Support for Living Limited

Support for Living Domiciliary Care Agency

Inspection report

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Date of inspection visit:
12 April 2021
13 April 2021
15 April 2021

Date of publication:
06 May 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
Support for Living Domiciliary Care Agency provides personal care and support to people living in supported living accommodation in North West London. The service is part of Certitude, a London based, not for profit, social care provider for people with learning disabilities, autism, mental health needs or multiple needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At the time of our inspection, 125 people were receiving support with personal care across 25 different supported living houses.

People's experience of using this service and what we found
In some of the schemes we found improvements were needed to safety, infection control and medicines management. We discussed this with the provider, and they addressed these issues and developed an action plan to make improvements.

People experienced personalised care which met their needs and reflected their preferences. The provider was committed to reducing restrictive practices and staff understood this and worked with individual people to enable them to take risks and develop their independence. People's care was planned to meet their individual needs, with staff working alongside healthcare professionals to make sure people received the right support.

The staff were well trained, supported and knowledgeable. They demonstrated a good understanding of the people they were caring for and were able to use a variety of communication methods to allow people to make choices and have control over their lives. The staff were able to access the training and support they needed and felt valued.

The provider had effective systems for addressing concerns and making improvements to the service. They undertook quality checks and responded appropriately when things went wrong. People using the service, their families and staff felt managers were approachable, open, and listened to them.

There were local and provider level strategies to promote human rights and improve the quality of people's experiences. For example, the provider had improved the way they supported staff and people using the service with protected characteristics to feel included, safe and respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People were supported to live within settings that met their individual needs. There was a robust assessment process which included involving people, their families and other stakeholders to make sure care was personalised and maximised people's choice while meeting their needs. People were supported to learn independent living skills and take risks to enhance their quality of life.

Right care: Care was provided in a person-centred way which promoted people's dignity and rights. Their lifestyle choices, religion, sexuality, culture and disabilities were respected and they were given the right care and support to live their lives to the full.

Right culture: There was a positive culture where staff were committed to caring for people. They knew people well and wanted to support them in a personalised way. They felt a sense of pride in people's achievements and happiness. The leadership created positives values and behaviours which were embedded and echoed throughout the service and in the day to day support of people being cared for.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection (and update)
The rating at the last inspection was outstanding (Published 5 April 2018). Whilst we found the service still had some outstanding qualities, we judged that these were not enough to rate the service outstanding in any key questions or overall. We also identified improvements were needed to ensure the safety of people using the service at all times. The provider addressed these concerns when we discussed them with the registered manager and nominated individual.

Why we inspected
The inspection was prompted in part by information about a number of incidents where people had been harmed. We carried out an inspection to assess whether standards of safety and quality were being met. Whilst we identified potential risk of harm in some areas, we were satisfied people were receiving a good service and the provider had responded appropriately to these concerns.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Support for Living Domiciliary Care Agency

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
Visits to the supported living schemes were conducted by two inspectors and an inspection manager. A third inspector conducted the visit to the offices and reviewed records. The inspection was supported by an Expert by Experience who made phone calls to relatives and representatives of people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in 25 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a short period notice of the inspection because we wanted to visit the schemes where people lived, and we needed their consent to do this. We also needed to notify the provider of our intention to visit the office because they had mostly been working remotely since the start of the COVID-19 pandemic and we

needed to make sure staff would be available to meet with us.

Inspection activity started on 13 April 2021. We visited eight of the supported living schemes on the 13 and 14 April 2021. We visited the office location on 15 April 2021.

What we did before the inspection
We looked at all the information we held about the provider. This included notifications of significant events and safeguarding alerts. We contacted some of the commissioners who organised and funded people's care and support. We received feedback from three.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We visited eight of the supported living settings and met the people who lived there and the staff who supported them. We also met a visitor at one scheme. At the schemes we spoke with people about their care, spoke with the staff and observed how staff interacted and cared for people. We also looked at how medicines were being managed, health and safety arrangements, infection control procedures and a selection of care and other records.

We visited the office location and met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also met other senior managers who discussed work in different departments. We looked at the care records for seven people using the service and other records used by the provider to manage the service and monitor quality.

We spoke with the relatives and representatives of 22 people who used the service.

After the inspection
We continued to review records the provider sent us which included evidence of how they managed the service, policies, records of audits, meeting minutes and evidence of learning.

We arranged a meeting with the provider on 23 April 2021 to discuss our findings.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● People's safety and risks to them were, on the whole, well managed. However, we identified some risks to people that had not been fully mitigated. During our visits to the supported living schemes we identified risks to individuals posed by the environment they lived in. These included risks associated with a fire door which had been wedged open to prevent it closing, cleaning products not stored appropriately which people could reach and a boiler room door in one scheme left opened with could be accessed by people using the service.

● We informed the provider about our findings and they acted to reduce the risks and initiate learning so there would not be a repeat of these incidents.

● Notwithstanding the above people's care records included assessments of risks relating to their physical and mental health, risks within their environment and those relating to activities they participated in. The assessments were detailed, had been regularly reviewed and included information about how to reduce risks of harm.

● The provider enabled people to take risks in a safe way to enhance their quality of life and wellbeing. For example, they supported people to learn new skills and to access the community independently (where appropriate). They created plans with people to identify how they could keep themselves safe.

● The provider was also proactive in reducing restrictive interventions such as restraint, restricting people's freedoms and use of medicines which subdued or sedated people. They had policies and procedures in respect of this and trained staff to use alternative methods of support to reduce people's agitation and anxiety. For example, staff worked closely with other professionals to develop holistic plans which helped to make sure their interventions were enabling and supportive rather than restrictive. Where any restrictive practices were used, these were in line with clear protocols, undertaken by trained staff and were fully investigated to make sure they had been the most appropriate response to a situation.

● The staff told us about how different interventions had resulted in improvements for people. For example, supporting people to accept care from different members of staff, overcoming phobias and helping people find techniques to regulate their emotions, such as through breathing exercises. One member of staff explained, ''Everyone is different, and their strategies are completely personalised.'' This was demonstrated when we looked at individual plans of care and support for managing risks.

Using medicines safely

● People received their medicines as prescribed and in a safe way. However, improvements to record keeping were needed in some supported living schemes. For examples, there were not always clear records of medicines administration or the medicines which were stored at the schemes. We found no evidence people were being harmed and we discussed our findings with the registered manager and they started to

address these concerns .
● There were appropriate procedures for managing medicines and staff received training so they knew how to do this safely. Managers assessed staff competencies to help make sure they were able to manage medicines in line with policies and procedures.
● There were appropriate storage arrangements for medicines at each supported living scheme.
● People who wanted to, and were able to, were supported to manage their own medicines. The risks relating to this had been assessed and there were appropriate plans and guidance.
● The provider was committed to an initiative which aimed to reduce prescribed medicines and look at alternatives to support people where possible. The staff worked closely with other health care professionals to put in place strategies and support plans for people. The registered manager discussed how this had improved the quality of life for some people and information about this, including case studies, was published on their website. The staff we spoke with also told us about how people they supported had benefited from reducing the amount and type of medicines they were prescribed.

Preventing and controlling infection
● There were suitable systems for preventing and controlling the spread of infection. However, we found these were not always followed in some of the supported living schemes we visited. For example, in some schemes staff were not wearing personal protective equipment (PPE) correctly. We also found areas of some of the schemes required additional cleaning. We discussed our findings with the registered manager who investigated these concerns and provided staff with information about what needed to be improved.
● The staff at each scheme were responsible for ensuring prevention and control of infection at the schemes. They followed cleaning regimes and carried out audits of infection control.
● The provider had updated their procedures since the outbreak of the COVID-19 pandemic. They had a range of information for staff, including training, policies, procedures and easy to follow links to guidance and support. There was enough PPE for staff and people using the service who wanted to use this. There were clear signs, including pictorial guidance, at the schemes about COVID-19 and preventing the spread of infection. All staff and people using the service had regular COVID-19 tests and there were procedures for managing an outbreak or if a person tested positive. People using the service and staff were supported and encouraged to receive COVID-19 and flu vaccinations. The provider had run sessions and shared information to help people and staff understand why this was important and to help allay some of the fears they may have had about the vaccinations.

Systems and processes to safeguard people from the risk of abuse
● There were systems and processes designed to keep people safe from abuse.
● People told us they felt safe and their relatives also felt people were safe and well looked after. One relative told us about an incident which had happened, and said the staff followed procedures and took appropriate action. Other comments from relatives included, ''A band of trust is maintained'' and ''I know [person] is in a safe place.''
● There were policies and procedures regarding safeguarding adults and children and whistle blowing. The staff received training in these and had regular opportunities to discuss how to recognise and report abuse through team and individual meetings with their managers. The staff we spoke with had a good understanding about different types of abuse and how to report these.
● The provider had worked with other agencies to report and investigate allegations of abuse and put in place measures to help protect people from further harm.

Staffing and recruitment
● There were enough suitable staff deployed to meet people's needs and keep them safe. Although some relatives explained they would like increased staffing levels to facilitate more outings and activities. Staff

were allocated to work at specific supported living schemes. During the past year there had been times when the provider had to rely on additional temporary staff to cover staff absences. The staff confirmed they used the same regular workers who provided a consistent approach.

● The staff within the supported living schemes we visited were not rushed and were responsive to people's needs. They told us they felt there were enough staff and that staffing levels were flexible to reflect changes in people's changing needs. The staff knew people well and were able to tell us about their needs.

● The provider had adapted staffing arrangements during the pandemic to reflect the individual needs of each scheme, the people living there and staff. For example, they had changed shift patterns in a response to requests from staff to reduce travel time to work. They had also provided transport for staff who did not want to travel to work using public transport during the pandemic.

● There were suitable systems for recruiting and selecting staff. These included carrying out interviews and conducting checks on their suitability. All staff recruitment was coordinated and managed by a centralised human resources department, although local managers interviewed staff for their schemes to make sure their skills reflected the needs of the service. Before the COVID-19 pandemic, people using the service and relatives had sometimes been involved in staff interviews. Whilst this had not happened in recent months, they still had input into the recruitment processes by explaining what they wanted from staff and specific qualities and skills they felt the staff should possess.

● New staff completed a range of training, assessments and shadowing as part of their induction. This helped managers to make sure they were suitable.

Learning lessons when things go wrong

● The provider had effective systems for learning when things went wrong. They had a quality team who oversaw complaints, incidents and adverse events, investigated these and created systems for learning to prevent reoccurrence.

● For example, following concerns in a small number of schemes about fire safety arrangements, the quality team created guidance, templates and information for all managers and staff about how they could check and improve fire safety systems. They also created a learning pack and training.

● The quality team produced a monthly briefing which included information and lessons learnt from a range of different events. These briefings were shared with all staff with specific actions for managers and senior staff.

● Staff in the schemes we visited were also able to tell us about learning at a local level. For example, following a medicines related incident in one scheme, the staff there reviewed and changed their processes to reduce the risk of further errors.

● There was an integrated health team working within the organisation who provided guidance and support for staff. For example, they included positive behaviour support specialists who offered advice and information for staff. One member of staff told us about an incident where they had been hurt at work. They explained that they had received support to identify why this had happened and put in place strategies to help reduce the risk of further incidents. They told us, ''I had great support from the organisation and management.'' Another member of staff commented, ''The Positive Behaviour Support team are very supportive, you never feel as though you are alone. We have a debrief after every incident.''

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider completed comprehensive assessments of people's needs before they started using the service and during moves between services. This enabled them to provide personalised care, so people felt safe, supported and their needs were met.
- One relative we spoke with praised the staff for the work they had done to support a person to move back to the supported living scheme after a period living away. They said they had involved the person and relatives in planning the transition. They also told us they had arranged regular on-line meetings to help with the process and included the support of the provider's positive behaviour team for their advice and guidance.
- People had specialist care packages designed to meet their individual needs. This was particularly demonstrated for one person who required an intensive package of support. The person's family and a multidisciplinary team had been involved in developing the package of care and selecting staff who had the skills and knowledge to support them. The staff had worked with the person during their transition to the service, spending time undertaking activities and supporting them where they lived before the move. The move to the service included meticulous planning designed specially to reduce the person's anxiety.
- The staff in one supported living scheme told us about another example, where one of the people living there had needed a very slow transition, moving in gradually over six months, to enable them to feel comfortable with staff and others. They explained, ''We really had to build [their] confidence and security. [They] were completely dependent on [their] family before they moved in.'' They went on to tell us, the personalised approach had enabled the person to feel safe and happy and increase their independence.
- The provider's assessment process included supporting everyone living within a scheme when there were changes to the occupants. For example, the provider shared a story with us about a situation where one person living within a scheme was not happy with the plan for another person to move there. They supported both people by discussing their fears about this and planning interventions to support them to develop their relationship and feel safe with one another. This was successful and both people became personally close and started to enjoy each other's company.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well supported and trained. The staff worked with small groups of people who they got to know well. The provider made sure they had the knowledge, skills and personalities needed for this. One relative told us, ''The staff know [person] very well, [their] needs and how [they] communicate.'' The staff also confirmed this with one staff member commenting, ''Staff have to get to know people well, we see how they change, and help them to become more independent.''

● Staff teams were specifically selected to match the needs of people living in different schemes. Families and people using the service were sometimes involved in the selection, training and induction of staff. This meant people were able to receive a personalised service which reflected their individual needs and choices.
● New staff completed an induction which included a range of training, completing assessments and workbooks, shadowing experienced staff and working towards qualifications in care. The provider had effective systems to ensure staff received a comprehensive range of training opportunities. Staff confirmed this with comments like, ''I have had lots of training and lots of refreshers'', ''There are good training opportunities'', ''[Person] has [healthcare condition] which we were unfamiliar with so we received training about this'' and ''There is a learning library, we are encouraged to progress and take qualifications. We can also request specific training we feel we need.'' During the COVID-19 pandemic, some of the training had been provided on-line or through video training sessions. We observed three members of staff taking part in a video training session at one scheme. This was interactive and the staff were engaged. They told us the training was useful.
● The staff took part in regular team and individual meetings with their line managers to discuss the service and their own work. They told us they felt supported. One staff member commented, ''You never feel alone or without support, everyone is here for each other and you really feel valued and respected.'' Another staff member told us, ''We have a great team, trust and reliability is key.'' The provider's intranet was accessible to all staff and had a wide range of guidance and information. This was regularly updated and reflected changes in legislation and good practice guidance. There was also information about well-being, with links to support staff with their mental health. Senior managers contacted each scheme at least weekly to check how staff were feeling and if there was any additional support they needed.
● Staff took on additional responsibilities and roles in order to enhance their knowledge and support the services to grow and develop. For example, some staff were autism champions, helping to make sure people with autism received the right support from staff who were trained and knowledgeable. There were also dementia leads and staff within individual schemes who took on extra responsibilities.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional and hydration needs were being met. The staff assessed and planned for these, providing speciality dietary support when needed. There was good evidence the staff monitored people's weight and contacted external professionals, such as dietitians, when needed.
● Care plans included guidelines from specialists and the staff followed these. The staff were able to give us clear and detailed information about the dietary needs, including any risks, of the people they supported. Staff had received training about nutrition, including training about how to recognise and mitigate risks of people choking and for people with swallowing difficulties.
● Different schemes had different arrangements for provision of food and drink, with some people living more independent lives and managing their own shopping and cooking, whereas at other schemes this was managed by staff and people ate together. These arrangements were based on individual needs and choices. People told us they were able to make choices about what they ate and drank.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People's healthcare needs had been assessed, planned for and met. The staff worked closely with other professionals to monitor these and make sure people had the support they needed. They had developed care plans for different healthcare conditions and people saw medical professionals when needed. Guidance from these professionals was included in care plans and the staff followed these.
● The provider employed a team of specialist healthcare professionals and therapists who worked alongside staff providing training and coaching, helping to develop care plans and guidelines and working in partnership with people using the service, families and staff to help make decisions about people's care.

This included supporting staff to improve their communication techniques, through learning Makaton (a type of sign language) from a qualified Makaton trainer.
● The team provided support for people to understand their conditions, behaviour and mental health needs. For example, they had provided therapeutic support for one person to better understand their emotions, autism and to develop their self-awareness and self-image. The person had fed back to the provider about this experience and this feedback was shared with us. The person had commented, ''I have been able to express my feelings and fears opening up? with people that understand autism. I have developed several strategies and reflections.''

Ensuring consent to care and treatment in line with law and guidance
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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People consented to their care and treatment in line with the law and guidance. The staff had worked with people's representatives and other professionals to assess people's mental capacity regarding specific decisions. Where people lacked the mental capacity to make decisions, this had been recorded and they had take appropriate action, such as consulting with others to make decisions in people's best interests and applying for DoLS when needed.
● The staff received training and information to help them understand about the MCA so they could apply this when supporting people. We saw the staff offering people choices and obtaining consent during our visits to the schemes.
● The provider's team of healthcare professionals and therapists supported staff to understand people's different methods of communication, so they could use this knowledge to help explain choices to people and to obtain consent.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, respected and supported. People told us they were happy with the service, and relatives also commented positively about the support people received. With one visitor we met at a scheme telling us, ''This is a lovely home.''
- During our visits to the supported living schemes we observed kind and caring interventions from staff. They knew people well and responded quickly and appropriately to people's needs, including when some people became upset.
- The provider had a scheme whereby any stakeholder could nominate individual or teams of staff for good work. One relative had nominated a whole staff team, stating the staff had worked extra hours and supported their loved one 'beyond the call of duty' to help manage their anxiety during lockdown.
- The staff had a very good understanding about people's diverse needs and how to support them. We spoke with people and observed the care of people through sensory support to help them regulate their emotions. There were examples where the staff had created personalised environments, using people's interests to decorate and equip bedrooms in a person-centred way. The provider had supported one person to move into a specially adapted environment because they had identified the person was unhappy and becoming unwell where they lived before. The relatives of this person had given written feedback to the provider telling them what a positive difference this had made in the person's life.
- The staff supported people with their religious needs, including providing culturally appropriate diets and accessing places of worship. There were also examples of how they had supported people with their human rights. For example, one person had no formal identification when they moved to the service. The staff had supported them to acquire the correct documents, apply for their benefits and register to vote.
- The provider had a proactive approach to equality and diversity with three key networks leading work for black and ethnic minority groups, those with disabilities and people who identified as LGBT+ (Lesbian, Gay, Bisexual and Transgender). The networks offered support, training and information for staff and looked at how improvements could be made for people using the service. The networks had improved staff awareness and understanding about diversity and had led to changes in policies, procedures and records at both a national and local level, including individual support for people to challenge discrimination and feel safe with their identity.

Respecting and promoting people's privacy, dignity and independence

- People were supported to increase their independence and learn new skills. Several relatives talked about this and the positive impact it had for people. Their comments included, ''Now [person] does washing and drying up, cleaning, laying tables and has stated cooking. It is fabulous'', ''[Person] does [their] shopping and

baking'' and ''[Person] likes to set the tables, hoovering, sweeping and using the washing machine.'' The staff spoke about supporting people to help them feel a sense of achievement as well as learning new skills.

● The provider worked with others to support people to become more independent. For example, one person was reluctant to exercise and eat healthily. The staff worked with the person's family, who purchased them some cookbooks with healthy recipes. The person started to enjoy preparing meals and trying different kinds of healthy food. For another person, the staff again worked with their family to help the person settle into a new home, learn independent living skills, to make decisions about their life and to build up trust with the staff team.

● The staff supported people to use the community safely, learning travel and road safety skills, as well as using shops and being aware of strangers. The family of one person were so pleased with the work staff had undertaken in this area they nominated the staff team for one of the provider's good practice awards.

● People's privacy and dignity were respected. We observed the staff supporting people appropriately, addressing them in their preferred name and respecting their privacy when they were in their rooms. One relative told us how they were given privacy by staff when they visited so they were able to spend time alone with people.

Supporting people to express their views and be involved in making decisions about their care

● People's views were respected, and they were involved in making decisions about their care, their lives and their environment. The staff demonstrated a good understanding about giving people meaningful choices and communicating these in a personalised way so people could understand them. One member of staff told us, ''You have to offer choices in ways [different people] can understand depending on their needs and styles.'' All the support workers we met were able to tell us about the different people they cared for, how they should offer choices and how their approach differed from person to person.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and the service was responsive to changes, meaning they adapted people's care and support to reflect this. The staff gave us examples of how people's support packages had increased and decreased as their health changed.
- The staff created care plans which outlined how people needed to be supported. These were regularly reviewed and updated. The senior managers could view people's care plans and guidelines via electronic systems which meant they could monitor these were appropriate and completed consistently. There were objectives for each person which outlined personal goals and aspirations. These were regularly monitored to help make sure people were getting the support they needed to achieve these.
- The records of support and interventions showed care plans were followed and people's needs were being met in a personalised way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, planned for and met. Staff were trained so they were able to use different methods of communication, such as Makaton (a type of sign language), objects of reference and pictures. The staff knew people well so were able to understand individual ways people communicated and identify any concerns people had. There was a handover of information and clear records so staff were alerted to any changes in people's needs and could alter their communication with people to reflect this. The provider's Makaton trainer supported some staff to work towards national qualifications in this.
- We saw staff using communication boards and objects of reference to give people choices and help them to express themselves. There was signage and information in easy to read and picture format in the schemes where people needed this. For example, information about fire procedures, staff on duty, menus and activities.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in a variety of different leisure and social activities. These were personalised and met people's individual needs. The staff told us about people's interests and hobbies and how people learnt new skills such as gardening, yoga and baking as well as taking part in individual and group exercise, games and arts and crafts.

● During the COVID-19 pandemic and lock downs, people's access to community activities had been restricted. The provider had organised a range of online classes and activities and quizzes. These supported people to stay in touch with friends and others who lived apart from them. The staff gave us examples of work they had undertaken with people prior to the pandemic, supporting them to go on holidays and access a range of community facilities, such as shops, places of leisure, colleges and day centres. The provider also ran a theatre group and workshops which people had participated in. There were plans for these to restart in the future.
● People were still supported to access local facilities where possible, such as local parks and outdoor spaces. Staff acknowledged how lockdown had impacted on people, and had, at first, been hard for people as their normal routines had been disrupted. However, they told us they had adapted well to the restrictions. One staff commented, ''Lockdown breaking their routines was one of the best things that could have happened, it forced us to be more creative and people had far more resilience that I thought, they have managed spectacularly well.''
● Relatives told us the staff had supported people to stay in touch using phones and video calls, as well as visiting where they were able.

Improving care quality in response to complaints or concerns
● The provider had suitable systems for responding to complaints and concerns. People using the service, their relatives and staff knew how to raise concerns and information about making complaints was displayed on the provider's website. Relatives who told us they had raised concerns said these had been responded to appropriately and to their satisfaction.
● The provider's quality team investigated and responded to complaints and concerns. We saw they had made improvements to the service in response to these and had shared learning across the organisation.

End of life care and support
● The care for people at the end of their lives had been appropriate. Most people using the service were younger adults, and deaths had been relatively rare and not expected. However, when people had become unwell and died, the staff had worked closely with people's families and healthcare professionals to make sure they were safe, comfortable and pain free at the end of their lives. They had supported people to stay at home where this was possible, advocating for people to enable them to come home from hospital and making sure they were cared for by familiar and consistent staff who knew them well.
● The provider had carried out a review of all deaths, so they could assess if anything had not gone to plan and how they could change things for people in the future. Following people's death, the staff and those they lived with had been supported with the provider focusing on their wellbeing and any support they needed.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

● The provider had systems for monitoring and improving quality. During the inspection, we identified concerns relating to safety in some of the supported living schemes. The provider investigated these and responded with appropriate action to make sure future risks were mitigated. This was reflective of our overall findings, that the provider was responsive when they were alerted to any areas of concern or when things had gone wrong. External professionals and families confirmed this.

● The provider had a team who oversaw quality monitoring and improvements. They worked closely with other staff to carry out audits, gather feedback from stakeholders, train staff and provide information across the organisation. Senior managers and board members had regular contact with each scheme speaking with people living there and staff to ask for their opinions and feedback.

● Each of the supported living schemes was regularly audited. These audits previously included visits by the quality team to the service but had been adapted to virtual visits and online audits since the start of the COVID-19 pandemic. Managers of the schemes were expected to provide evidence of how the schemes were meeting key objectives. Area managers also regularly visited the schemes to gather feedback from people using the service and staff. There was evidence of learning from audits so improvements could be made in other schemes as well as ones where any areas of concern had been identified. The general outcome from audits was positive and showed a well-run service.

● The provider asked people using the service and other stakeholders to participate in different forums and give feedback through surveys which were distributed every two years. Prior to the pandemic, some people using the service were ''quality checkers'' (people who visited other schemes to conduct a peer audit of the service). The quality team were looking at ways they could restart this, or adapt this, for ongoing peer monitoring.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a person-centred culture. People using the service told us they felt happy and safe. Their families spoke positively with comments which included, ''They are welcoming and transparent'', ''I am really happy with everything they do, everything is done in [person's] best interests'' and ''They do their best to enrich people's lives.''

● The provider's equality and diversity networks helped to review policies, procedures and practice and had supported training for staff to challenge unconscious bias. The provider was able to share examples where staff had talked about the positive impact the equality and diversity strategies had for them, helping to develop trust and greater awareness within the organisation. For example, the Disability Employee Network

had helped the organisation to reword some of their values and behaviours to make these more inclusive. They had also supported the human resources department to review some of their forms in order to proactively ask staff whether they needed reasonable adjustments at work.
● The provider supplied a range of information about sex and relationships for people to support them in this area. They also organised training and links for staff, liaised with organisations who promoted and supported people with learning disabilities to form intimate relationships and supported people from the LGBT+ (Lesbian, Gay Bisexual and Transgender) community to feel valued and safe. The provider shared an example, of how two people using the service had fallen in love and developed an intimate relationship. The provider had organised training and support for the staff to help them understand people's rights and this had enabled them to feel more confident in supporting people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood their responsibilities under duty of candour. They had clear processes for dealing with complaints, safeguarding alerts and other adverse events. People who had made complaints told us the provider had dealt with these appropriately.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Managers understood their roles and responsibilities. The nominated individual, registered manager and a network of other managers oversaw the running of the service. People using the service and their relatives had regular contact with local managers and gave positive feedback about them. Their comments included, ''They are thoughtful and caring, the manager and deputy manager take our concerns seriously'' and ''They are proactive in contacting us.''
● Staff told us they felt well supported and managers were knowledgeable and experienced. The management staff developed trusting relationships with other staff and people using the service. Staff felt they received clear guidance based on regulatory requirements.
● There were good systems for managers to communicate with each other and share ideas and information.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider engaged with people using the service, their representatives and staff. Policies, procedures, and changes to the service were made in consultation with stakeholders, using their feedback and input.
● There were regular forums and meetings for people using the service and families. Since the outbreak of the COVID-19 pandemic, the provider had facilitated video calls and online meetings to communicate with stakeholders.
● Where possible, people using the service and their families were involved in recruiting staff, both by participating in interviews (in the past) and, more recently, providing information about the qualities they wanted from staff.
● The provider had an annual awards scheme whereby anyone involved with the service could nominate staff for awards. The ceremony and presentation of awards was held as an online event in 2020, with people and staff from the different schemes and other services were invited to join. There were various events for people using the service and staff to participate in via the online community, such as baking competitions.
● Relatives told us the staff made regular contact with them, keeping them informed and encouraging contact with people. Some of their comments included, ''I can't fault them, they ring me if anything happens'' and ''I am always being contacted.''

Working in partnership with others

● The provider worked in partnership with others to improve the service and promote quality experiences for people with learning disabilities. In 2020, some people were part of a project with a local brewery which included a campaign to raise awareness of the challenges for people with learning disabilities in pubs, bars and clubs. People attended social events and designed and brewed their own beer as part of the promotion of the campaign.

● The provider was also part of a local network of not-for-profit organisations promoting awareness of social care and looking to influence policy makers to improve adult social care services.

● Staff within the supported living schemes worked closely with external professionals to make sure people's needs were being met. The registered manager had organised an event with some local healthcare teams to improve communication and joint working.