

Aiding Independence Ltd

Aiding Independence

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

The inspection took place on 5 and 6 October 2017 and was announced.

The service's office is based on the main road of Herne Bay town centre and offers support and care to people within the geographical areas of Herne Bay, Canterbury and surrounding areas. Aiding Independence is registered to provide personal care to people who have learning disabilities. The service provided a supported living service for people in their own homes. Some people lived on their own in rented flats, others lived in shared houses. Each person had a tenancy agreement. Other people lived with their families. People were able to tell us about the care and support that they received. At the time of the inspection 63 people were receiving support from the service but only nine people were receiving the regulated activity 'personal care'.

We last inspected this service in October 2015 and the service was rated as 'outstanding' in the caring and responsive domains. The provider continued to provide outstanding responsive care; they had developed this to enhance people's well-being and self-esteem.

There was a wide age range of people using the service and their needs varied greatly. For some people the routine was that staff would go into their homes in the morning to assist, support or guide them with their personal care and breakfast to help them get ready for the day. The staff then returned in the evening to offer assistance and support. For others, staff were available throughout the whole day and night. Staff supported some people to participate in activities in the community while other people were able to do this independently. The service worked to give people the care and support they wanted and needed to develop their skills to reach their full potential and to be as independent as possible.

There was a registered manager working at 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. The registered manager, one of directors and the newly appointed deputy manager supported us throughout the inspection.

The culture within the service was transparent, personalised and open. People were at the heart of the service. The management team engaged with people, relatives and staff consistently. People, their relatives and staff could drop in at the office at any time to discuss any issues or concerns.

The registered manager was aware that they had to inform CQC of significant events in a timely way and had done this on most occasions. At the inspection we identified two minor incidences involving people that had been reported to the local safeguarding team. The registered manager had not notified us about these two incidents when they happened but did so after the inspection. Action was taken at the time to keep people safe. The registered manager took action to make sure they informed us of significant events in the future.

Staff were clear about their roles and responsibilities and felt confident to approach senior staff if they needed advice or guidance. They told us they were listened to and their opinions counted. The registered manager had sought feedback from people, their relatives and other stakeholders about the service. Their opinions had been captured, and analysed to promote and drive improvements within the service. Informal feedback from people, their relatives and healthcare professionals was encouraged and acted on whenever possible. People were able to express their opinions and views and they were encouraged and supported to have their voices heard within their local and wider community. They were enabled to promote links within the community that improved their own lives and the lives of the wider community of people with disabilities.

The quality of the service was regularly monitored. Audits and health and safety checks were regularly carried out by the registered manager and these were clearly recorded and action was taken when shortfalls were identified. The registered manager or deputy regularly checked how everything was. If any shortfalls were identified the registered manager took the appropriate action to make improvements.

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. The service was fully supporting people to make decisions about all aspects of their lives and their health and wellbeing. Staff had knowledge about the MCA and how to implement it on a daily basis.

People said and behaved in a way that expressed that they felt safe with the staff who supported them. The staff understood their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures. They had received training in how to keep people safe. There was a relaxed and calm atmosphere and people were treated with kindness, respect and compassion. The complaints procedure was available and accessible. People knew how to complain and felt confident their complaints would be listened to and acted on.

Some people were able to take their medicines independently and required no support or intervention from staff. Other people did need support, prompting and supervision to take their medicines. People received their medicines as prescribed. Medicines were accurately recorded. The staff made appropriate referrals and worked jointly with health care professionals, to ensure that people received the health care support they needed. Mealtimes were organised in the way each person preferred. People were involved in making drinks, snacks and meals as they wanted and were encouraged to eat a healthy diet.

People were involved in any new decisions that needed to be made, including recruiting new staff. Potential staff were thoroughly vetted to make sure they were safe to support people. People had the time they needed to get to know potential staff before they were able to offer any support or work in the service. The registered manager made sure the staff were supervised, supported and guided to provide care and support to people. New staff received a comprehensive induction, which included shadowing more senior staff. Staff had regular training and additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively. People were also involved and took part in the training programme. There were sufficient numbers of staff on duty to meet people's needs. Staff had permanent regular schedules of calls so that people received care from a consistent staff team.

The service provided exceptional care and support to people enabling them to live fulfilled and meaningful lives. There was a strong emphasis on person centred care. Staff used innovative ways to involve people in their care. People were supported to plan their support and they received a service that was based on their

personal needs and wishes. The service was flexible and responded positively to changes in people's needs. Staff supported people to go out during the day and in the evening to attend various activities in the local community. People were supported to go wherever they wanted to. People were supported to make choices and to take 'risks' in their daily lives. Potential risks to people were identified and assessed. There was guidance in place for staff on how to care for people effectively and safely and without restricting their activities or their lifestyles.

People had positive relationships with the staff who knew them well and used their shared interests to help people live interesting lives. People and staff had strong bonds and relationships. There was mutual respect and friendship. People valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. Staff were caring and treated people with dignity and respect. Staff demonstrated a real empathy towards people. Staff responded on a daily basis to people's changing needs. People were supported to develop their independence and confidence. There was a mixture of a familiar routine and different activities offered so that people's daily life was secure and varied. The providers were committed and worked hard to provide a service that increased people's quality of lifestyle.

It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the office and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe from harm and abuse.

People were supported to take risks and to try out different experiences in the least restrictive way possible whilst protecting them from harm.

Staffing levels were flexible and determined by people's needs.

Safety checks and a thorough recruitment procedure ensured people were only supported by staff that were considered suitable and that they liked and could trust.

People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

People were asked about their preferences and choices and were supported to remain as independent as possible. The manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received care from staff that were trained to meet their individual needs. Staff arrived on time and spent the allocated time caring for and supporting people.

Staff supported people to make sure they had a range of nutritious food and drink.

People were supported to access appropriate health, social and medical support as soon as it was needed. People were supported to understand and take control of their health needs.

Is the service caring?

Good ●

The service was caring.

Staff were committed to a person centred culture and helped

people to express their views so they could understand things from their points of view.

People had positive relationships with staff that were based on respect and shared interests.

People had the support they needed to help them make decisions and have a good quality lifestyle.

The management team promoted people's independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Outstanding 

The responsiveness of the service was outstanding.

The service continued to be innovative and flexible and responded quickly to people's changing needs or wishes. They had built on and developed previous good practice to achieve better outcomes for people.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People were given opportunities to learn new skills and to try new experiences. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

The management and staff instilled confidence and trust in people. People were supported to have more freedom. People were listened to. People and their relatives felt confident to share any concerns with the providers

Is the service well-led?

Good 

The service was well-led

People, their family and other stakeholder's, including friends, were regularly involved with the service in a meaningful way, helping to drive continuous improvement.

People, their relatives and staff had the opportunity to develop the service as there were regular meetings to discuss all aspects of the service. The staff had a clear understanding of their roles and what their responsibilities were.

The management team was consistent, led by example and were

available to staff for guidance and support.

Quality assurance arrangements made sure the service continually improved. The need to provide a high quality service was understood by all staff.

Aiding Independence

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 05 and 06 October 2017 and was announced. The provider was given 48 hours' notice because the location provided a supported living service and we wanted to make sure we were able to speak with people who use the service and the staff who support them.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law, like a death or a serious injury.

On the 05 October 2017 we went to the service's office and looked at five care plans, three staff files, audits and other records. We spoke with the registered manager, one of the directors and the deputy manager. We visited and spoke with three people and two members of staff. On the 06 October 2017 we visited other people in their homes. We spoke with relatives. We also went to the service's 'drop in' centre and met with other people who had support from the service.

During our inspection we observed how the staff spoke with and engaged people. We looked at how people were supported throughout the day with their daily routines and activities.

We last inspected the service in October 2015. At this time the service was meeting the requirements of the regulations and was rated 'Good' overall.

Is the service safe?

Our findings

Relatives said that they feel very confident in the staff to keep their loved ones safe. One relative said, "I am totally confident in the staff, I trust them. (My relative) is totally safe; I have no worries at all".

People said and indicated that they felt safe. They were happy, smiling and relaxed with the staff. People were able to let staff know when they wanted something or they wanted to go somewhere. Staff responded immediately to their requests. Staff knew how people would communicate or behave if they were anxious or worried about something. They took the time to find out what was wrong and took the necessary action to rectify the situation.

Staff told us how they ensured people's safety. They were aware of the different categories of abuse and what their role and responsibility was in protecting people from abuse. This included which outside agencies were to be informed if there were any safeguarding concerns. Records showed that staff had received appropriate safeguarding training and had access to the provider's and local authority policy and procedure on safeguarding adults. People had also received information and training about keeping safe. A member of local authority safeguarding team had held a training session with people. People said they found this helpful and made them more aware of their own safety. Safeguarding incidents had been reported to the local safeguarding authority when they occurred and the registered manager took appropriate action to prevent any re-occurrence. Staff were aware of the whistle blowing policy and said they would not hesitate to report any concerns to the management or other agencies. The service had systems in place to investigate and respond if any issues were raised and if any staff practice was questioned.

There were clear procedures to keep help people manage their money. Records were kept to protect people's finances when staff helped people manage their money.

The staff knew people well and they were clear and knowledgeable about the support people needed to remain safe. Staff supported people to take risks so they could live their lives how they wished and do the things they wanted to do. When people were taking risks these had been identified and assessed. Risk assessments contained detailed guidance on how to make sure people were as safe as possible while being independent. The service continued to use a 'traffic light' system to identify the level of risks for people when they undertook everyday activities. This was written in a picture format so people could understand it easily. People understood about the risks they were taking and with the support of staff worked towards reducing risks while still living their lives in the way they wanted to. Risks to people were regularly reviewed. It had recently been identified that some people due to a change in their abilities were at increased risk of when doing certain activities like going out. Their care and support from staff had increased and the risks were minimised.

Written guidelines had detail on what to do if an incident did happen. Some people were identified at being at risk from choking or exhibiting self-injurious behaviour, at the last inspection there was limited information on the action staff needed to take an incident like this occurred. There was now information

and guidance available for each person to tell staff what look out for and there were instructions to say what to do for people if they did start to choke or exhibit behaviours. Staff were able to explain the triggers and early warning sign that people might indicate that people were becoming upset. They were able to tell what they did to support people to be calm, like breathing techniques, and distraction.

On a day to day basis people supported and reminded by staff about how to keep safe in their own homes and when they were out in the local area.

Some people were at risk of not drinking enough, when this was the case there was an assessment in place. The assessment detailed the amount the person should be aiming to drink each day and this was monitored. Staff made sure that people were offered regular drinks and added up the amount each day. People were drinking the required amounts as staff were actively encouraging and supporting them to do this. Some people were at risk of burning themselves when they cooked. These risks had been minimised by ensuring people had oven gloves on when they were removing items from the cooker. When people were cleaning and using cleaning products there was risk assessments in place about how people could do this safely. The management had bought mobile phones for people that had emergency call buttons on the back that were linked directly to Aiding Independence Office. This was in case people needed help in an emergency and unable to work a complex mobile phone.

Accidents and incidents were recorded and analysed for any themes and patterns. When incidents had occurred staff had taken appropriate steps to reduce further risks.

There was guidance in place for staff to make sure people were supported to have their medicines safely. The deputy manager had recently developed a one page medicines profile for each person. It was in a pictorial format and explained when the medicine was given and what it was for. Staff had received training in how to give people their medicines safely. Staff made sure that people had a continuous supply of their medicines by supporting them to attend doctor's appointments and collect prescriptions from the pharmacy. People's medicines were stored in their homes and handled safely. People, relatives and staff said people received their medicines when they needed them.

The goal for people was that they would be able to take their medicines as independently as possible with as little or no input from staff. Some people were working towards this, but in the meantime staff offered them prompts and support to take their medicines as prescribed by their doctor. Other people took their medicines independently with no involvement from staff. People and/or staff recorded accurately when people had their medicines. The registered manager was reviewing the medicines procedures as some people's needs and capabilities were changing and they needed more input from staff when taking their medicines.

People and their relatives said they had never been let down by the staff. No one had experienced any missed calls and staff were always on time. People were receiving care from adequate numbers of competent and skilled staff. The number of staff required for each visit was determined by the level of care and support each person needed. This varied at different times of the day and night. Some people required support throughout the day and others needed a member of staff to be available at night in case they woke up and needed support and guidance. Others only required support for an hour in the morning and evening.

The service had sufficient numbers of staff to meet people's needs and cover holidays and sickness absences. The registered manager was recruiting more staff. Staff told us if there was an unexpected absence, due to sickness or an emergency, then the directors or registered manager covered the short fall.

There was an on-call system covered by the directors and the registered manager. People and staff said when they had contacted the service out of hours they one of the management team always responded. People told us that they could always rely on the staff coming when they requested additional calls or if they wanted to change the time of their visit.

Staff were recruited safely. The registered manager had implemented recruitment processes to enable people to get to know potential future care staff. People were involved in the recruitment of new staff. People interviewed potential new staff who were also invited to attend the weekly 'drop in' centre so they could be observed interacting and getting to know people. This was so they gauge if people got along well with staff who might be supporting them and to assess if the new staff had the right skills and approach to work with people.

All of the relevant checks had been completed before staff started work. This included an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People told us the staff looked after them well and knew what to do to make sure they got everything they needed. People commented, "They help me do things and sometimes get me things that I need" and "Everyone gets on well together we are friends. The staff are very kind and friendly". A relative said, "They're very good at understanding (my relative). They go out and about and do lots of activities".

People told us that staff always asked for consent before any support or care was given. Staff said that they always listened to what people wanted and explained what they were going to first to make sure people were in agreement. We observed staff discussing and explaining to people what they planned to do. They gave people the time to respond. If people did not agree with something then this was respected. People had consented to have their pictures shown in the monthly newsletter.

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.

Staff had completed training and had a good understanding of their responsibilities under the Mental Capacity Act (MCA). Care staff were aware that people's capacity to make certain decisions could vary from time to time and always checked how people were, to make sure people's human and legal rights were protected. The registered manager was able to explain in detail how they had acted in a person's best interest when they needed medical intervention. They had worked with the person, professionals and next of kin to use the least restrictive way to undertake the necessary intervention.

Some people's capacity to make decisions had deteriorated due to the aging process. The staff were very aware of this and took it into consideration at all times. However, mental capacity assessments had not been formally completed to demonstrate when people could make decisions for themselves and when they may need support. This is an area for improvement.

People consistently told us that they were happy with the care they were receiving. One person said, "I am happy here" and another said, "I like the staff." People's relatives said they were confident that the staff were skilled to meet people's needs. One relative said "All the staff are really good, they had extra training to support (my relative) when their needs started to change".

People's visits were allocated to same staff so that people received consistent care from staff who knew them well. Staff received an ongoing programme of training and support to effectively carry out their roles. Training was designed to meet the specific needs of people receiving support. Training sessions in dementia had been arranged promptly when people had been diagnosed with this condition. Staff had sought professional advice so they could offer people the support that they needed in the best way possible.

When new staff were employed they spent time at the agency office with the registered manager and

becoming familiar with how things were run. They read the policies and procedures which gave them insight and information they would need to undertake their role. New staff completed an induction training programme when they first started work. Staff were introduced to people and the staff they would be working with. The registered manager matched new staff to people they thought they would get on well with. Consideration was given to matching people and staff who had similar interests. For example when people liked being outdoors and enjoyed walking or cycling the staff who supported them also enjoyed these activities.

New staff shadowed senior members of staff, and completed a probationary period before becoming permanent. The registered manager assessed the competencies of the staff by observing their skills in people's homes or at the 'drop in' centre which was held weekly at a local community centre. New staff worked alongside established staff until they were confident in their abilities and skills.

People were supported by staff that had the skills and knowledge to meet their needs and ensure their safety. Staff spoke highly of the training they received. One staff member said, "The standard of training is very good it's a mixture of face to face training and on-line training so there is a balance". Another staff member said, "The training is great. We are being supported to do training specific to people's needs like dementia, autism and Makaton. The recent dementia training we had was very good. It was insightful and refreshing". There had recently been a training course to support people who were on government benefits. People who used the service were encouraged and supported to attend the training courses that were on offer.

The registered manager was in the process of transferring the training matrix on to an electronic system which would give quick oversight of when training was due and when staff had not completed the required training.

Staff told us that they felt supported and valued by the registered manager and the directors. One staff member said, "I can meet with my manager whenever I want too. If they are not around one of the directors is always available. They are all interested in the staff" and "If we need to talk about anything they listen and come up with solutions and support". Staff said that they were listened to and were given the support and help that they needed on a daily basis and whenever possible their requests were acted on. Staff had regular one to one meetings with the registered manager and they also had an annual appraisal. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively.

Staff meetings were held when staff could discuss any issues, suggest different ways of doing things and raise ideas about how they could improve things for people.

People and relatives said that they staff were reliable and trust worthy. People's visits were allocated to the same members of staff so that people received consistent care from staff who knew them well. Each person had a small team of staff who provided them with all the care and support that they needed.

Relatives commented in the annual survey, 'We have never been let down. They are very good staff always helpful and supportive' and 'I do feel that Aiding Independence have some exemplary staff and are extremely professional'. The staff knew people well and had knowledge about how people liked to receive their support and what activities they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective person- centred care and support. Some people who could not communicate fully using speech had specific technical communication aids; others used pictures and objects of reference. Staff understood people's wishes and needs and supported them in the

way they wanted. People also had pictorial shopping cards. These were pictures of different foods which people could attach to their key rings before they went shopping to remind them of the food that they wanted to buy.

People experienced care and support that promoted their health and wellbeing. Staff worked in an innovative way to improve the health outcomes for individuals. For example, one person needed a special medical scan. Staff showed the person pictures of the equipment that was going to be used so they would be familiar with it. They explained in a way the person understood what was going to happen and supported the person throughout the whole procedure. Another person had seen the physiotherapist and needed to do regular daily exercise. They were keen to tell us how they did their exercises every day and said it was fun as the staff joined in and they did it together.

The registered manager and staff supported people so that they experienced the best healthcare outcomes possible. People's health needs were recorded in detail in their health care plans. These explained to people about the health and dental checks that were available to them and gave them a better understanding about how to keep healthy. The health action plans explained about the checks they would need, what would happen and how they would be supported and were presented in a way people understood.

If a health need was identified, options for further investigation and possible treatment were considered with relevant professionals and in light of people's understanding and capacity. The registered manager and staff were pro-active in making sure people saw the right professionals as quickly as possible when any concerns were identified. They took the advice and guidance from professionals to make sure people got the best possible outcomes. When people's health, because of their diagnosis, was not going to improve they immediately started planning for the future so that any issues would be pre-empted and identified and plans could be made well in advance.

People were supported to eat a healthy and balanced diet. This helped people look at their diet and supported them to consider healthy options and choices. Some people had joined a local slimming club and had lost weight. People also went to the gym or did regular exercise like walking or biking to help them maintain their weight. The amount of support and supervision people needed with their diet varied. People were encouraged to be as independent as possible in choosing and preparing their meals. They told us that they liked to cook and often took it in turns to cook for their housemates. People did their own food shopping and were supported with their budgets. People often went out to eat in restaurants and local cafés which they said they enjoyed. When any concerns were identified with people's diets they were referred to specialist services for advice. The advice given was acted on.

Is the service caring?

Our findings

People and their relatives were consistently positive about the caring attitude of the staff. They told us the staff were caring and friendly. People had built up strong bonds and relationships with the staff who supported them. There was warmth, mutual respect, attachment and friendliness. Everyone was treated equally and as an individual. People spoke highly of individual staff members. One person said "I like it here, I like the staff". A relative said "The staff are so patient and kind. They're really caring, it's not just a job to them, it's more." and "It's like an extended family, everyone cares about each other".

Staff were passionate and dedicated to the work that they did. Staff members said, "I don't call this work, it's such a pleasure and a privilege being with these guys". "It is wonderful to see people blossom and develop. It's so satisfying when they achieve something" and "We all want them to be as independent as possible and live the best life possible and to be part of that cannot be put into words".

The service had a strong, visible person-centred culture. A staff member told us, "We build up trusting and meaningful relationships with people. We get to know them and they get to know us". Staff had developed positive relationships with people. People had regular staff to support them and the staff were organised into teams to make sure that people received support from staff that knew them well. People received care and support from staff that knew and understood their history, likes, dislikes preferences, needs, hopes, goals and dreams. Staff were able to talk in detail about people and people were able to talk in detail about the staff who supported them, so each knew the each other well. Staff knew how people preferred to be supported, what worked well for them and what did not. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff listened to what people said and responded to them in a way they could understand.

People's human rights were acknowledged and respected. The management team promoted equality and diversity at all levels and ensured staff understood how to protect people's rights and to challenge discrimination. Peoples' diverse needs were considered throughout the care and support they received. People's religious beliefs, sexuality, the language they used to communicate were respected and embraced by the staff who supported them. People were supported to attend religious services, they were encouraged and supported to develop meaningful relationships with others, people could be who they wanted to be without the fear of being discriminated against. Staff considered and respected people's choices and preferences in all aspects of their care and support.

Staff went out of their way to support people to become part of the community and to be involved with like-minded people who they could relate to and learn from. Staff promoted and developed the amount of social contact people had. They supported people to develop and maintain friendships and relationships. People visited each other in the evenings and often cooked a meal for their visitors. One person had recently got engaged and was now making plans for the 'big day'. Staff supported people to meet with partners and provided transport and emotional support when needed. People lived the lives they wanted to in the way they had chosen.

Staff had worked with people to help them achieve their aspirations in relation to their personal relationships. When young people had expressed an interest in meeting new peers, staff had supported them to go to local facilities where they could interact and develop new relationships. Staff helped people to arrange visits out for dinner and outings with girl and boyfriends. When people had been parted from friends, the staff were compassionate and empathetic. They supported and nurtured people to overcome their loss. They encouraged people to try new things and to take on new challenges. One person had completed a leadership course so they could organise events for others and take the lead in making sure everything was planned. They were planning an organised walk in the local country-side. The person was excited and happy. They had got a new watch that would tell them how many steps they had walked and they were very keen to get going.

Staff supported people to be independent and supported people to remain independent. Staff coached, encouraged and supported people to prepare their meals, do their chores, access community facilities and to try new activities. Assistive technology was sourced, supplied and used to help people retain or develop their independence and help them communicate. People had electronic tablets that they used to let staff know what they wanted. One person wanted a specific book; they were able to find a picture to show staff. Staff made a note of the book and where to buy it.

On the day of the inspection some people were involved in interviewing potential new care managers for the local authority social services. The local authority had approached the registered manager and had asked for volunteers so that their interview process was inclusive of people who would be receiving input from the local authority care managers. People had a say about whether they thought candidates would be suitable or not for the post. Staff had supported people to work out what would be the best questions to ask the candidates, like 'If I wanted to live independently how would you help me tell my mum'? People were listened to. Their views and opinions mattered and they had 'a voice' about what was happening within other organisations.

Staff communicated effectively with every person using the service, no matter how complex their needs. Some people used alternative communication methods such as computer apps, charts, sign language, objects of reference and pictures to assist them in speaking out. The individual communication method of each person was clearly recorded in their support plan and staff continually explored different ways to ensure people's voices were heard. Staff actively listened to people and encouraged them to communicate their needs. Staff knew people really well and were able to understand what they needed and wanted through actions and behaviour if they could not communicate using speech. During our visits the staff did not speak for people, they supported people to communicate directly with us using their preferred communication tools. The registered manager and staff had produced easy read information for aspects of peoples' care and support. Staff were committed to involving people in planning their support. People, and were involved in writing their support plan and in meetings with their team of staff that supported them. This promoted and developed people's independence, autonomy and confidence.

We visited people in their own homes and we found that staff respected people's homes and the right for them to do things for themselves when they wanted to. The deputy manager had phoned ahead to arrange appointments for us to visit people and asked if that was alright with them. People opened the front door to us when we went to visit and invited us in and asked if we wanted a drink. Staff stayed in the back ground and let people take the lead and did not interfere unless asked.

Training and coaching sessions were carefully planned and carried out to enable people to try new things, develop new skills and become more independent. For example, one person had lived with their family and had limited skills in looking after themselves. Aiding independence had initially accommodated the person

in the 'training house' where a programme of mentoring, teaching and learning was developed. The person developed cooking and travelling skills, budgeting, undertaking household tasks, looking after their personal needs, interacting and activities. The hours of support they needed had gradually reduced and they were now moving to a flat that had a warden on site just to assist in any emergency. The person was able to live an independent meaningful life of their own choosing with minimum support.

Staff took care to ask permission before intervening or assisting people. Staff spoke with people in an inclusive, friendly and pleasant way. Staff respected people's privacy. People spent time in their bedrooms if that was what they wanted. Staff knocked on people's doors and waited to be invited in. When staff wished to discuss a confidential matter with a person they did not do so in front of other people but asked the person if they could speak to them in private. When one person was negative about another person, the staff challenged and intervened and turned it into a positive interaction between the two people.

People were involved in organising and developing skills of other people who use services. The management team, with people using the service, were involved in the District Partnership Board; this was a local group that met four times a year. It was open to all providers and people. This was chaired by a person who used the service. There were organised stalls that gave information about the local area and activities. People, with the support of staff, organised talks and training sessions for people by professionals in the community. The district nurse had given a talk on how to get and stay healthy; the police had given advice and talked about how to stay when in the local area and when on-line. People and staff had recently had a session with the safeguarding lead from the local authority. People told us that these sessions were really good and helped them to develop their knowledge and skills. They said that it helped know what to do in certain situations.

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. Most people's relatives supported them to make important decisions. There was personalised information about people's background and life events recorded in their care plans. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events.

People were supported to stay in touch with their friends and relatives and visitors. Relatives told us that they were able to visit whenever they wished and that staff kept them informed of any changes to their loved one's care. One relative told us, "The staff are always pleased to see us. They make us feel very welcome and are keen to tell what (our relative) has been up too. The staff always make an effort".

Is the service responsive?

Our findings

At our previous inspection the service was rated 'outstanding' in the responsive domain. Staff continued to develop people's skills and independence at a pace that suited them, staff continued to support people to have as many 'good days' as possible and continued to provide outstanding responsive care and support. Staff continued to carry out detailed assessments and involve people in their support plan and reviews and made sure people achieved their goals and aspirations, whatever that might be.

The provider had built on the findings of the last inspection; not stood still but looked at ways of how to improve and develop the service. As well as continuing the exceptional person centred support the provider had developed the service to improve outcomes, even further for people. For example, some people went out on their own but were now finding it more difficult to find their way around and find their way home due to their increasing needs. GPS watches had been purchased with people's agreement so they could continue to go out independently and staff would be able to make sure they were as safe as possible when out on their own. Staff stepped in to go and meet people if they had forgotten how to get home. Although some people's needs had changed or increased they were not restricted from going out on their own and the GPS watches supported this.

People continued to be involved in their care and support so they had a say about their support and support workers. People told staff about the care and support they wanted and how they preferred to have things done and told us that this is what they received. Staff followed people's wishes so that people continued to lead active, meaningful and interesting lives.

People continued to receive consistent, personalised care, treatment and support. People's care and support was planned proactively so the staff anticipated any changes needed such as acquiring specialist equipment to support people to have a bath independently and anticipating the increasing support people may need as their condition deteriorated. The provider had further developed this person centred support in that one person's needs had increased with age, staff had sought advice and helped to provide a special bath so that the person could remain in their own home and continue to have baths that they enjoyed so much. The person was very happy with this arrangement as they loved having baths.

Relatives said, "I can't fault the care (my relative) receives. It is amazing". In the relative's survey a comment was, 'Continual excellence is demonstrated along with an in depth understanding of (my relatives) needs'. The care and support people received was developed and built around each person's specific needs. Relatives said the service offered bespoke specialist care. People were at the centre and everything else revolved around them making sure they had everything that they needed to live independent and fulfilling lives. This effective support led to people having as many 'good days' as possible.

A person's relative said, "The support my relative received is planned around their specific needs and when their needs have changed the plans have changed too", "All the family get together with (my relative) and we are all involved in making decisions about the care and support that is best" "They always make an effort for us to visit and for my relative to come and stay with us".

Staff continued to support people to set goals and targets, some of people's goals included going to drama classes, attending college courses and looking for suitable voluntary or paid work. These goals were reviewed regularly with people and some people had achieved their goals since our last inspection and were moving on to new goals. The provider had developed this even further and moved this on which had led to some people getting jobs which had previously been thought of as not possible, some were working on a voluntary basis in care homes. This has developed over time and another person now had singing lessons and last year had sung at the Christmas pantomime with their singing teacher, this year the plan was that they would sing on their own so the provider was really thinking about how to further develop the service to support people to achieve.

People now volunteered and worked for an organisation called 'Tuck by Truck'. This was where they prepared packed treat boxes and delivered them to local offices. People were paid for delivering the treats in the truck and they took turns to do this. People said that they really enjoyed going to 'Tuck by Truck', they said it was great fun. The management team were mindful about how much people could earn so that it would not affect the benefits they received. Other people worked in local supermarkets and some people went to college to study and had opportunities for lifelong learning. One person had been on a training course to be a group leader. They were now leading and planning the routes for a walking group that met weekly. Another person told us how they were a bit nervous as they had applied to become a volunteer at a nursing home and were hoping that they would get the position.

The provider continued to make sure the service was flexible to people's needs. People and their relatives said that the care and support remained flexible and changes could be made to accommodate people's wishes and specific needs. Sometimes people decided they wanted to go out and socialise in the evening and would therefore need a later call from staff, they rang the management team and a later call was arranged. A staff member said, "We work around what people want. We are flexible".

The service usually received their referrals from the local social services team. When people first requested the service they had an assessment with the management team which identified their care and support needs, aims and goals. From this information an individual care plan was developed with people and their relatives to give staff the guidance and information they needed to support the person in the way that suited them best. The management team met with staff to discuss all aspects of the care and support and how the person and their relatives wanted it to be carried out. Since our last inspection the provider had developed this process further to ensure people were consulted throughout the process and that they were at the centre of the process. This strategy had led to clear and thorough assessments and care plans with staff having the information they needed to provide the right support.

The care plans were personal and gave a full picture of the person. There were step by step details on how people preferred to be supported with their personal care, communication, behaviours, money, medicines, meals and activities. They contained all the information needed to make sure that people were receiving consistent support to meet their needs in the way they preferred. Staff had to have full knowledge and understanding of the person and how to care for them before they support them.

The staff were in the process of introducing fully pictorial daily support plans to make sure people were fully included in every aspect of their care and support. The provider had identified this as an area for improvement since the last inspection.

People's plans were reviewed regularly or when their needs changed and they were provided with support that met their needs and preferences. Recently some people's needs had changed as they had aged. These changes had been identified quickly and the staff had responded immediately to their changing needs. More

support was made available to people, staff had received specialist training, advice from health care professionals was sought and acted on and plans were being made for the future. This work was all planned proactively in preparation for people's increasing needs so that they could stay in their own home and have the right support to do so despite their increasing needs.

The registered manager and staff worked enthusiastically and found creative ways to enable people to live as full a life as possible regardless of the complexity of their needs. They continued to look for innovative ideas to support them. For example, when people had developed problems finding their way to the bathroom at night recently, the registered manager had found sensor lights that went around the bed and lit up when the person got out of the bed, these showed the way to the bathroom. People were supported to come to terms with their changing condition. They were given extra care and guidance by the staff team to deal with day to day life that others may find easy. Support was tailored to people so they could cope day to day.

Some issues had been identified when people were using the kitchen, to overcome these there were pictures in place on kitchen cupboards to lessen frustrations when people were searching for items they needed when they were cooking. Staff had bought clear- see-through toasters to enable people to recognise when their toast was cooked. Some people had clear coffee, tea and sugar pots to help them to select items they wanted easily. Signs had been put on doors in people's homes so they could identify the rooms they were going into. People were supported to do as much as possible for themselves and their independence was developed and promoted giving them more control.

People were supported to take part in activities depending on their interests, abilities and age. One person said "I don't go to the discos anymore but I do like a game of bingo every week and I do dressmaking and sewing".

People continued to trust the staff and had security in their surroundings so that they were more confident and able to live the life of their choosing. People's quality of life was enriched with activities like going to pop festivals, military shows, and concerts. One person had specifically requested to go to music concert of their favourite artist, staff supported the person to organise the tickets and travel arrangement and went with the person to the concert. The service had an allotment so people could grow their own produce. People had expressed a wish to go sailing so a regular slot was booked for people at a local lake where there was specialist support available for people with disabilities. People enjoyed and looked forward to this new activity.

Another person wanted to walk home alone from the bus stop after they had been to day centre as they now felt confident. They had talked to staff about this and it was agreed that the person would get off the bus at an earlier stop so that they would not have to cross a main road. Initially a member of staff met them at the new bus stop to make sure they were familiar with the route and then they would do the journey on their own. The person was happy with this arrangement which had increased their independence, skills and self-confidence.

People had expressed an interest in keeping fit and healthy and wanted to do exercises to help them do this. The service had converted the rooms next door to the office into gym. The equipment had been especially adapted for people to use whenever they wanted to. These rooms had previously been used as a drop in centre on a Friday afternoon. Due to the popularity of the drop-in centre it had moved to a larger local community centre. People enjoyed using this facility as a place to keep fit and meet up with their friends.

We visited the 'drop- in' centre during the inspection. People were engaged in many different activities. They

were all involved and chatting and socialising with each other and the staff. People were having fun. People had just started to rehearse for the Christmas pantomime. People had lots of different ideas about which pantomime they wanted to do, no agreement could be made so a staff member, in their own time had written a script that incorporated all ideas. A decision had been made to do a pantomime which included everyone's favourites, like Cinderella, Frozen, Jungle Book and Harry Potter. People were really excited about this and knew which part they were going to perform.

People had just returned from different holidays. People had wanted different types of holidays; some had wanted an active holiday, while others wanted a pool side, beach holiday. Some people wanted to go abroad and others had wanted to stay in England. The registered manager said. "It was like a military operation but we got there in the end. Some people went to Gibraltar, Spain, Essex and Devon". Everyone was very excited when telling us about their experiences. Pictures had been included in the Monthly Newsletter so everyone could share their experiences with each other, this was a development since the last inspection.

Procedures to receive, record and investigate complaints were in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. If a complaint was received this was recorded and responded to. There had been no complaint to the service in the last 12 months. People and relatives said that the registered manager and staff were approachable and would listen to them if they had any concerns.

A relative said that communication was good and the management team and staff kept them informed of their relative's care at all times. They said they could ring up the office at any time and they would be listened to. If they had any concerns the registered manager took immediate action to address them. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

Is the service well-led?

Our findings

People, staff and relatives were complementary about the registered manager and the management team. They said they could approach any of them at any time. People said the management team always listened to what they had to say and always made time for them.

Staff said, "This is the best place I have worked. People really do get the support and care that they need to develop and be happy", "There is a good atmosphere, everyone gets on well", and "People have very different needs and are all different, we make sure people are treated as individuals". Staff said, Aiding Independence was a very good place to work and that they really enjoyed their jobs.

All the staff told us how they valued the registered manager and that they felt valued too. Staff said the registered manager or one of the directors were always available day and night to offer them support. They said that the registered manager and directors worked with them, that they knew everything that was going on and they were always looking to improve things. Staff said if there were any problems they were 'straight onto it'.

The service had been started by the two directors and registered manager about ten years ago. The vision of the management and staff team was to increase people's experiences and enjoyment of life and find ways to help people overcome the obstacles that had previously restricted their freedom to do this. Their vision was to develop a service which was tailored to make a difference to people's lives. Their focus was providing personal care and support for people with learning disabilities. They said they wanted to make a difference by giving people choices, promoting independence and self-esteem by giving people the support and care to do this. Their values were for people to live the way they wanted to. Their aim and vision was a 'hands off approach'. Instead of staff doing everything for people they wanted people to do as much as possible for themselves. People, their relatives and staff agreed that these values were adhered to and they were always looking for different ways to develop and support people to live their lives as they wanted to and support them to reach their full potential.

The registered manager, directors and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities. Staff were clear about their roles and responsibilities and received regular feedback about their performance. They were able to describe their roles well. The staffing structure ensured that staff knew who they were accountable to. Staff meetings were held where staff responsibilities and roles were reinforced. The meetings were also used to share ideas for improving the service and to give coaching and guidance to staff and reminders about issues like equality and diversity and safeguarding people.

Our observations and discussions with people and staff at the service showed that there was an open and positive culture between people, staff and the management team. The aims of the service were to 'Offer an environment that respected dignity, privacy and promoted people's personal esteem. To offer a better quality of life, to respond to individual needs and tailor services to meet peoples; choices.' Staff were aware of the aims of the service and everyone worked together to meet these aims. The service had a track record

of providing a very good service. Peoples' experience was that staff were meeting these aims.

To recognise and value the staff, the management team had purchased a 'Perkbox' which enabled staff to receive regular rewards such as free cinema tickets, and free mobile phone insurance when they excelled at their role. When staff did not have their own computers the management had purchased laptops for staff to use so they could access on-line training.

The management had supported a community 'wheels for change group' and helped set up, fund, purchase, maintain and store various adapted cycles enabling everyone to have access to bicycles and safe cycling routes. This had been done in partnership with the local council and the local occupational therapy disability team. When people did not have enough funds to pay for the extra staffing hours they needed when they went on holiday the company paid for the shortfall so that everyone had equal opportunities to participate. The registered manager and two directors supported people on their holidays and received no payment.

People's achievements were celebrated and promoted with their friends, relatives and staff. The service produced a monthly newsletter to keep people up to date about what was happening. It contained photographs of people's achievements and the recent holiday's people had been on. The September 2017 newsletter also contained the results of the latest quality assurance survey, which was positive. For example, people reported that support was flexible enough to suit the way they lived their lives. People felt that staff were reliable and good at timekeeping and they were involved in their developing their support plans.

The service had good links with the community including the local day centres, resource centres, churches and the local community teams. Members of the local safeguarding team had met with people to talk about protecting themselves from abuse and how to report any concerns. People also used the local cafes, bars and clubs.

The quality of the service was being regularly monitored by the management team, which included completing regular audits of care plans and risk assessments. They evaluated these audits and created action plans for improvement, if they were needed. These helped to ensure that a good standard of service was provided. The registered manager telephoned or visited people and their relatives in their homes to make sure they were happy with everything provided and if they needed anything else.

Satisfaction surveys were sent to people, their relatives and other stake holders each year so they could comment on the quality of the service offered and on the service they received. The management team analysed these and if any areas for improvement were identified these were addressed immediately. In the last survey it had been identified that people and staff wanted a larger 'drop in' centre so that more people could attend and more activities could take place. The registered manager sourced a large community hall nearby and people were now enjoying meeting up there every Friday and doing more activities that they enjoyed. Relatives commented, "The way people are facilitated to live their lives is second to none. They go the extra mile for (my relative). One of the reasons they are so successful is that they make everything fun" and "Since my relative has been supported by Aiding Independence I sleep easier and never have to worry".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service, so we can check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way and had done this on most occasions. At the inspection we identified two minor incidences involving people that had been reported to the local safeguarding team. The safeguarding team had not raised them as alerts as the registered manager had dealt appropriately with the incidences and had taken the necessary action

to mitigate the risks of re-occurrence. The registered manager had not notified us about these two incidents at the inspection but did so after the inspection.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in their office and on their web-site.