HF Trust Limited

HF Trust - Oxon Vale DCA

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected HF Trust – Oxon Vale DCA on the 22 August 2016. The inspection was announced. HF Trust Oxon Vale DCA is a domiciliary care service in Abingdon that provides 24 hour support and outreach support to adults with learning disabilities or autistic spectrum disorder to help people live independently in the community. At the time of this inspection the agency was supporting 27 people across seven houses and outreach to three people.

There was an experienced and committed registered area manager in post who was the Regional Manager and two cluster managers whose aim was to find ways to enable staff to provide responsive care to people that use the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received an outstanding level of care that was responsive to their individual preferences and needs. The service had undertaken a strong commitment to ensuring that people in the service received individual person centred care. They had taken the time to find out what was important to the person and ensured that wherever possible people were able to follow their wishes to visit places they had expressed they wanted to do. Documentation had been prepared that was meaningful to the person and to help them understand this information as much as possible. Staff showed excellent understanding and appropriate responses to people's needs and preferences. Relatives described a staff team that were able to support individuals to have the best life possible which had given them peace of mind. It was evident that people passed their time in the way they chose and wherever possible were given opportunities to increase their independence through positive risk taking.

The registered manager, cluster managers and supported living workers knew what to do if they suspected someone was being abused or harmed. Recruitment practices were robust and contributed to protecting people from staff who were unsuitable to work in adult social care. Medicines were managed and stored safely so that people received their medicines as prescribed. There were enough staff to meet people's needs.

Staff had received a wide range of training so that they had a good understanding of how to meet people's needs. The registered managers and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Staff were clear about the importance of gaining consent from people.

People participated in all the stages of choosing, planning and the preparation of their meals. Healthy eating was discussed in meetings and people were supported with any dietary needs they had. People were given guidance and reassurance if they needed it to maintain their health and wellbeing.

Staff made sure that if people became unwell, they were supported to access healthcare professionals for treatment and advice about their health and welfare. They did this in partnership with people and provided full information for people to help them understand their health needs.

People received care and respect from staff that had strong values about treating people in a way that respected them as individuals. Relatives described staff as excellent and who went out of their way to support people to achieve their expressed wishes. Staff were respectful of people's privacy and dignity.

Management and staff understood the importance of responding to and resolving concerns quickly. The complaints procedure, as with all other communications, was produced in a format people could easily understand. Relatives told us that if they had a complaint to make or a worry to voice, they felt confident to raise them in the open and inclusive atmosphere there was in the service.

The service was well led by a management team that was committed to finding ways to support the people to be citizens in the wider community, to lead a full and active life and to be in full control of what happened to them. Staff told us that the management led by example and was supportive and easy to talk to. The management was responsible for monitoring the quality and safety of the service, and had done so consistently.

The service continually asked people for their views about the day to day care they received through conversations, meetings and reviews. People were given an opportunity to take part in debates and discussions about improving their quality of life locally and nationally. This meant that their thoughts and expectations led improvement to the service they received. The provider's outlook was reflected in the way this service was run and they included the people who used the service in decisions about how the organisation was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received the support needed to manage their medicines and there were enough staff employed to ensure they received care and support to meet their needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People were supported with nutrition and staff responded when people's health needs changed.

People were supported to make decisions in relation to their care and support.

People made decisions in relation to their care and support

Is the service caring?

Good

The service was very caring.

People lived in a service where there was a culture of individualised care which placed people at the heart of the service and staff went the extra mile to achieve this.

People's rights to privacy and to be treated with dignity were respected and people were encouraged to make choices and decisions about the way they lived.

People were supported to maintain and develop their independence.

Is the service responsive?

Outstanding

The service was outstandingly responsive.

There was an ethos of delivering person centred care at all times.

People's individual wishes and preferences had been listened to and they had been supported to achieve these wishes wherever possible.

People were empowered to be involved in the planning and review of their care.

Staff recognised the importance of making sure people maintained their hobbies and interests and did not become socially isolated.

People and their relatives felt comfortable to raise concerns and knew how to do so.

Is the service well-led?

Good

The service was very well led.

There was an open, positive culture in the service and the management team worked closely with the staff to ensure people received care and support which met their needs.

People were placed at the heart of shaping the service and their views were valued and acted on.

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

HF Trust - Oxon Vale DCA

Detailed findings

Background to this inspection

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

This inspection took place on 22 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one 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.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed the information we held about the service and the service provider. We received feedback from three professionals who worked closely with the service.

We spoke with the registered manager, two cluster managers and three care staff. The two cluster managers had applied to be registered with the Care Quality Commission to give them responsibility for a group of two or three premises. We reviewed a range of records including care records for four people consisting of care plans, risks assessments, medicine administration record (MAR) sheets, and other records relating to personalised care for the people. We looked at records relating to the management of the service and five staff files. We spoke with seven relatives by telephone.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe using this service. One person told us, "I'm safe; they [the staff] help me to stay safe." Relatives also felt the service was safe. Comments included, "[Name] is completely safe there and even though [person's] not very vocal you would know if there was anything wrong" and "I call in every two weeks and I've never had cause for any concern about [person's] safety".

Staff understood the different types of abuse and knew how to recognise signs of harm. They were clear about their responsibilities to report issues if they suspected harm or poor practice. Staff told us, and records confirmed staff had received training in safeguarding vulnerable adults. Staff were able to explain the action they would take and who they would report concerns to in order to protect people. Staff were confident that the manager would take action if they reported any concerns. One staff member said they were confident that people were kept "Absolutely safe" with all measures in place to protect them. Staff were also aware of the whistleblowing policy and said they would feel confident to use the process if they thought it was necessary.

The registered manager and cluster managers had a good understanding of safeguarding vulnerable people. The registered manager was a member of Home Farm Trusts (Hft) national safeguarding group. We saw the cluster managers had taken appropriate action when concerns were raised and liaised with the local authority to ensure the safety and welfare of the people involved. Safeguarding concerns were logged onto an electronic system and monitored until an outcome was received from the local authority. Any outcomes that required action were noted and if needed relevant records were updated, such as risk assessments. Professionals commented, "We have no concerns in regards to the [provider's] support of service users" and "Staff are aware of safeguarding procedures and report regularly".

People's care records included risk assessments which enabled people to be independent and in control of their life. In developing these risk assessments, staff had ensured that people were safe whilst they built up the confidence to become as independent as they could. Risk assessments were individual to each person and were detailed. For example, if people wanted to travel independently, the risk assessment set out processes and safeguards to enable them to keep safe, such as a 'Mind Me' pendant which could be used to call for assistance or track people if they got lost. Other risk assessments included finances, medication, personal care and epilepsy. A relative said "[Name] has a mobility vehicle and the risk assessments for it and everything else for that matter are very thorough." People's risk assessments were audited monthly and updated annually or as needed.

Accident and incidents had been reported to the relevant bodies appropriately. The provider used an electronic system to log these and ensured appropriate action was taken in line with the provider's policy. Accidents and incidents were analysed to see if there were any trends or patterns. Incidents were fully logged including what happened leading up to the incident, the actual event, and any outcome or learning from the incident. These outcomes were also discussed at team meetings, relevant supervisions and at staff handover meetings. A report was submitted regularly to the Divisional Director and The Health, Safety and Wellbeing Group to review.

Policies and procedures were in place to manage risks to the service from untoward events or emergencies. We saw a crisis management plan with up to date information and contacts of what to do in an emergency, such as fire or flooding which could result in people needed to be relocated from their homes. Fire drills were carried out so that staff and people using the service understood how to respond in the event of a fire.

The registered manager acknowledged the difficulty with recruiting sufficient staff to meet people's needs and was trying all forms of recruitment methods to improve this, such as notices in local colleges and advertising locally. We spoke with staff who said "Staffing levels are a struggle sometimes but it is the same everywhere. However, I do feel the people that we support get the support they need". This meant staff were conscientious about not letting the staffing levels affect individual's safety and would stay on beyond their working hours to ensure people were supported. Existing staff were given the opportunity to do more shifts if they wanted to and agency staff were used if needed to ensure safe staffing levels. Due to these measures, there was no impact on people supported.

Appropriate checks were undertaken before staff started work. Staff files included evidence that pre-employment checks had been carried out, including written references and evidence of the applicants' identity. A Disclosure and Barring Service (DBS) check had been completed to ensure that staff were of good character and suitable to work with vulnerable people. People had developed a poster of 'What Makes a Good Support Worker' which was sent to people applying for jobs in the service. They also developed a document called 'What to Expect from Hft' which included 'What staff must not do'.

We found that medicines were managed safely. People's ability to manage their own medicines had been assessed and an individual medicines care plan completed. These contained a risk assessment which identified how much support people needed to be able to manage their medicines safely. A relative commented, "When [relative] comes home at weekends they send their one pill, it's always in one of those blister packs so you can't go wrong". We saw evidence that there were checks and audits in place to ensure that people were taking their medicines as prescribed. People's medicines were stored in locked cupboards in their rooms.

Staff had received medication training and were observed on three occasions before being allowed to administer medication to ensure they were competent to do so. Competence was assessed yearly or as needed. A relative said "[Name] has covert medication and the medication is always given by carers that are trained. They have to have had medicine training to be able to do it". Medicine Administration Records (MAR) had been completed accurately on the records we looked at. The registered manager had identified a high incident of medicine errors and analysed these for a pattern. It was found this was mostly with medicines that were not in the monitored dosage system. A prompt sheet had been introduced and the errors had reduced.

Good

Is the service effective?

Our findings

Most people in the service would have found it difficult to comment upon whether they felt staff were well trained. We therefore spoke with their relatives to get their opinions on how they felt staff were qualified and experienced to support their relatives. Comments included, "They are committed and dedicated and certainly know what they're doing", "I trust their capabilities completely" and "The staff get lots of training even the agency staff that are sometimes used are trained to a good standard".

The organisation's induction and training covered the provider's mandatory training, which included; safeguarding vulnerable adults, first aid, health and safety and infection control. The provider also offered staff training in specific areas of need, such as supporting people living with a learning disability and developing communication skills. This enabled staff to develop the skills they needed to carry out their roles and responsibilities. One professional commented that they felt staff would benefit from further autism and mental health training.

Records showed staff received training to ensure they could carry out their roles and responsibilities effectively. A staff member told us "I've just had a medicine refresher. The training is good, if anything can be too much training. Very thorough". Staff had also received person specific training for people with specific conditions, such as epilepsy or a risk of choking.

All new staff were expected to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. This supported staff to gain the skills and knowledge to carry out their roles and responsibilities. Most staff had completed the Care Certificate (or equivalent qualification) and other staff were in the process of this.

Staff told us, and records showed they had regular meetings with their managers and a yearly appraisal. The meetings with their managers gave staff an opportunity to discuss the people they were supporting and to reflect on their practice. For example, we saw one member of staff had discussed a person's support plan and arranged a day trip for a person they supported. They discussed arranging another day trip for a person and we saw this had been completed by the next supervision. A discussion about completing a qualification had also been noted. As part of the appraisal process people supported were asked to give feedback about how staff supported them and an accessible questionnaire was used for this.

Manager's reviewed staff's overall performance through an annual appraisal. They also identified objectives for the following year to develop staff practice and improve the support people received. A member of staff commented, "I have done my Care Certificate and I'm now working towards another qualification. My manager supports me with this in work time and asks me how I'm getting on. I have been offered the opportunity for promotion as well which was nice". We saw another appraisal had discussed researching and risk assessing a specialist holiday for someone with complex needs.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLs). All staff had received training on MCA. The MCA provides a legal framework for

making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw many examples of people having capacity assessments regarding particular decisions. For example, we saw that a person had been assessed as not having capacity about consenting to surgery and the benefits and risks involved. We saw that a best interest decision had been made with the person involved and those who knew them well.

In domiciliary care settings, the service provider must refer people who they assess may be deprived of their liberty to the local authority who have responsibility to apply to the Court of Protection for authorisation. The manager had a good understanding of DoLs and when this should be applied to the people who lived in the service.

People's health needs were closely monitored. A staff member said, "I'm getting to know when [name] is happy or unsettled by reading her body language". This helped staff know when health support may be needed and refer on to the relevant professional, such as a GP or occupational therapist. We saw that people had input from specialists and were supported to attend hospital and appointments with other healthcare professionals outside the service, such as neurologists and dieticians. People had information in their records about their health needs detailing their GP, dentist, optician, and other specialists. These records also contained the medication they were taking. We saw examples of appointments with the GP, mammograms and smear tests. A person had been referred for a baseline test as they were at risk of developing dementia and this would help the service know if the person was showing signs of this at an early stage.

People had a choice and were involved with choosing and preparing their food where possible. A relative told us, "[Name] can't cook but writes all their own menus and chooses what they're going to have. [Person] also likes to have a shower every morning, first thing and go shopping with a keyworker". Another relative said, "The food is good and there is a varied nutritious diet which is homemade. [Name] can be awkward about drinking enough but they encourage as much as possible and [person] gets help with their meals". A professional who worked closely with the service said, "People bring into the day service nutritious, fresh and balanced packed lunches".

We visited one house at tea time and observed people who lived their helping to prepare the vegetables for the evening meal with staff from the service. Some people were on specialist diets and the staff had received training for people who needed assistance with feeding by tube or thickened fluids. Staff had also received nutritional training and encouraged people to make healthy choices during the weekly meetings. Staff were knowledgeable about supporting people to eat healthily and meeting their individual dietary needs. Staff gave us examples of people's special needs, whether they were health related or weight control. We were told, "[Name] is offered a varied diet and has a good appetite and has tried new foods and gained some weight".

People received input from a dietician and where helpful, people were supported in attending slimming clubs to reduce weight. This was reflected in care plans which contained detailed information on the level of support they needed to ensure their dietary needs were met.

Good

Is the service caring?

Our findings

The management and staff team demonstrated an excellent level of care and warmth for the people they supported. They showed a commitment to enable people to lead a positive, safe and fun life. The service had achieved this by ensuring that alongside keeping people safe, they had put people's interests and things that were important to them at the centre of the service. People lived in their own homes in the community, sharing facilities such as the kitchen, living space and garden. This added to the open, lively atmosphere which developed relationships that were full and meaningful.

People received care from staff who knew them well, demonstrating people's likes, preferences and needs. Staff spoke about and related to people in a way that was warm and caring. We witnessed an interaction between a staff member and the person they supported. The person had got quite agitated and unsettled about our visit. The staff member reassured her appropriately and clearly knew what was needed to calm her down. When we returned a short while later the person was sat happily going through photographs with the staff member and was keen to show us these and talk through them. It was clear that the person had a good relationship with this member of staff and was well supported. The staff member acknowledged that the person could get stressed and it was important to know the signs and how to stop things escalating. She added, "I love working with [name] and we have a good working relationship. It's all about [name], we have great times".

Staff demonstrated empathy towards the people they supported, commenting, "I wouldn't want people choosing things for me and I wouldn't expect to do that for someone else. It's their choice" and "I feel inspired by a person I support who is so positive about life. They make me feel that I need to be more like them"; "I love my job. It's all about the people we support, they're number one". A relative told us, "One of the really important things is that there are consistent carers that know [relative] well. I never feel she's being looked after by people that don't know her and that's very important".

People were asked their views about the way the service was run on an ongoing basis through house meetings where they could give their comments about the running of the service. One person told us, "We are always talking and having meetings, we talk about food, what we think of this place, what to do, who's coming to work here and what we will do next or where to go on holiday." Information had been designed to ensure that people understood it. For example, pictorial weekly planners. This showed the service were aware of the importance of ensuring that any information for people was meaningful and able to be understood.

We visited one house and one of the people living in the house came to the door to greet us and invite us in. This was a clear indication that this was the person's home, not the staff's. We went to the kitchen and staff were assisting with people's meals and had been doing some craft activity decorating letters that spelt out 'Welcome' to put on the hall wall. The atmosphere was one of a family home and all staff were respectful of this. The manager for this home spoke of plans to make the house much more relevant to the people living there by putting up artwork or photographs that people wanted rather than pictures not specific to them or chosen by them. The manager also said they were considering the living room as all people in the home

were wheelchair users and that the sofas were only used by others so were thinking of ways to make this more suitable for wheelchair users so it was their space. This demonstrated that the manager and the staff were very clear and focused on ensuring the environment was reflective of the people living there and that they had the decoration and furniture they chose and needed.

People had the opportunity to be part of Hft's "Voices To be Heard" group. This enabled people in all Hft services to make suggestions that mattered to them and these were then escalated to a regional and national level. For example, in the Oxfordshire service, people had highlighted that they were unhappy with how and when staff were using their personal mobiles when on duty and where and when they were smoking. As a result the Voices To Be Heard Group worked with the service to develop policies that staff must work to. The family and friends questionnaire last year highlighted that families wanted to be better informed about what was happening and changes being made. As a result the service now circulates a quarterly newsletter that includes national and local information.

People were supported by staff that knew them well as many of the staff had worked in the service for some time. As some people in the service had difficulties communicating verbally, we asked relatives for their opinions about the caring nature of the service. We had an overwhelmingly positive response telling us about the excellence of the caring attitude and the difference this had made to people. Comments included, "The staff are wonderful and I cannot speak too highly of them. [Name] is really attached to them", "Not only are they kind but they are so patient too. They know [name] likes to go to bed about 8.30/9.00pm and take their time in helping her. It's all nice and calmly done", "One thing [relative] insists on is that they always ring the doorbell to the bungalow and don't just walk in and I think that's so respectful and makes [name] feel in control of her home. They don't just ever barge in", "[Name] never feels excluded, the hub is the kitchen and she's often in there listening to all the gossip. They'll often sing to her too", "I've never heard anyone speak to [relative] in anyway other than I would and they let her choose the paint and décor in her room", "The quality of the care for [name] is very good", "[Name] loves the staff dearly", "They are very kind to her at all times and she is happy with them too" and "[Name] relative died and they were so kind and helpful in talking it through to come to terms with it. They really saw [name] through it".

Staff would often use their own time to visit people in hospital or stay with them overnight if needed. Some staff volunteered to take people swimming in their own time and took pride in assisting people to grow in confidence. For example, a person had gone from swimming four lengths of a swimming pool to 18 lengths. As well as the sense of achievement it was also helping the person to maintain their weight. A person was now attending the gym regularly with a staff member and another person attended the gym independently. These had all made a difference to the individual involved and each of them were achieving goals and activities that they had not been able to do before, some with increased independence.

People were supported to be in as much in control of aspects of their lives as possible. For example, one person only recognised coinage such as one pound coins. The staff ensured they changed the coinage where possible to ensure this person had pound coins rather than smaller change. This helped the person to feel more in control of their finances. We also saw a 'My weekly spending' chart. This had times and days of the week describing the activities and costs of these on them, such as bowling on a Monday afternoon costing £5. Staff also described that one person now walked to the shops independently with appropriate measures in place, such as a 'Mind Me' pendant and information about their epilepsy. This gave the person the freedom to have some independence and enjoyment without the presence of staff at all times.

People had their privacy and dignity respected. A staff member said, "Someone I support has epilepsy so I stay with them during showering but do it in a respectful way. I wash their hair but they wash all other areas. I ensure the person has a towel to walk to bathroom and back and they put on their own clothes and

deodorant.

Staff were respectful of people's confidentiality and during our visit people were asked permission for things such as looking at records and looking at their rooms. One person was very unhappy about staff accessing their records. The staff had produced a replica copy for the person to keep so they could see what was in their records and keep it themselves. This showed that staff respected the person's need to have some control over their information. Staff received training on privacy and dignity as part of their induction.

People were given an option of having an end of life care plan but this needed to be handled sensitively on an individual basis. In some cases people had discussed their wishes and planned details about their funeral. We saw that staff had been very supportive throughout the whole process.

Outstanding ☆

Is the service responsive?

Our findings

We found the service highly responsive, enabling people to have an exceptional quality of life. This included responding to people's support needs both physically and emotionally and striving to meet wishes and aspirations. Staff delivered personalised care which was tailored to people's views and preferences. Family members spoke very highly of the service. Comments included, "It's the best thing we did. [Name] is living as independently and safely as she possibly could" and "[Name] was at another place before but it's great here and I've no doubt she's happy safe and content. As soon as there are any worries they always ring me straight away" and "I can tell she's happy and safe there because where she was previously she never wanted to go back after her visits home but now she helps pack her bags and is happy about it".

The provider had introduced a model of care called Person Centred Active Support (PCAS). This was to ensure staff were trained and encouraged to look for opportunities to increase independence and engagement for people regardless of their level of disability. We saw in this service that staff were routinely observed by their managers in delivering PCAS to ensure that they were promoting engagement, independence and treating people with dignity and respect. We saw on staff files that observations had been carried out on staff supporting individuals during various activities. For example, a staff member was observed helping a person to plant flowers. The staff member respected the person's decision about which plants to use and how many in each pot. It was noted that the person had enjoyed the activity, especially when she squirted the member of staff with the hosepipe that amused everyone.

People had been supported in many ways to achieve their wishes and aspirations. For example, people proudly showed us photo books they had been supported to put together and ordered from the internet. These provided a great way of displaying activities and trips people had taken in response to their wishes. For example, a group of people who loved Coronation Street had been supported to visit the set and told us that they had a drink in the Rovers Return. It was clear from the person showing us their photo book what huge enjoyment this trip had provided and created memories and a talking point for many years to come. Another person told us of plans to see two musicals in the autumn which they were really looking forward to and showed us information about the musicals which they had got, including the CD's of the music and songs. Another person loved a particular television character and they showed us their bedroom which was decorated in this theme. We saw this person had a trip to visit an exhibition about this character and described it as "One of the best days of his life'. Staff spoke of the enjoyment of helping people achieve the things they wanted to do. For example, a staff member supported a person to attend a motor festival of a particular make of car they loved. They described when they arrived the person's face was a "picture".

We also saw people had been supported to go on holidays they had chosen. This process was assisted with the use of pictorial forms. For example, we saw a 'My Holiday Plan'. This was a pictorial form giving many options for people to select. For example, sunny or cool weather; how they wanted to travel (train, car, plane); with friends or alone; in this country or abroad. Holiday brochures were also used so people could select holidays that matched their wish list. For example, we saw one person had gone to Disneyland and the person said they had a "Great time". Once again, the person had completed a photo book of their visit and showed us during the inspection. Staff said they were amazed that the person went on every ride which

surprised them as they hadn't been that confident before.

During our inspection we observed people engaged in discussions and debates over a range of topics, including ordering costumes from the internet to wear at a talent contest in the autumn. People were clearly excited about this and were giggling and telling us about practicing and that they wanted to come first this year. Staff communicated on the same level with them and were not patronising but encouraging such as "Yes, we are going to win this year".

People were supported to attend activities or clubs they chose which helped to reduce social isolation. For example, people went bowling, attended a friendship and dating agency for people with learning disabilities in Oxfordshire. Some people had attended an annual ball organised by the agency and some people had registered with the organisation to find a boyfriend or girlfriend (this is often an area that services supporting people living with a learning disability find difficult to address, which could lead to people being restricted in developing adult relationships). People had also been referred to an employment service to assist them to find a suitable job if they had expressed they wanted this. For example, one person wanted a job on a farm or in a restaurant so were exploring this with the employment service. A relative also commented about activities and employment their relation had achieved saying "[Name] goes horse-riding every week that's so important to her and she goes to work in a shop on a Wednesday. They are ever so good to her and pay her in pound coins which is how she likes it otherwise she gets muddled with notes and might throw them away".

Staff supported people to maintain relationships with people that mattered to them through visits, holidays, phone calls and electronic methods, for example, video links. A person recently made a call herself to a relative after years of having this done for them. This gave the person some control and independence about initiating contact with a relative without having to depend on staff doing it for them.

People and their relatives were involved in identifying their care and support needs in great detail before they moved into the service. Staff had taken time to get to know the person using many opportunities to gather essential information about them. A member of staff told us about someone who had recently moved into the service. They said "[Name] came to visit the house, then staff went to the day service and spent time getting to know [name] and talk to staff that supported and knew them well to get up to date information". They went on to say that staff spent time observing the person eating and drinking. At team meetings they would go through the person's support plan about specific training needed to support the person, such as specific training in epilepsy and dysphagia. The staff member said it was a good example of the importance of working together as a team to ensure they knew the person as much as possible before they moved in. Now the person has moved in they were continuing to make updates to the person's support plan. For example, adding in foods they like and noting other foods they are not keen on and ways of communicating.

When people left the service they were well supported. We heard how a person's needs had increased and they could no longer be safely supported to remain in the service. A capacity assessment identified the person did not have capacity to make this decision, so a best interest meeting was held. We saw that the benefits and disadvantages were discussed, the risks and what was important to the person. Views were sought from everyone present who knew the person well. The decision was for the person to move to another service, but they had ensured that the person moved to a service very close by where they could be in regular contact with staff and people the person had lived with.

We looked at people's support plans and saw that life histories, preferences and hobbies were recorded. We saw in one person's file that they could walk to a local gym, they enjoyed football, but didn't like the dark

and thunder and lightning. There were guidelines to manage the person's feelings of frustration, for example, to offer individual time after their meal and to ask how their day had gone. This information assisted staff to be able to support the person knowing what was likely to impact upon the person, such as reassurance during a thunderstorm and leaving a light on at night. It also meant that they were clear about areas of a person's life they were more independent.

Records contained guidance for staff such as information about supporting a person with communication difficulties. Staff were able to describe a person's needs and which areas of support were the most important. They had got to know how the person was able to express their choice by focusing on the thing they wanted and blinking, for example, a food choice or television programme. People benefited from assistive technology. For example, using press buttons and talking photo albums and diaries to enable people to have as much assistance with communicating as possible. Staff would take pictures with consent and do scrapbooks with people to show families. Comments included, "There's a communication book so everything is written down so any staff at any time know how she is or if she needs anything and they have a handover to pass over to each other. Everything is down to good communication" and "They've given us lots of information and literature to read about all sorts of things".

People were provided with information in a form that was understandable. For example, there was a detailed pictorial guide about epilepsy. It described what it was, different sorts of seizures, specialists, tests and medicines. Staff also supported people to make choices by using a decision making pathway. This described the decision to be made, for example, new clothes for a holiday. This had described who was involved, when the decision was presented how staff worked with the person to explore the opportunities, for example, looking through a clothes catalogue. We also saw an example of someone supported to create an enjoyable bright garden area. We saw the person had looked on the internet for a raised planter and also chose some lights to complement the garden area and to give the person something nice to look at. We saw the garden at the inspection and it was bright, colourful and the person was proud of it.

People were involved in all aspects of their care and were involved in the checks on their own homes. A pictorial checklist had been developed to support them and they were also involved in vehicle safety checks and testing of the alert system. A relative said, "They talk to [name] all the time so she knows what is happening and why. No they don't just do things to people. [Relative] has poor vision so when they hoist her she needs notice; they involve her in what's happening". Another relative said, "They explain things and give [name] time before they do things"

Staff described how important choice was for the people supported. A staff member said one person liked buying bags. They had accumulated a number of bags but wanted to buy another one. The staff member suggested they got all the bags together and go through them. There was one bag of a design that the person wanted and did not have. Therefore, the person and staff member looked on the internet and the person chose the one they wanted. When it arrived they proudly showed the staff what they had chosen and were still using it regularly. The staff member had respected the person's choice, rather than saying they had too many.

Relatives described staff that knew people well and what support they needed. We saw a specialist chair which had been custom moulded to offer maximum postural support to someone who had a profound spinal disorder. We heard how a staff member had gone to great lengths to research a suitable chair for the person they supported and they had fought determinedly to obtain funding for it as they knew it would make a huge difference to the person. They were successful in obtaining the chair and said it had made a huge improvement for the person who appeared very relaxed when in the chair which had been specifically designed to support them fully. We also heard that staff had managed to get a local swimming facility to

obtain a changing table so someone with profound disabilities could go swimming which helped them both physically but also was an activity they found very enjoyable.

A relative commented, "Although [name] is profoundly disabled she can make herself known and they know her well so if she say started being upset or screamed they would go through a set of procedures to check out whether she's bored, furious, has got period pains, they'd check her comfort, take her to toilet, she might need quiet time or some privacy. They might play a CD for her or take her for a walk or of course she may be in pain but they know what to do to help her wherever possible. They see her as a person not an object". Another relative said, "They know [name] very well and pick up straight away if they are off colour" and "They are very vigilant and keep an eye on [person] in case anything changes". A relative said "The staff are wonderful and they have helped us have the most joyful days out and I couldn't have managed without them".

A group of people living in one of the properties had been assessed as no longer needing staff support overnight in their house. Personalised technology had been used to increase their independence and safety, for example, a call system had been installed. In addition, measures were in place such as staff in another property close by being on call, going through the fire evacuation procedure and getting people to demonstrate being able to call for help. This meant that people had been given a level of independence and control over their lives and were provided with opportunities to live without constant support present. This had been enabled by positive risk taking with putting measures in place to minimise risks whilst enabling people to have a level of autonomy.

People were involved in planning their reviews. They had a pictorial review form called 'Planning my review' listing who was invited and why and whether they were coming. People chose where they would like the review to take place and the date. The review form asked about the goals the person had set last year and whether they achieved them and what they wanted to do for the coming year. The form also identified what had gone well for them and not so well. Whether any changes were needed or not, for example taking medication or participating in activities. Relatives had very positive opinions about the reviews. Comments included, "[Person's] sister usually goes to the annual meetings and I know they are always happy and impressed" and "We had a review a few weeks back with the staff and talked through [person's] progress, her needs, anything about her and what she might like to do. She is asked about it all and the carers know her well so we seem to be able to come to the best for her between us".

The service had a complaints policy and procedures in place and we saw complaints had been dealt with in line with this. People and staff knew how to raise complaints and a DVD had been issued about this for people. People were able to raise any concerns at the house meetings or staff would assist people to complete a form to express their views. During the inspection we saw a complaint that had been raised in the last year. We reviewed this to see how it had been managed by the service. The registered manager had fully responded to the complaint. We spoke with the person who had made the complaint and they were keen to stress they did not feel it was the service's fault but out of their control. They stressed the service had supported them while the situation was being addressed and were grateful for this. Other comments from relatives' included, "If I ever have cause to speak to anyone, it gets sorted out straight away and is very well dealt with" and "Any concerns are seen to. I was a bit worried recently about medication being switched. I only had to mention it to (manager) and it was dealt with".

People were involved in their local community with some carrying out voluntary work. Some people voted in the election, and some were members of My Life My Choice (an Oxfordshire advocacy group for people with learning disabilities) and some people carried out voluntary work. The service took an active role in the local community and were involved in building further links.

Good

Is the service well-led?

Our findings

An experienced registered manager, who was the Regional Manager, was in place and was supported by two cluster managers. The cluster managers had applied to be registered with the Care Quality Commission and oversaw two to three homes each taking responsibility for day to day running of these homes.

Positive comments were made about the management team. Staff told us they felt fully supported by the management team. Staff we spoke with felt the service was well led and they had a really open and good relationship with their managers. Staff comments included "Really nice, very familiar to staff and clients. They have a person centred approach and they are very approachable. I find them supportive", "Very good, approachable, supportive and kind", "My manager is supportive and helpful and they have helped me with my work". A member of staff described always "Having support on end of the phone".

Staff enjoyed working for the service. Comments included "I love it here. I'll be there till I retire. Used to do job as a [occupation] and wanted a career change and I absolutely love my work here" and "I've been here for just over a year. It's the best company I've worked for to be honest. When you start working for an organisation they all promise training but it doesn't usually happen. Hft kept to their word and I've had loads of training which has been great". A staff member had a difficult personal problem and said the direct management team "Were amazing and so were my colleagues". They said their manager was approachable and always available for support and told us the team worked well together.

Relatives we spoke with had a high opinion of the registered manager and cluster managers. Comments included, "I've never really had any reason to but I can contact management anytime day or night if I needed to" and "You can speak to [name] the manager anytime". Comments about the cluster managers included, "I'm in touch with them most days and (they) don't mind", "(Manager) is visible and onsite not stuck in an office. She's also there on Saturdays and will pick up shifts when necessary and help people to be fed or even take them swimming" and "They all seem happy and get on well with each other and sometimes (manager) works alongside them so she knows what's going on".

Another relative spoke of the service's culture saying, "When [relative] moved there I virtually stayed there to work with the staff to show them all about [name] and her needs. They were receptive and happy for me to do this and took it as helpful rather than them thinking I was telling them what to do. Even though this was a little while ago I would say that ethos and culture is still the same".

Relatives were sent annual surveys and we saw the service had analysed these. Comments had been made about getting their relatives more involved in maintaining aspects of daily life. The service had acknowledged this and improvements had been made by staff receiving training to ensure people's independence was being encouraged. A staff member spoke of a person they supported and described them preparing their own packed lunch which they started the night before. They said the person helps with preparing tea and empties the dishwasher.

The registered managers told us that they had an internal compliance system used to monitor the quality of

the service. This compliance system linked to the CQC five key questions and was a self- assessment tool used to identify areas that needed improvement and to plan changes across the services. Results from this assessment tool were reviewed by the provider. Areas of improvement were identified and resources made available to implement changes. Action plans were built using the outcomes of this assessment tool, for example, as a result of staff training statistics, safeguarding's and complaints. The provider also had an internal quality and improvement team who visited regularly to check compliance. A visit in January gave recommendations about updating epilepsy plans and health and safety checks. We saw this had improved at the next visit.

The service was further assisted in monitoring the quality of the services by having external checks carried out by the local authority commissioning team. This allowed an independent audit of the service. In addition, the service also had a visit from Quality Checkers. These are people that use services who visit and complete a report. We saw two houses had been visited in January 2016. This report gave an opinion of areas that may not be covered in other more formal monitoring. For example, a comment on the Quality Checkers report stated 'It is definitely a home, not just a house'.

The registered manager did spot checks on each of the premises on a regular basis. They checked information was in place and up to date, for example, a check in June had noted that the health and safety folder and medication folder were in place and all in order. The cluster managers also undertook regular observations on staff when they were supporting individuals. This helped to ensure staff were supporting people to be as independent as possible and staff were thinking of ways to involve people.

Team meetings were themed around how to best support people independently in safe environments. Discussions were focused on reviewing any actions from the last meeting, general overview of the welfare of each supported individual and how to keep improving. The service took pride in providing person centred active support which was their vision.

The managers ensured they communicated effectively to ensure smooth running of the service. Managers met monthly and the meetings were described by a manager as helpful as they covered a large area and did not always see each other that much. One manager was asked what they felt their primary responsibilities were stated, "The safe running of the service, organising rotas, supporting and developing staff and ensuring that values of the organisation were adhered to".

The registered manager had a good overview of staff training needs. The provider had a system called 'The Knowledge Centre' which gave an overall view of status of staff members' training and when renewals were due. This was checked before managers met with staff so they could discuss any training requirements.

We asked external professionals for their comments on the service. Comments included, "I feel the Regional Manager is very transparent and honest with me and others within the local authority" and "I have received good feedback from care managers and social workers in relation to a person moving into the service. They commented that the management and the staff team have worked to make the experience positive and the transition has worked well".

The registered manager attended the Partnership Forum (a staff consultation group) where any issues raised by staff could be discussed. In addition, any proposed changes to the service were discussed and how best to consult with staff about these. The registered manager was also a member of a number of local networks and groups outside of Hft including the 'Oxfordshire Provider Forum'. This ensured that they could keep up to date with what was happening nationally and locally in the area of adult social care.

The service had achieved the Gold award in Investors in People. This is an accredited award as evidencing a high quality of good people management practice.