints and compliments.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person told us, "I know all of the staff, they check upon me everyday." Another person told us, "The staff always read my support plan when they come in and ask me how I am?" A relative told us, "I have no concerns about safety, I visit regularly and see the same staff and they are security conscious." A member of staff told us, "It is vital to know the people we support and in particular the risk assessments and ensure they are regularly updated."

We saw that risks to people who used the service had been reviewed both as a matter of regular routine and also as required in response to any unforeseen events. The risk assessments had been written to minimise the risk of harm to people who used the service. An example being supporting a person living with diabetes. The support plan was designed to support them to have good control of their blood glucose levels.

The risk assessment included advising the carrying of glucose sweets, should the need arise to take one if their blood glucose level became low. Plans were in place for staff to support the person to attend future medical meetings for retinal eye-screening and meeting with the diabetic consultant doctor. We saw that staff had consistently attended meetings with the person in the past. Hence the risk to the person's well-being were reduced from attending clinical appointments designed to support the person to manage their diabetes.

We saw from the information in the support plans that the staff had discussed with people and their relatives how to reduce risks of injury to the people they supported. The risk assessments gave detailed guidance and were linked to support plans. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm.

Staff had received training about safeguarding people from harm or actual abuse and staff training records confirmed this. A member of staff told us about the types of abuse which had been covered in the training. They said, "The training is every year and we talk about the types of abuse and how we should report such matters should they happen." Other members of staff, we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse.

The manager had a log for recording safeguarding incidents. The log also related to the organisations policy and procedure for safeguarding people and included a section of how to learn from events and actions taken to be completed. Staff also knew the principles of whistleblowing and assured us they would make use of the whistleblowing procedure, if necessary. We saw the service had a whistle-blowing policy in place.

There were effective staff recruitment and selection processes in operation. Each person that applied for a position with the organisation was required to complete an application form and attend an interview. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. A member of staff told us, "Having completed my training, I worked with other staff and agreed with the manager when I felt

confident to work on my own." Another member of staff told us, "This is a great place to work, I was made to feel so welcome when joining, the recruitment process was very well organised."

People who used the service and their relatives said there were sufficient staff to meet people's needs. One person told us. "I need somebody here with me all of the time, it is wonderful I am able to stay in my own home. I have a small number of staff and I know them all very well and I know about a week in advance which member of staff will be coming." The service manager explained to us how they comprised a rota for staff and they also sent a schedule to the person, so that they knew who would be supporting them. A member of staff told us. "It is nice having the time you need to work with someone and you are not rushed."

Staff had been trained to support people by administering prescribed medicines. Support plans had been completed so that they contained detailed information about the medicines, what they were for and any possible side-effects. One person told us, "The staff remind me to take my medicine and they help me to organise the ordering of it in advance. When we go shopping we collect it and check it at the time with the pharmacist."

We saw that medication administration records, referred to as MAR charts were in place. A member of staff told us how they supported a person with their medicines. The service manager emphasised the importance of the same group of staff supporting the same people regularly and hence were aware of any changes in people's condition and physical well-being. The service had a policy and procedure for the administration of medicines and had a clear recording system. Staff were encouraged to speak with their manager at anytime if they had concerns about people's medicines.



## Is the service effective?

### Our findings

Staff were supported to provide the assessed care to people as they had received training and were supervised in their role. Supervision was made up of planned supervision sessions as well as senior staff carrying out spot checks unannounced on the staff they supported. A manager told us the purpose of the spot checks was to see that the support plan was up to date and discuss any issues at the time with the member of staff.

This was also an opportunity to meet with the person using the service to see how they were and if they were happy with the service. A member of staff told us, "I feel the support is good, as there are planned supervision sessions, spot checks but you can also call for support at anytime." Another member of staff told us, "Spot checks are also carried out at night which I think is a good thing."

The registered manager provided a yearly appraisal meeting with senior staff to discuss progress and set agreed goals for the management staff. In turn the senior staff had appraisal meetings with the staff they directly managed.

There was an induction programme for new staff to complete designed to prepare them to be able to support the people using the service. A member of staff told us, "The induction training was really good and gave me the confidence to do the job." Another member of staff told us, "Training is on-going and we discuss in supervision the recent training I have done and also the training that is planned to ensure the rota is accurate so that I can attend the training."

The training schedule and records we looked at showed staff were up to date with their training. Further training for the year ahead had been identified and booked in advance so that the staff were aware and completing the training meant that staff's practice remained up to date. Managers sought feedback from the staff for the training that was delivered to gauge if it had been effective. We saw that different trainers had been used as a result of this feedback. One member of staff told us, "I think it is good to use different trainers, helps to keep it all fresh and interesting." The service gave each member of staff a handbook which provided information to them about standards to be achieved and from where to access support.

The staff we spoke with although working in people's homes in the community understood the key points of the Mental Capacity Act 2005 (MCA) which were relevant to them. The manager had spoken to the staff about the MCA and training had been arranged. A member of staff told us, "The training was very clear and helpful as it covered as well as MCA, the Deprivation of Liberty Safeguards, Court of Protection, consent and also the principles of best interest meetings."

People who used the service told us they received appropriate support to manage their health needs. One person told us, "The staff are very good, they know if I have appointments to keep and they book transport for me and go with me." We saw in the support plan that time had been taken to record the person's abilities and any issue with which they required assistance. The support plans were written in a person centred way and focussed upon the positives of what the person did for themselves.

Supporting people with their nutrition and fluid intake was also a role for the staff when identified as the person requiring help and support. Some people required little support while others required staff to assist them with each meal. A person told us, "They come everyday including weekends as it is in my support plan to help me prepare a meal." They told us how they had just prepared their tea-time meal and what they were considering having for the next few days with reference to the food in the fridge and stock cupboard.

The staff we spoke with informed us that part of the role was to monitor peoples overall well-being and this included noting if they lost their appetite, losing weight or were throwing food away. The action should this happen would be to discuss with the person, relatives and also the manager in the first instance.

One person told us, "I never know until the day what I want sometimes sandwiches, sometimes something cooked depends on the weather, but we buy a selection of foods when we go shopping."

We saw in the support plans that as part of the assessment the service identified how people were supported to maintain good health. This included recording information about the GP and dentist appointments. Information was recorded about how people accessed those services and if and when staff would be required to support them to attend appointments. A person told us, "No problems as soon as you attend one appointment, they make another for you and as soon as we get back the staff record this."

The support plans included information about people's past medical history and current health needs. As part of the review process people informed us that they were asked about their health and well-being and then having taken account of that information. Any changes were agreed and recorded. The staff worked with the person their families, GP's and Consultant Doctors to arrange medicine reviews and health checks.

# Is the service caring?

## Our findings

One person told us, "Caring people, here for me, but recognise I need time to myself, always knock and wait to be invited in." Another person said, "I think the staff do care, they listen to me and take account of my thoughts and feelings." A person told us, "I have cared for [my relative], all of my life, it has been marvellous since they started to use this service that we have found such caring and understanding people." They further explained that nothing was too much trouble and the staff worked with them to support their relative.

The staff we spoke with were content working for the service, one staff member told us, "I like this job because you can make a difference to help people stay in their own home and we see people getting better or increase their independence." Another member of staff told us, "In our training we discuss dignity, choice and respect."

One person told us, "The staff are always cheerful when they come, do not know how they do that, but they always, ask how I am? And check the support plan with me." They further explained how important it was to them that staff were kind and compassionate.

People using the service told us they were supported to express their views. People living in the supported living accommodation had meetings to plan and discuss future events. Some people did not always attend these meetings which was their choice and staff would ensure they were kept informed of the information and asked for their views. People living on their own were seen regularly by their case manager or other senior members of staff to determine their views and discuss plans for the future. One person told us, "I have been with the service a very long time, but they do not forget about me, as I have changed, so has the support plan has changed with me."

We saw that time had been taken to write the support plan in a positive person centred way. The plan focussed upon the persons needs while also took account of how the needs were to be met and peoples preferences such as food, bathing or showering and the agreed times for support. A person told us, "They took time to write down how I wanted things done and first of all, asked me what I liked to be called." The staff we spoke with demonstrated a good knowledge of the needs of the people they were supporting. For example one person did not wish to discuss the brain injury they had experienced, they purely wanted to focus upon the future and how to develop and relearn old skills. A member of staff told us, "We respect this and understand this is how the person stays positive."

People and their relatives said they had been involved in developing and reviewing support plans and said they felt fully involved in this process. Everyone we spoke with told us, that they had their own support plan. One person said, about their support plan. "It is very organised into sections." They explained each of these sections to us."

We spoke with staff supporting people that would not be able to verbalise a complaint should they need to do so. A member of staff explained how they had worked with people for a considerable period of time and

gave examples of when people had been in pain or unhappy which they could tell by their body language and non-verbal communication. They gave examples of how they had then responded to them. They also explained that the service worked with other professionals and advocates to support people.

The people we spoke with said they made decisions about the support they received. One person told us, "The staff are kind and respect my choices." We were made aware of incidents where staff had stayed with people for longer than the allocated time when the situation such as illness required them to provide additional support. The service had arranged for their next appointment to be covered, so that the staff could stay with the person until the situation was resolved. One person told us, "I am really very happy here, this because the staff understand what has happened to me and are there everyday supporting me."

## Is the service responsive?

### Our findings

We found the service provided outstanding support that focused on individual's needs and preferences of people. Each person had a person centred care plan and their own case manager responsible for meeting with them regularly to co-ordinate with internal and external staff for the delivery of the support package. People and relatives told us this was a weight off their mind having someone to help them with any aspect of their support needs. One person told us, "We come up with a solution together."

The service provided support to people with diverse needs which were recognised by the staff and clear person-centred support plans provided the detail of the support to be provided. Staff had received training in areas of acquired brain injury, mental well-being and learning difficulties. This was in order that they were knowledgeable regarding how to support the diverse needs of people using the service. They had also received training in other areas such as epilepsy and diabetes management in accord with the needs of the people they supported. People told us that they felt involved in decisions relating to their support. One person told us, "I helped to write my support plan." A relative informed us, "With the permission of [my relative], I am invited to and attend every review of their care."

People received support which was responsive to their needs, preferences and aspirations. There was a robust referrals and admissions process in place to determine if the staff could support people to use the service. When people joined the service a support plan was written in partnership with them to manage the transition and help them use the service resources. This included access to a case manager employed by the service. Support plans were then developed with the person and these were detailed, personalised and up to date. Staff supporting the person had an in-depth knowledge of people's preferences and support needs.

The service employed some staff in a case manager role. This role was to work with the person themselves, families and organisations to co-ordinate and oversee the support provided through regular reviews with all involved. A case manager told us they spent time working with other professionals to arrange complex packages of care. In time and as appropriate the person would become more involved in the management of the package as part of their rehabilitation process. The role of the case manager was to support the person to clearly identify and agree how the staff could support them to achieve their goals and aspirations.

A member of staff explained to us the assessment process they had used to accurately identify the needs of a person considering using the service. As well as meeting the person on three occasions, understanding their current needs and desires for the future, they also consulted with other professionals and their family members. This was important to determine who was going to do what to support the person. This meant that the case manager had worked with the person to co-ordinate a range of professionals to deliver support the person and the service is focused on providing a person centred service.

A person's skills with daily living tasks such as meal preparation could not be fully assessed when first discussing potential support from the service. The staff were unable to establish their skill set with regards to meal preparation, accessing the community, food shopping and financial budgeting at first. The person was

keen to work towards their full rehabilitation but the staff needed to establish the risks involved as well as their capabilities. A rehabilitative support plan was agreed and written with them. This meant the persons support was planned in a proactive way with their involvement. As the person developed their old skills in catering, staff withdrew from that aspect of support in agreement with the person.

The person was offered the opportunity to work with an organisation of rehabilitation brain injury specialists alongside the service staff to have the best possible rehabilitative programme. This required the service to develop a comprehensive support plan using observation sheets to assess the person's abilities. Also clarity was required for all as to which service was doing what and when for the person. This was the role of the case manager to arrange with the person and all services. The support plan needed to be reviewed and subsequently adjusted on a regular basis involving all of the organisations as the person developed new and rediscovered old skills.

The person's goal was to move on to accommodation to be near their relatives but was unsure of how they would manage in a new accommodation. In order to determine the risks the service staff supported the person to go on holiday to this accommodation and undertake a risk assessment with them regarding the suitability and any possible changes to be made to the accommodation.

This fact finding trip identified problems with the persons existing aids to daily living in the new accommodation. Staff stayed with them during this time to provide support. These difficulties were discussed with other professionals to determine best practice and taken into account in planning for the long-term solution. This meant that the service staff supported the person with on-going improvement based upon best practice and providing person centred care.

Service staff assessed a person with various diagnoses and requiring care for daily living during the day but also intensive support at night. Following a comprehensive assessment, a package was designed to include a high level of day support as well as support at night to monitor the risk of night disturbance. This meant the service worked in a flexible and responsive way to support the person's individual needs and preferences.

After a six week transitional period and risk being reassessed night support was removed. Case management targeted specific skills e.g. meal preparation which included detailed step by step recipes which were rehearsed with staff each week until the person could recall the steps required with minimal prompting. Over a number of years, the service staff have assisted the person to understand and manage their own finances and put budgeting strategies in place. The person now creates their own spread-sheets to monitor their own income and expenditure. It was the person's choice to use spread-sheets as they understood them. The impact is that the person has used these new skills to manage their own finances.

The team had a passion for seeing people grow and develop. The service supported people living on their own in the community and also people sharing communal areas in accommodation, where they had their own flat or room. We saw for each person there was an overall programme of activities which ran seven days a week including evenings. In addition, each person had a personalised activity plan which included a mix of vocational, social and daily living activities which had been developed with them. One person told us, "The staff found out where I could play football, never thought I would play football again." This means the staff had identified a person's wishes and after careful planning had support them to fulfil that wish. The person also explained how the staff had worked with them to identify key dates and appointments, in order that they could purchase birthday cards to send to relatives.

People were supported to pursue education and employment opportunities. A number of people attended

local universities and colleges for the first time. The staff team worked with the people to build their skills and confidence and we noted that people using the service were regularly consulted. One person told us, "The staff do not wear uniforms or name badges, why would you wear a uniform or a name badge in your home?" The manager explained to us that the service staff agreed with this view and had an agreement with the people using the service that the staff may need to have a form of identification, so that all staff had a badge which they carried on their person but did not display unless there was a need to do so. The assessment also noted if the person wished to be supported by a staff member of the same gender. This was extremely important to two people that we met and their support was provided by staff of the same gender as they wished.

The service is part of the local community and actively involved in building and strengthening links. Considerable thought had been given to overcoming barriers to inclusion. Each year the service organised a sports day for people using the service and staff to enjoy. The day prior to the sports day, people and staff would attend a local school and talked about the service. This included how the staff supported people and the difficulties people had experienced and overcome accessing the community amenities which all people require. Hence they shared this knowledge and insight with the pupils and teachers of the school.

The next day the whole school is invited to take part in a shared sports day. There are individual as well as team events. The purpose of these two days is to have fun for all, while also building up relationships and developing people's knowledge of specific conditions and how support is provided. People who used the service were asked for their views about the positives and any improvements after this yearly event. Suggestions were considered by the organisers which included people using the service with regard how the next year's event would be further developed.

The manager told us that each year they supported a group of 15 service users to attend the Mersea Island Festival for a five night stay. This gave people attending the opportunity to take part in a range of sporting and creative activities.

The registered manager encouraged senior management staff reporting to them to be responsive to people's feedback and used this to develop and improve the service. For example, people who used the service said that they would like days out and contact with animals. On one of the days of our inspection, people had visited a local zoo. Upon return people told us how they had organised the trip with the staff. One person told us, "I enjoyed a day out with my friends, at the moment it is easier going out with other people than on your own."

We spoke with other people using the service who had not gone to the zoo, they told us this was their choice. One person had been working and staff were supporting them to cook their tea. They explained they had a planner for meals on a weekly basis which helped with shopping and budgeting but also explained the staff always spoke about choice. "I do not always follow the planner." They explained to us, "Who would, you cannot always plan a week in advance so it is my choice to change things around and the staff help me with that."

Another person explained to us that they had minimal support from the staff but felt safe that staff were there for them when needed. They had been invited to go to the zoo, but had decided on this day it would be nice to have sometime on their own. Another person we met explained to us, "The staff live here with me in my house 24 hours a day, seven days a week." They smiled when they told us, "How do we put up with each other?" The person explained to us it was their choice to have a small team of staff constantly with them in their home. They said, "I do not know what I would do without them." They explained their support plan to us which was up to date and had been regularly reviewed.

A professional informed us how they had become involved with supporting people at the service, after careful consideration had been given and assessments made regarding people managing their own finances. They had worked closely with the staff so that appropriate support had been arranged for each person. They explained finances were made available for both planned specific shopping trips and daily expenses. This meant that staff and other professionals had worked together to support people with their finances.

We saw that a person enjoyed watching television and reading a daily newspaper to keep up to date with their hobbies, interests and daily news. Unfortunately due to medical conditions this was becoming increasingly difficult for them. The staff had worked with them to introduce new information technology in order for them to converse with the staff and to keep up to date with events. The person was able to speak with us to confirm this situation. A member of staff told us, "We know this is working because after reading the paper they speak with us about the headlines."

People explained to us there were meetings they held with staff to plan events. People were encouraged and supported to engage with other services and events outside of the service. One person had decided that they wanted to fund raise for their favourite charity. This had been supported by the staff and money had been raised in various ways over many months. The person had greatly enjoyed meeting members of the charity and handing over their donation. They said, "It is nice to put something back." This had empowered the person and the staff had supported them to express their preferences, wishes and aspirations. The person had enjoyed doing this so much that they had discussed with staff further fund raising using the same ideas while increasing the range of fund raising activities.

One person had an interest in gardening which had become their main hobby. They were supported to pursue this interest by the staff and this included the purchasing of garden magazines. This meant that the person was supported to follow an interest.

One person explained to us that they did not require as much support at the weekend as during the week. This was because they were visited by friends and family and also wanted time at the weekend to relax and then focus upon activities for which they required support during the week. They said they were comfortable to discuss their experience and feeling with the staff, they were encouraged to do so and the service staff acted in the light of this information.

People could be assured that complaints would be taken seriously and acted upon. People who used the service told us, that they knew how to make a complaint and would feel comfortable doing so. One person told us, "I am reminded in meetings there is a complaints procedure but I have never needed to use it." A relative told us, "Never had to make a complaint but, compliments yes and many, I do not know where [my relative] would be without them, a marvellous service." We asked the relative why they considered the service marvellous. They explained that their relative had many physical as well as emotional needs but had greater independence and quality of life since joining the service than ever before.

Complaints were investigated sensitively and thoroughly. The registered manager oversaw the complaints process, as complaints were managed in the first instance by service managers reporting to them. The registered manager was able to call upon the support of their manager should the need arise to manage a complaint. The complaints policy and procedure were made available to people upon joining the service. Staff had received training in how to support people make a complaint should the need arise.



## Is the service well-led?

### Our findings

There was a clear management structure in place at the service. There was a registered manager who was supported by senior staff who in turn supervised and supported staff accountable to them. People using the service and their relatives told us they found the manager approachable and staff told us they were supportive.

There was a positive culture within the service, the management team provided strong leadership and led by example. The manager had a clear vision for the service and set the values to staff at interview and through induction. They had a keenness based upon empathy about how they wished the service to be provided. Records of engagements with staff showed these values were communicated and shared with the whole staff team. The members of staff we met had compassion and understanding for people they provided a service for. Support being person centre and individualised was the mainstay of the service philosophy.

People told us about how staff supported them and that staff were committed to providing a service which was reliable and caring. One person told us, "I see the managers regularly and they always want to know how I am doing." A relative told us, "I am kept informed and speak with the staff managers regularly, you often find one of the senior staff on duty at the service where my relative is supported." The service manager we spoke with informed us they provided direct support themselves every week which meant they maintained a direct contact with the people using the service and staff.

The staff worked in small groups in order to minimise the number of staff involved with each person and hence had developed a substantial knowledge base about the people they supported. Staff told us how important it was to be on time and in the very rare event that they could not to ensure the person was aware of the situation. Staff told us that they took pleasure in supporting people to maintain their independence and to support people to develop their interests, and celebrating achievements. One member of staff told us, "There is a sense of satisfaction when working in care, when you see somebody achieve an increase in their independence."

The registered manager explained to us the importance of carrying out an accurate assessment to determine if the service could meet the person's needs. At that point it was equally important to understand and agree with what the person should expect from the service. One person told us, "I have met with the case manager regularly as they do visit to check how I am."

The registered manager told us they and their management colleagues understood the importance of placing staff with people using the service who had common interests whenever possible. The manager took an active role within the service, and balanced their managerial duties, with visiting people using the service to determine their thoughts and feelings along with checking upon how their staff were. They saw this an opportunity to set standards and demonstrate leadership. There were staff meetings, supervision sessions and annual appraisals for the staff. A member of staff told us, "This is the best company I have worked for, there is value of care in the management."

There were clear lines of accountability and responsibility within the management structure. There were policies and procedures in place which included information about how the service would check upon the quality provided and action to be taken. The senior management undertook spot checks when they would visit a person using the service and the care staff to check upon the care delivery. Also surveys were sent to people and relatives asking for their comments about the service and any ideas they had for improvements. Information learnt was used to aid learning and drive improvement across the service. We saw incident forms had been completed and were analysed to look for learning points and any trends. The local authority arranged for some people to use the service and as a result undertook checks of quality. We saw that the quality check of June 2017 by the local authority reflected positively upon all aspects of the service.

The managers of the service undertook audits of their own services and also each other's part of the service. The information gathered was used to plan, develop and improve the service. The audit included speaking to the people that used the service for their views and checking upon medicines and staff supervisions had been carried out.

The service had actively sought and acted upon the views of people. This included an annual survey and regular one to one discussions with people to seek feedback. The information had been analysed and used to develop the service. This included arranging staff in small groups so that the same regular staff supported the person. One person told us, "The staff are kind you can have joke with them and are reassuring, you know they are doing their best."

A senior manager showed and explained to us the system which included how a care staff schedule was compiled. The person was sent a rota informing them who would be coming to provide care for them. People we spoke with confirmed they received the rota, knew who was coming, were informed of any changes and staff stayed with them for the allocated time.

The manager also operated with the senior staff an on-call rota for the people using the service as well as the staff to call for assistance as required. There were systems in place to check people's support records on a regular basis to ensure they were accurate and up to date and audits were completed of people's medicines records.