

D.D.H. Services Ltd

Community Support Service

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We inspected Community Support Service (CSS) on 22 and 23 January 2019.

The inspection was announced. We gave the registered provider 48 hours notice of our inspection to make sure the registered manager, some staff and some people receiving support would be available to meet and speak with us.

The last inspection took place on 9 June 2016. The service was rated Good.

CSS provide day services, supported living, outreach and domiciliary care services to people with learning and/or physical disabilities.

Part of this service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

Part of this service provides care and support to people living in four 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using CSS receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, the service was providing support to 165 people. Twenty people were supported with personal care.

There was a registered manager in post, who is also one of the directors of the company. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We received extremely positive views from people about the support provided to them or their family member. Without exception, people told us they felt safe and their care workers were extremely respectful. People told us they received support which had a very positive impact on their life. Staff demonstrated they were highly motivated and offered care and support that was compassionate and kind. All staff displayed a

sense of pride and outstanding commitment to the service and the people they supported. The service was exceptionally caring. People felt they mattered and they contributed to the service.

We found systems were in place to administer people's medicines safely. Involvement with health professionals and initiatives to consider medicines administration had had a very positive impact on people's health and well-being.

People were encouraged and supported to take positive risks to allow for an unrestricted and meaningful life.

Robust recruitment procedures were in operation and promoted people's safety. People receiving support were actively involved in the recruitment procedures.

Staff were provided with relevant training, supervision and appraisal for development and support. People receiving support were actively involved in the provision of staff training. This had a very positive impact on the staff receiving training.

There were appropriate numbers of staff employed to meet people's needs and provide a very flexible service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People had consented to receiving care and support from CSS.

People were supported to maintain a healthy diet, which considered their culture, needs and preferences, so their health was promoted and choices could be respected. Access to healthcare professionals was supported.

People said they could speak with their care workers or the registered manager if they had any worries or concerns and they would be listened to.

The registered manager was an excellent role model. They displayed a strong commitment to providing high quality care to people, which was shared by staff. They had innovative ways of promoting a positive culture and involving people in the service. The registered provider demonstrated partnership working to improve and develop the service. We found an effective system was in place to monitor service delivery. The management team placed strong emphasis on the importance of not only supporting people but their family members also. They were described as supportive and approachable and always putting the needs of people first. They showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals to do this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

There was a comprehensive and innovative approach to safeguarding, which enabled positive risk-taking to maximise their control over their lives.

The procedures for managing people's medicines were well managed and had a very positive impact on people's health.

Robust recruitment procedures were in operation and promoted people's involvement.

Staffing levels met the needs of people who used the service.

Outstanding 

Is the service effective?

The service was exceptionally effective.

People received very flexible support that met their needs and wishes.

Staff had been provided with bespoke training, supervision and appraisal at relevant frequencies so they had the skills to support people. People supported were involved in the delivery of training.

People had consented to the support provided by CSS.

Outstanding 

Is the service caring?

The service was exceptionally caring.

People told us their care workers made their lives better.

Staff were highly motivated and offered care and support that was compassionate and kind.

Outstanding 

Staff were proud to work for the service and displayed a commitment to supporting people in a manner which was meaningful and had positive outcomes.

Is the service responsive?

The service was exceptionally responsive.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

People's care plans contained relevant details and were reviewed and updated as required.

Staff understood people's preferences and support needs.

People were confident in reporting concerns to their care worker and registered manager and felt they would be listened to.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

The service had innovative ways of promoting a positive culture and involving people in the service.

Partnership working was promoted to improve and develop the service.

The culture of the service was inclusive and staff felt very valued by the registered provider.

Outstanding 

Community Support Service

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.

This inspection took place on 22 and 23 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager is often out of the office supporting staff or visiting people. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we gathered information from several sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place. For example, where a person who uses the service experiences a serious injury. We reviewed the Provider Information Return (PIR), which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted Calderdale local authority to obtain their views of the service. All the comments and feedback received were reviewed and used to assist and inform our inspection.

On 22 January 2019, we visited two day centres, two supported living homes and the home of one person who lived with their parents. We spoke with seven people who received support and two relatives of a person who received support to ask their opinions of the service. We spoke with the registered manager and five staff about their roles and responsibilities. This included a house manager, the outreach manager and three support workers. We also checked three people's support plans and care records at the office base.

On 22 January 2019, we telephoned people who received support to ask their opinions of the service. We spoke with five people supported by the service and seven relatives or representatives of people receiving support, to obtain their views of CSS.

On 23 January 2019 we visited the service's office. We spoke with the registered manager, a supported living house leader, a support worker, the outreach manager, the performance and wellbeing manager, the deputy office manager and the admin manager. We reviewed a range of records, policies and procedures. These included staff training and supervision records, three staff employment records, and other records relating to the management of the domiciliary care agency and the supported living service.

Is the service safe?

Our findings

People receiving support said they felt very safe with their support workers. Comments included, "I feel very safe that they [support workers] come and see me," "I feel good with them [support workers]. I feel safe" and "I am very safe."

Relatives of people receiving support all felt their family member was safe. Their comments included, "I feel [family member] is safe with the staff as they know their needs. I am really happy with the staff," "I have peace of mind my [family member] is safe and they [staff] will respond and care for them" and "I know [family member] is safe. They have a better life because of them [the service]. I wouldn't trust anyone else. They have changed our lives for the better."

The registered manager was aware of their responsibility to report safeguarding incidents as required and in line with safe procedures.

All the staff spoken with confirmed they had received safeguarding training. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager and they felt confident the registered manager would listen to them, take them seriously and take appropriate action to help keep people safe.

We saw a policy on safeguarding vulnerable adults was available. This meant staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff told us they knew these policies and procedures were available to them.

We found people were involved in developing a comprehensive and innovative approach to safeguarding, which enabled positive risk-taking to maximise their control over their lives. People were involved in decisions about their safety, and their wishes were respected. People were enabled to take positive risks to maximise their control over their care and support. They were also actively involved in managing their own risks. Examples included; one person being supported was involved in an incident that impacted on their safety in the local community. The person felt very strongly that they wished to continue going out on their own. The service worked closely with the police and the person receiving support to explore ways of reducing risk whilst continuing to enjoy a social activity that was important to them. The service supported another person to build up evidence for concerned family members to show they could be more independent. The person successfully moved into their own flat. We saw a written statement made by the person to show they were fully involved in considering risks and now led a full life.

We found the service worked closely with other professionals to minimise identified risk. The registered manager made links with the local fire service following the commission of a fire report to minimise the risk of fire. Fire marshal training was provided to all staff and fire safety was made a standing item on meeting

agendas at the supported living accommodations. In addition, the service forged links with Calderdale's fire prevention officer and arranged for a visit to a fire station to meet fire officers and talk about fire safety, for those people who wished to. In addition, a group of people receiving support visited 'Hazard House' (a mock house belonging to the fire service that purposely contains domestic fire hazards) to show them potential hazards and minimise risk. We also found people had been provided with details of fire escape routes in their supported living accommodation. The information used pictures and diagrams to show people safe exits. This showed people were provided with a range of accessible information about how to keep themselves safe.

CSS ethos was to empower people to be as independent as possible. In order to ensure people were safe, without restricting their independence, the service had developed emergency cards which people were encouraged to carry with them whilst out on their own. The cards gave emergency contact telephone numbers. In addition, people were supported to carry 'VIP' cards, which were an initiative set up by the local authority. VIP cards provide vital information in case of a medical emergency. These examples showed staff proactively anticipated and mitigated risks to people's safety.

We checked the procedures for the safe administration of medicines. We found the service had a policy on the safe administration of medicines and worked in accordance with the local authority policy. The three people's care records checked held clear detail of the support required with medicines. Staff had received training in the safe management of medicines and records seen showed their competency was checked to make sure safe procedures were followed. We found, where the service was responsible for medicines, staff worked creatively with people to closely involve them in the management and administration of their medicines. They looked for new ways to promote independence, and worked closely with other agencies and advocates in doing so.

One person receiving support in a supported living home developed a condition which needed temporary medication both day and night. Staff found the person was experiencing pain during the night because they did not want to disturb staff for pain relief. Staff liaised with the person, their GP and their pharmacist and arranged for the pain relief to be stored in an alarmed cassette box so that the person could only access their medicine during the night when it was safe to do so. This had a positive impact for the person, which encouraged their independence and showed the service actively sought out new technology and other solutions to make sure people's needs were safely met.

We saw a detailed medicines support plan for a further person who had been actively involved and supported to move from staff administering all of their medicines, to self-administering their medicines. This had a positive impact on the person and promoted their independence.

We found the service worked closely with other agencies, such as GPs, nurses and consultants from the NHS, regarding the administration of medicines to promote people's health.

The service had signed up to the STOMP pledge (Stopping the Over Medication of People with a learning disability, autism or both), an initiative set up by the NHS. STOMP is a national initiative. The Registered Manager worked with the lead NHS STOMP nurse, following this training was provided to all staff by a local training company. This provided details of what medicines were used for, and support with the confidence to challenge whether the medicines were needed. The service developed a STOMP champion role so that staff were informed and advised of best practice. An audit of psychotropic (any medication capable of affecting the mind, emotions, and behaviour) drug use was undertaken to inform the STOMP pledge and staff training.

Changes to people's medicines had been undertaken with relevant health professionals such as GP's and consultants, the person supported and their representatives. We found this had a very positive impact on people. For example, one person had been taking medicines for a specific condition for many years. Following STOMP training, and with the person supported and GP involvement, this medicine was reduced and stopped as observations and evidence showed it was not required. A further person, who had been lethargic and had restricted mobility had some medication stopped and as a result they were more active, more outgoing and had lost weight. Another person's medicine had been reduced and following this led a more active and fuller life.

The registered manager informed us that STOMP training for people supported by the service was planned to take place in June 2019 so that they had the skills and confidence to challenge, with support if they wished.

We found that staff had developed positive and trusting relationships with people to help to keep them safe; staff had the time they needed to do so. For example, one person was diagnosed with a specific medical condition which required the use of specific equipment during the night. The registered manager arranged for staff to be provided with relevant training and introduced temporary night staff to support the person until a review of the risk indicated this was no longer required. Another person told us he especially liked and trusted a named member of staff. They could phone them if they felt they needed to, and the service often changed support times so they could meet with this staff. This showed a flexible approach to managing risk that promoted the person's independence.

We checked the procedures for recruiting staff. We looked at three staff recruitment records. Each contained all the information required by legislation. They included proof of identity, an application form detailing employment history and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. Each of the three files contained two written references. We found a policy on staff recruitment was in place to support and inform these procedures.

We found people were actively involved in decisions about the staff, in relation to recruiting or choosing the staff who would support them. The service had a value based recruitment procedure. People supported by the service were involved in staff interviews and the questions put together were value based, and explored people's right to take risks. We saw records of the interview notes made by people receiving support to show their opinions had been considered.

We found the service actively promoted recruitment in the local area. The registered manager worked with the local job centre and held a job fayre at a local school. In addition to employing local people, some people receiving support were employed, for example in a day services café, for a few hours each week to enhance their lives.

Is the service effective?

Our findings

People receiving support told us CSS was a reliable service that met their needs. People spoke very highly of their care workers and said they had never had a missed visit or had a staff member they didn't know visiting them. People also told us their care workers arrived on time and stayed as long as they should, or longer if needed.

Comments from people supported by the service included, "I have the same carers all the time," "They [staff] are always on time," "They are good staff, I've had support for [number of] years. I get sheets with a rota telling me who will be visiting. I know all the staff, some I've known for years, some are new. I like them all. They are very nice, kind, helpful and trained very hard" and "The staff know what they are doing. I am very happy."

Relatives of people receiving support were equally complimentary. They told us the service delivered care in a way that met their relative's individual needs and ensured their health and safety. They told us the service was reliable and they also knew the support workers that would be visiting. Comments included, "It's always the same group of carers, which is amazing," "Having the same team of carers is great as they get to know my [family member]," "I think some staff know my [family member] better than I do, they are great," "It's consistent care. Having a stable team is brilliant" and "The carers have given me a life as well as my [family member." "Training seems consistent as the staff are good," "Very efficient carers," "I cannot fault this company" and "The training seems consistent as the staff are good."

No one had concerns regarding the skill and training care workers had. People receiving support and their relatives told us support workers knew what support was needed and had the skills to do their jobs effectively.

We looked at the procedures for staff training and support. We found the service worked in partnership with other organisations and kept up to date with new research and development to make sure staff were trained to follow best practice. The service also contributed to the development of best practice with other services. The registered provider had set up their own training company, which provided some training to two local authorities in addition to the services own staff. Training included mandatory subjects, such as safer people handling, infection control and food hygiene. In addition, complimentary and bespoke training was provided in subjects such as Person-Centred Support (PCS), Positive Behaviour Support (PBS), Personal Development and Supervision (PDS), sleep apnoea, dementia awareness, Prada Willi syndrome, brain injury, fire marshal, epilepsy and mental health. This showed staff training was developed and delivered around individual needs. We found specialist training was delivered following consultation with relevant health professions, such as community nurses, consultants and specialist dieticians.

We found the registered manager had met with the director of the local authority to discuss developing care staff as future leaders. They worked with business relationship managers [local authority manager's] and developed a 12-week programme, future focus framework (FFF) looking at KLOE (Key lines of enquiry), which is guidance from the Care Quality Commission. The training was then commissioned by the local authority.

Following the completion of this training, the local authority nominated the service to showcase the training at "Outstanding Social Care: Exploring good practice-building relationships" to the Kings Fund, which is a national charity working to improve health and care in England. The registered manager met with different providers on a national level to share information.

We found people who received support were involved in planning and delivering some training. The registered manager employed some people who used the service to help train staff from CSS and the local authority, in specific subjects. For example, people supported had developed and delivered training on epilepsy awareness and person-centred care. In addition, the registered provider obtained advice from a national network, a consultant and a person supported regarding Reactive Attachment Disorder (RAD) and Pathological demand avoidance (PDA). The person receiving support then helped put together and deliver training on PDA. We saw feedback from staff attending these training events had been very positive.

We found there were champions within the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. The service had champions in Wellbeing, End of life, Person centred care, Safeguarding, Stomp and medication champions.

Staff told us new staff shadowed a more experienced member of staff before working on their own as part of the registered provider's induction procedures. Staff spoken with said they were up to date with all aspects of training.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important to ensure staff are supported in their role. The records showed support staff had been provided with regular supervision and an annual appraisal for development and support. All the staff spoken with said they received formal supervisions and could approach management at any time for informal discussions if needed. This showed staff were appropriately supported.

People told us visit times were flexible and did not hinder or restrict access to health care. People's care plans checked held clear information on health and the staff actions required to support specific conditions. We found examples to show partnership working had had a positive impact on individuals. For example, the service worked with a person's GP and provided longer hours to support them at home, preventing a hospital stay. Another person was identified as needing a lifesaving operation, but their weight prevented surgery. The service supported the person to obtain specialist support and they lost a significant amount of weight. The person won a lifetime achievement award and their consultant used the story in national magazine to help inspire other people. A further person was supported with their diet and weight. They now no longer require medicine for a specific health condition and said, "I have a lot more energy." One relative told us, "If my [family member] needs a GP, they [staff] will contact one and keep me up to date."

The care plans checked showed people's dietary needs had been assessed and any support people required with their meals was documented. People told us, "I'm always asked what I would like to eat or drink" and "I like all my carers and they always ask me what I would like to eat and drink."

We asked people if they found it easy communicating with the office staff. They told us they had been provided with telephone numbers and could always speak to someone at the office if they needed to. They told us the registered manager was very good at keeping in touch with them. Every person spoken with had met the registered manager and knew them by name. They told us the registered manager telephoned them to ask how things were. This showed effective communication between the service, people supported and

their relatives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

For people being supported in the community, who need help with making decisions, an application should be made to the Court of Protection.

We found policies and procedures were in place regarding the MCA so staff had access to important information. We found the service was working within the principles of the MCA.

People told us they felt consulted and staff always asked for consent. The care plans we checked all held signed consent to care and treatment records to evidence people had been consulted and had agreed to their plan. This showed important information had been shared with people and they had been involved in making choices and decisions about their support.

Is the service caring?

Our findings

People made very positive comments about CSS. They told us care workers were all very caring and would always ask them how they were feeling and what they would like help with, treating them with respect and respecting their views. One relative of a person receiving support told us, "I have had the same agency [for many years]. They [the service] have given [family member] a life. They have given me a life. We couldn't cope without them."

Comments from people receiving support included, "Very caring staff, cannot do enough for me", "I get kindness from CSS," "Staff respect me and my home," "[Care] staff and office staff listen to my needs and try and help me," "The staff encourage me to make decisions," "I'm really happy with my carers," "The overall care is excellent" and "I feel very supported."

Relatives of people receiving support also spoke very highly of CSS. Comments included, "We are really happy with the staff," "All the staff are very caring and understanding," "Fabulous carers," "They [staff] really do care. They treat my [family member] with respect" and "We are very lucky to have this service."

We found staff displayed a caring approach that had made a difference. Examples included; Staff inviting a person to a music festival because they had a spare ticket and the person enjoyed the same kind of music and the service including this as part of the person's individual support. The service arranging for temporary night cover, and staff volunteering to provide this, to stay with a person to avoid their hospital admission. Staff working on planned days off to accommodate a person's changed plans. Staff volunteering to work nights to monitor a person's health. Staff accompanying a person on their 'dream trip' to Australia. Staff happily spending time on the phone to a person who calls them regularly because the person feels a connection to them. These examples demonstrated the registered manager and staff were highly motivated and offered care and support that was exceptionally compassionate and kind in a way that exceeds expectations. Staff demonstrated a real empathy for the people they cared for.

To promote a caring culture the registered manager had introduced the Care Awards for people supported and staff. The awards were to recognise achievement and promote positivity. The awards included, 'Most improved', 'Shining star', 'Outstanding contribution', 'Most person centred' and 'Best team.' The registered manager organised an annual social event, which included a meal and entertainment. The event was sponsored by local businesses and the town's mayor presented the awards. One person supported by the service very proudly showed us their award, which meant a lot to them.

We found the registered manager had helped set up the Pauline Bear charitable trust to fund raise and help people in the local community and people supported by the service. People receiving support volunteered to fund raise, which reflected and represented the caring ethos of the service. We saw the Pauline Bear trust newsletter which showed people had been helped in a variety of ways, for example, money for a new bed and funding a family break following a bereavement.

Staff we spoke with were highly motivated. They could describe how they promoted dignity and respect and

were driven by what was right and important for the individual they supported. Staff told us they demonstrated this by their actions. We observed very caring and respectful interactions between staff and people supported by the service. Without exception, people were encouraged to be involved, their opinion was sought and staff took time to listen to people. It was obvious that staff and people receiving support knew each other well and had mutual respect.

Staff were proud of the service and told us, "I love my job. It is a joy working here" and "I'm really proud to work here. We are all very caring." Staff told us one of the strengths of the service was they had time to get to know people because they always visited the same people.

The registered manager demonstrated, by example, a clear commitment to promoting a caring culture throughout the service. This was strongly supported by the feedback we received from people who used the service and through discussions with staff members.

People receiving support and their relatives said they had been very involved in writing the support plan. They explained the registered manager had visited them to discuss this and they, or senior staff, regularly asked their opinion to check the support plan was still up to date. People said if any changes were required they only had to tell the care worker or the registered manager and they would update the plan. This showed people had been involved in discussions about their support and important information was available so staff could act on this.

The registered manager told us and we saw evidence that information was provided to people who used the service about how they could access advocacy services if they wished. We found information on advocacy services were provided in the service user guide. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People receiving support and their relatives were aware they had a care plan and felt they were involved with their care and support. People spoken with said the registered manager had visited them in their home to discuss their care needs and agree their care plan before support was provided. People told us they had been consulted by the registered manager or senior staff in subsequent reviews of their care plans. Comments included, "I was involved in the care plan and reviews," "We have regular reviews," "I'm always involved in the care plans and reviews," "I helped to write my care plan and talked to them [staff] about everything" and "The care planning was good. I could give my views."

People told us they could read their care plans and had access to important information provided in the service user guide. We saw information was available in alternative formats, such as large print, pictures and symbols so that all information was accessible.

We checked three people's care plans. We found the care plans contained detailed information about the care and support identified as needed. They also contained detailed information about the person's life history, culture and what was important to them. The plans were individual to the person. They were regularly reviewed and updated in line with the person's changing needs.

The care plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

The registered manager and all other staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service. This showed equality, diversity, and human rights were recognised and promoted.

We found the service was responsive to people's changing needs. People supported, and their relatives, told us the service was flexible and visit times could be changed at short notice to respond to people's needs. For example, one person's support times were changed to accommodate their social events.

We also found the service was responsive to people's changing health needs. For example, staff became aware that one person's behaviours were changing. The service liaised with the person's GP and psychiatrist and following this they were diagnosed with a specific condition. Staff are now supporting this person with this condition. On another occasion staff provided temporary support overnight to meet a person's changing health needs.

People receiving support, and their relatives, told us the service was very responsive to their needs. They told us they would contact the office with any concerns and had the number to contact the office. People also told us they could speak to their care workers if they had any worries. Comments included, "Any issues I

would tell my carer," "I feel listened to," "Any issues I call the office and they resolve things," "The company is amazing, any problems I just speak to the office and they will action," "The office staff are great, very accommodating and super supportive," "I feel listened to and valued" and "They [staff] are always ready to listen to any concerns. Very accommodating staff."

We found strong evidence of community links and partnership working. The registered manager set up a social enterprise scheme, involving people who used the service to support the local community. The services provided included running a café, preparing for employment workshops, recycling, a gardening service and an ironing service. People from the local community, and people supported by the service, had found paid employment as a result of this. In addition, the registered manager set up a programme at a local school to provide work experience for people using the service, exploring employment in the caring arena. The registered manager told us in local floods, the services training centre had become a community hub, providing an emergency response and help to people who temporarily had no home. This has had a positive impact on the local community.

We found examples of innovative practice to improve service delivery. The registered manager used technology to improve services. Each person receiving support, and each member of staff, had access to the services online portal. People receiving support could access, via their mobile phone or computer, their programme for the week which gave details of times of visits and names of staff supporting them for that week. The portal gave people the opportunity to 'ask a question,' 'make a comment' or 'make a complaint.' The registered manager told us people sometimes used the portal to change their support times to better meet their need. We accessed the portal and found it also gave details of forthcoming social events that people could join if they wished, and photographs and pen portraits of the staff providing support.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, the local authority. Information about complaints was also in the 'Service User Guide' that each person was given a copy of when they started to use the service. We found copies of the 'Service User Guide' in the care files kept at people's homes. This showed people were provided with important information to promote their rights. The registered manager informed us the service had no complaints or concerns.

Staff we spoke with said the registered manager was accessible and approachable and dealt effectively with any information.

The registered manager told us, where a person was supported with end of life care, a multi-disciplinary team of healthcare professionals was involved and worked with the service to plan care and support the person in line with the person's wishes. We spoke with a member of staff who shared details of a comprehensive support plan, written in conjunction with the person's family and consultant, to meet their holistic needs as they approached the end of their life. The service had an end of life champion so that staff had access to advice and best practice guidance. The registered manager told us people using the service had chosen a memorial bench for a day services garden in memory of a friend. This showed that end of life care was considered and supported.

We found the service provided social activities in line with people's interests and wishes. The service ran a 'Beat the Boredom' club and 'Healthy options' club so that people had more social opportunities. The clubs held events like trips to the cinema, crafts, quizzes and meals from around the world exploring different cultures. People told us they, or their family member, was supported to lead a fulfilling life. Comments

included, "The staff take me anywhere I want to go," "They [staff] encourage my [family member] so much. They are doing amazing and this is due to their support," "[Family member] attended a wedding recently and my family couldn't believe their improvement," "They [staff] encourage my [family member] to access services and attend groups like day care," "My [family member] goes out all the time, they [staff] have taken him America," "Staff take on board my likes and dislikes and look for activities to do," "Having the care staff encouraging me to do as much as I can is a good thing to keep me active" and "They [staff] encourage my [family member] and this has helped them considerably." This showed the service actively promoted social opportunities to enhance people's life.

Is the service well-led?

Our findings

The manager was registered with CQC.

There was a clear management structure including a registered manager who had been in post since the service began operating. People receiving support, their relatives and staff were fully aware of the roles and responsibilities of managers' and the lines of accountability.

The registered manager was an excellent role model, who actively sought and acted on the views of people. They had developed and sustained a positive culture at the service. Without exception people using the service, their relatives and staff all spoke very highly of the registered manager.

People receiving support and their relatives told us they knew the registered manager and found them very supportive and approachable. Comments included, "[Registered manager] is a lovely personality, there has always been an openness, if there is a problem we find a solution. I had built up a wall but [the registered manager], with their compassion and respect, broke that down. CSS have saved us. [The registered manager] has been an angel. We saw a way forward and could make plans. They have made a massive difference. They gave us a future" and "[The registered manager] is wonderful. They have given [my family member] a life. Their life would be dull without them, I would recommend without a doubt. I know [family member] is safe, they have a better life because of them. I wouldn't trust anyone else."

People told us they felt the service was well led and they felt listened to and valued. Comments included, "The care team is fantastic. We are extremely happy. I have been asked for feedback and the office ask me how the care is" and "I'm really happy with the carers. They welcome feedback. All the staff are very approachable"

We found the registered manager had developed a culture where people using the service felt involved and valued. Examples of how this positive culture was promoted included people being actively involved in the Care Awards, being involved in fundraising charity events with staff such as sponsored walks, being actively involved and supporting The Pauline Bear Trust. In addition, people using the service were encouraged to vote for staff in award schemes so that they felt their opinion mattered. People were involved in the recruitment and training of staff. These examples demonstrated people were actively encouraged to be involved.

The registered manager accompanied us on home visits and visits to two day centres. It was evident they knew people very well. They were greeted very warmly by the people we visited, and their relatives. Without exception, people said they felt involved and cared for. People felt they mattered.

Staff were equally very positive about the management of the service. There was evidence of an open and inclusive culture that reflected the values of the service. Every member of staff, irrespective of their role, said they felt valued by the registered manager and director. This was further evidenced in the sense of pride staff

had in their job and the service. Their comments included, "I love my job. I feel proud to say I work for CSS", "I have joy working here. [The registered manager is truly amazing," "I would be happy for CSS to support somebody I loved. If anything happened to me I would want CSS to support me. We have a sense of achievement working here." "[The registered manager] always gives 100 percent, so we [staff] give 100 percent. That means service users get 100 percent."

Staff said the registered manager was approachable and commented, "[Name of registered manager] is fantastic. They are very supportive" and "They are a great manager and always supportive".

Staff told us and records showed staff meetings were held to share information. Staff said communication was excellent and they were encouraged to contribute to meetings.

The service had an out of hours on call system so any emergencies could be dealt with. People receiving support, their relatives and staff confirmed there was always someone available to give advice when needed.

We found the registered manager had developed innovative ways of promoting and encouraging a positive culture that helped staff develop a real sense of commitment and feel valued. This was evidenced by the annual Care Awards.

We found the registered manager set up and chaired the Registered Managers Network, attended by both private and local authority managers'. This helped to shape services in Calderdale and break down barriers in communication and sharing- partnership working. The first meeting was held in 2016 and 15 people attend. The network now has 35 members and is growing. The meetings share best practice, and invite experts to provide training, for example, the head of local authority safeguarding, the director of social services, the local authority strategic commissioning manager, the Care Quality Commission and the local authority's business relationship managers. The registered manager told us that they had been interviewed by the strategic body for workforce development in adult social care in England about setting up the network, to promote these on a national level. This showed excellent partnership working.

We have reported in the relevant sections of this report the service had forged links with local police and fire services, which also promoted partnership working.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed senior staff undertook regular audits to make sure full procedures were followed. Those seen included audits of care plans, MARs and daily records.

As part of the quality assurance procedures, we found regular spot checks to people's homes took place to check people were being provided with relevant and appropriate support.

The audits and spot checks seen identified the actions taken to resolve any issues identified. We found the registered manager undertook audits and questioned practice so gaps could be identified and improvements made. We found audits of care records and spot checks were undertaken by the registered

manager and any issues were acted on.

We found surveys were undertaken to obtain and act on people's views and promote user engagement. We saw the most recent quality assurance report was available on the services portal so that people could access this information. All the completed questionnaires held very positive comments.

We saw policies and procedures were in place, which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC would be submitted.