Without Exceptions Ltd

Fredrick's House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 28 September 2015 and was announced. We gave '48 hours' notice of the inspection, as this is our methodology for inspecting supported living services.

This is our first inspection of the service since it was registered with us in June 2014.

Fredrick's House provides supported living for people with a learning disability. Supported living is where people are provided with their own home via a tenancy agreement and personal support is provided by a separate agency, Fredrick House. At the time of the inspection the service provided support for four men who were living in a shared house. Each person had their own room and shared the communal areas of a lounge, small upstairs lounge, dining room, kitchen and garden.

The service has a registered manager who was available and supported us during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

Checks on staff were carried out on potential staff, but they did not always make sure that staff were suitable for their role.

Relatives said that they had confidence in staff team and felt that their relative was in safe hands at all times. Staff had received training in how to safeguard people and knew how to report any concerns so that people could be kept safe.

Assessments of potential risks had been undertaken of people's personal care needs and their home environment. This included risks involved in mobilising and supporting people with daily household tasks and when out in the community. Guidance was in place for staff to follow to make sure that any risks were minimised.

The agency was very flexible in making sure that there were sufficient numbers of staff available to provide each person with support as needed. Staffing levels were based on people's needs and choices and the staff rota often changed weekly.

The agency had a comprehensive medicine policy which clearly set out the responsibilities of the agency with regards to medicines management. Staff had received training in medicines management and their practical skills in giving medicines had been checked to ensure they were doing so safely and in line with the agency policy.

New staff received a comprehensive induction which ensured they had the skills they required, before they started to support people in their own homes. Staff undertook face to face training in essential areas and were supported by the deputy manager, who was a qualified assessor. Staff had undertaken or had been book to receive training in The Mental Capacity Act 2005. They understood and ensured that people had the capacity to make day to day decisions and choices. The Mental Capacity Act 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

People's health care and nutrition needs had been assessed and clear guidance was in place for staff to follow, to ensure that their specific health care needs were met. Staff were knowledgeable about people's health care needs and the agency liaised with health professionals as appropriate.

People's care, treatment and support needs were clearly identified in their plans of care. They included people's choices and preferences. Staff knew people well and understood their likes and dislikes. Staff treated people with kindness, respect and compassion and understood how to communicate with people so they could understand.

People's needs were assessed before they were provided with a service and people and their relatives were fully involved in this process. These assessments were developed in to a personalised plan of care. Care plans gave detailed guidance to staff about how to care for each person's individual needs and routines. Staff were very knowledgeable about people's likes, dislikes, choices and preferred routines.

People received information, in an accessible format, about their roles, responsibilities and rights of living in their own home. They were informed of the responsibility of the agency to provide them with support and the rules of renting their home from their landlord. People were also informed how they could raise any concerns about the agency and were regularly asked if they were satisfied with the service that they received.

People were supported by the agency to budget their own monies, plan their meals, shop for their own food, and take responsibility for keeping their home clean. The agency also supported people to take part in a range of activities in the local community and had links with a local charity to provide additional activities.

The agency was run by a registered manager who was clear about the aims and values of the service and the ways in which these should be met. Staff understood these aims and put them into practice by providing personalised care. Staff had confidence in the management of the agency which they said was fair and supportive.

There were effective systems in place to assess and monitor the quality of the service. People and staff were regularly asked for their views about the service and these were listened to and acted upon. Relatives said they would recommend the agency to other people.

We found one breach of the Health and Social Care Act 2008 (Regulated activities 2014). You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not always safe.

Each person's support needs had been thoroughly assessed to ensure there was enough staff available for them to lead a fulfilling life. However, checks on staff were not always robust to make sure they were suitable for their role.

Assessments of potential risks to people were undertaken and action taken to minimise any risks occurring.

Staff were trained in how to safeguard people and the agency knew how to report any concerns they raised with the appropriate authorities.

There were safe procedures at the agency to ensure that people's medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff were trained to ensure that they had the skills and knowledge to meet people's individual needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's needs and likes and dislikes were assessed. Meal times were managed effectively to make sure that people had an enjoyable experience and were as independent as possible.

The agency monitored people's health care needs and liaised with other healthcare professionals to maintain people's health and well-being.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect at all times.

Staff knew people well and treated them in a kind and caring manner.

Staff supported people to make day to day decisions and choices and to develop their independent living skills.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and a personalised plan of care was in place which included people's likes, dislikes and preferences.

People were offered supported to take part in an appropriate range of activities and to be involved in community life.

Summary of findings

People were encouraged to make their views known and to raise a concern or complaint about the agency, so that action could be taken to resolve it to their satisfaction.

Is the service well-led?

Good

The service was well-led.

The registered manager was visible and approachable. There was good communication within the staff team and between staff and people who used the service.

People and staff were regularly asked for their views about the service. Staff had a clear vision of the agency and its values and these were put into practice, so that people were at the centre of the agency.

Quality assurance and monitoring systems were in place to help ensure that people received the care they required.

Fredrick's House

Detailed findings

Background to this inspection

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

This inspection took place on 28 September 2015 and was announced with 48 hours' notice being given. The inspection was carried out by one inspector.

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. The provider returned the PIR within the set time scale. Before the inspection, we looked at information about the registration of the agency and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spent our time at Fredrick House where people lived. We spoke to the four people who lived at Fredrick House and observed how staff supported them in their daily lives. We spoke to the registered manager, deputy manager and two support staff. After the inspection we contacted two relatives, as people varied in their ability to communicate verbally. We also received feedback from the project manager of a local charity.

During the inspection we viewed a number of records including three care plans; the recruitment records of the three most recent staff employed by the agency; the staff training and induction programme; staff rota; supervision records; medication, complaints, safeguarding and whistle blowing policy; service user guide; staff meeting records; and health and safety and quality audits.

Requires improvement

Is the service safe?

Our findings

People received support from staff in a way that ensured their safety. Staff were relaxed and not rushed when helping people with everyday tasks. We observed that staff talked to people and looked at their body language in order to respond appropriately and to keep people safe. One relative told us, "The manager is strict with the staff, which is good. It is a safe place and my relative is well looked after"; and another relative told us, "He is benefitting from a calm and safe environment".

A number of checks were carried out before staff supported people to help ensure that only people who were suitable and of good character were employed. Potential staff completed an application which contained information about their qualifications, skills and employment history. However, one applicant had not given the dates of their employment, so it was not possible to check if there had been any gaps in their employment. This shortfall had not been identified at the time of the interview. An interview was held to assess the applicant's suitability by being asked a number of relevant questions and talking through a number of different situations.

Before staff supported people in their home, references were sought from applicant's previous employer and/or a person who could vouch for their good character. Application forms stated that, "A job offer will not be made without three satisfactory references", but applicants had only listed two references and only two had been obtained. For one applicant an employment reference had not been requested from their last position in a health or social care position as required, to ensure they were a suitable person to employ. The registered manager obtained this reference during the inspection, but this was four months after they had started to support people in the community. Checks of the person's identity and a Disclosure and Barring Service (DBS) check were undertaken. A DBS identifies if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The lack of consistency in recruitment practices was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The agency had assessed each person's needs with respect to how many shared and one to one care hours they required each week. The agency constantly reassessed and adjusted the amount of care that each person required. The amount of care that people required had changed since the agency started to support people a year ago. Each week the amount of support that a person received could vary depending on what activities the person wanted to take part in. Therefore the staffing levels that the agency provided were dictated by the needs and choices of the people who used the service.

There was an on-call system provided by the registered manager and deputy manager if assistance was required outside of office hours. Staff reported they felt safe knowing that there was support available to them at any time of the day and said that they were encouraged to call for advice or support if it was needed.

The agency had a safeguarding policy which set out the different types of abuse, staff's responsibility to report any concerns and the responsibility of the agency to contact the local authority and other professionals as appropriate. Staff had received training in how to safeguard people. They knew people well and said that if there were any changes in a person's behaviour that this could be a sign of abuse or that something was wrong. They gave an example of when they had reported a change in someone's behaviour to a member of the management team. On this occasion, it was not found to be evidence of any abuse taking place, but it showed that staff were sensitive and responsive to changes in people's well-being to keep them safe.

The agency had a copy of the document, 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway'. This contained guidance for staff and managers on how to protect and act on any allegations of abuse. This was available to the management team and staff, together with the contact details of the local safeguarding team, so they could be contacted as needed for advice and to help keep people safe. The agency also had a whistle blowing policy and staff knew when they could 'blow the whistle'. This is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.

There were clear procedures in place with regards to staff disciplinary procedures that identified staff responsibilities

Is the service safe?

and what was unsafe practice. The registered manager demonstrated that they understood the importance of these policies and how to put them into practice to keep people safe.

For one person there was a high risk that they may harm themselves or other people when out in the community. The control measures in place were that this person received individual support from staff who had received training in how to support people whose behaviour may challenge. This meant that this person could access the community safely on a regular basis.

Risks to people's personal safety and in their home environment were thoroughly assessed. Each potential risk was identified together with the appropriate action that staff needed to take. Clear guidance was in place for staff to explain who was at risk, any particular times when the person was most at risk, and what staff needed to do minimise the risk of any occurrence. All areas of the person's daily needs had been assessed including the risk of falling, in taking their medicines, activities in the home such as doing laundry or cooking; and outside such as taking part in activities and any risks in the person's care at night time. A summary was made of the risks to each person, so staff could see at a glance, the main risks to a person's well-being. A regular assessment was made of risks to each person and the risks in the environment, to ensure that the action staff were taking was effective in keeping people safe.

For people whose behaviour challenged themselves or others, a behavioural support plan was in place. This set out what the behaviours were; what techniques staff should immediately deploy to appropriately respond to the behaviour; and post incident strategies, such as discussing the incident with the people involved to ensure that relationships were not strained within people's home.

Staff knew to report and record any accidents or incidents to the management team. The registered manager reviewed all reports at the time of the incident and monthly to ensure that the correct action had been taken and to identify if there had been any patterns or trends that required attention. Appropriate action had been taken when an incident or accident had occurred. The agency had a business continuity plan in place which set out how the agency would continue to support people if they were affected by a short term disaster or loss of their home. This involved supporting people to move to a local hotel and to inform their next of kin. The agency had a grab file containing important information about people's support needs, such as their medicines, so that staff would be able to continue to support people in their new home environment.

There was a comprehensive medicines policy which set out staff and the agency's roles and responsibilities with regards to ordering, storing and administering medicines. Guidance was available for staff in a number of areas such as how to administer and dispose of medicines safely, what to do if a person refused their medicines, a medicine error was made or a person went on planned leave. The medicines policy stated that only staff that had received training in how to give medicines and had had their competency assessed, were able to do so. All staff had received medicines training and had their competency assessed on a regular basis. Staff felt they had the necessary skills to give medicines safely and knew the importance of reporting any issues or errors to the registered manager and a health professional, so that the appropriate action could be taken to maintain the person's well-being.

The agency had taken an individual approach when supporting people to obtain and store their medicines. For people who had a large number of medicines to take, a monitored dosage system was used. This is where a person's medicines are pre-dispensed by the pharmacist into a blister pack. For people who had only a few medicines to take, medicines were stored in their original, named container. Staff said they looked at a person's medication administration record (MAR) sheet to see the name and dosage of the medicine and the time that it should be given. They then took the correct medicine out of the medicine container and recorded on the MAR sheet, the medicine that the person had taken. Medication administrative records had been completed by the pharmacist. If a person's medicines changed then entries were handwritten by staff, and two staff checked and signed the new entry to make sure that it was correct. MAR sheets contained the name and dosage of the medicine or prescribed cream and the time that it should be given. There were no gaps in the record, which indicated that people had received their medicines as prescribed by their GP.

Each person's medicines were stored separately and securely together with detailed guidance what each

Requires improvement

Is the service safe?

medicine was for, any side effects and how the person liked to take their medicines. There was also information about the circumstances in which staff should give people medicines which were given 'as required' (PRN). Staff recorded the time and the reason when any 'as required' medicines were given to people they were supporting.

Good

Is the service effective?

Our findings

Relatives told us staff had the right skills for supporting the people in their care. One relative told us, "Staff are good. They look after him well and tend to his needs". Another relative told us, "He has a consistent key worker, who is keen to get the best out of him". During our visit we observed staff listening to people and acting on non-verbal signs, so they could effectively respond to their needs.

New staff received an in-house induction which included essential information such as emergency procedures, food preparation, understanding how to respect people's privacy and epilepsy awareness. Staff developed an understanding of the people that they would support through reading their care plan and shadowing staff who was supporting them. New staff usually shadowed staff for three days, before supporting a person on an individual basis. After induction, which could take up to two weeks, staff commenced the Skills for Care care certificate. These are the induction standards which are the standards people working in adult social care need to meet before they can safely work unsupervised. The deputy manager was a qualified assessor and supervised learning sets for staff on the topic areas in the Care certificate.

Staff received face to face training from an external trainer in required subjects to ensure that their practice was kept up to date. These topics included health and safety, emergency first aid, infection control, safeguarding and food hygiene. Staff had also been booked to attend a training course on epilepsy. This meant that staff had the training and knowledge that they needed to support people effectively. All staff were booked on or had completed a National Vocational Qualification or Qualification and Credit Framework (QCF) levels two or above in Health and Social Care. To achieve a QCF, staff must prove that they have the ability and competence to carry out their job to the required standard.

The agency had policies and procedures with regards to the Mental Capacity Act 2005 and staff were booked to attend or had completed training in the Act. The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff were clear that everyone had the capacity to make day to day decisions, such as what they wanted to do and what they wanted to eat or wear. Throughout the day staff gained people's consent before carrying out tasks with them or undertaking activities. Staff clearly explained to people what they were going to do, before they carried it out. For example, the end of one person's belt was not tucked in. Staff asked this person if they could sort out their belt for them and gained their consent, which was given by their body language, before tucking the end of their belt into the buckle.

Staff understood that if someone wanted to make a more complex decision, that they should seek advice from the registered manager. Staff new that in these situations a 'best interest meeting' was convened with relevant professionals and relatives so that a decision can be taken on their behalf. Staff said that people had access to advocates to help them make a decision. An advocate can help people express their needs and wishes, and weigh up and take decisions about the options available to people.

The registered manager and deputy manager observed staff's practice on a daily basis and also worked alongside staff. They constantly assessed and checked staff's skills and competence to carry out their roles. Staff said they felt well supported by the management team. Staff received face to face supervision every six months. However, the registered and deputy manager were available for supervision at other times when staff requested this and a record was made of the meeting. Staff also received an annual appraisal where their performance was linked to their pay. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

People's need in relation to food and fluids were assessed and the support they required was detailed in their plan of care. This guidance detailed if a person had a good appetite or needed encouragement to maintain a healthy diet; if they could eat independently; if any specialist utensils were needed or they needed specific support, such as their food cut into small pieces. There was also information available about what the person's favourite foods were together with any dislikes. Staff were knowledgeable about people's needs at mealtimes and what action they needed to take to make sure that people eat well. We joined people for their lunchtime meal. People were encouraged to sit together so that mealtimes were social. The meal was relaxed and staff were available to support people when needed, but otherwise kept a discrete eye on people, so that they could be as independent as possible. People's weights were taken

Good

Is the service effective?

monthly, to monitor any changes. When there had been concerns about people gaining or losing weight, referrals had been made to the dietician to seek professional guidance. This advice had been followed and people had been weighed weekly, to monitor if the actions they were taken were effective.

Each person's care plan included detailed information about people's health care needs and the support that they required. People also had a health action plan. A health action plan is based on a full health check and holds information about a person's health needs, the professionals who support those needs and their health appointments. The plan included details of people's skin care, eye care, dental care, foot care and specific medical needs. For example, for people who had a history of epilepsy, there was information about their medical history, clear guidance about how to ensure the person remained safe on a daily basis and the specific action to take if they had a seizure. The agency monitored people's health closely and sought prompt professional advice, such as from the speech and language therapist or physiotherapist as required. Where people had physiotherapy plans in place, staff made sure that this guidance was followed. In addition each person had a "Hospital Passport". This provided the hospital with important information about the person and their health if they should need to be admitted to hospital.

Good

Is the service caring?

Our findings

One person gave a two thumbs up sign when they were asked them if staff supported them in a caring way. This person said that staff were, "Very good". Comments from relatives were, "It is definitely caring. Staff are fond of him. I can tell by the way they treat him and talk to him"; and "Fredrick's house is certainly a caring environment".

Staff had developed caring relationships with people. Throughout our visit to people's home, staff communicated with each person in a kind, attentive and compassionate manner. When supporting a person, they listened with interest to what people had to say and joined in with what people wanted to talk about. The conversation moved between one member of staff, to the person being supported , and then to another member of staff, in a continuous flow.

People's needs with regards to their age, disability and gender were understood by staff and met in a caring way. For example, everyone was expected to be responsible for making sure their house was clean and undertaking household tasks. For people who had a physical disability, extra support and supervision was provided to make sure that the person was safe in carrying out household tasks. For example, before one person washed the floor with a mop, the staff member checked with the person which hand they were going to use to hold their walker. This was to make sure the person was balanced whilst standing. The staff member stood close to the person and engaged them in conversation and encouragement whilst the person undertook the task.

Independence was an important value of the agency and peoples' independence was promoted. During our time in people's home people went to the Post Office to collect their monies, they took part in household tasks such as cleaning, washing up and making themselves a drink. At lunchtime people ate independently.

Peoples' dignity and privacy was respected and promoted. When people went to the toilet they were reminded to close the door to maintain their privacy and dignity. When staff supported people with their personal care, they did so discreetly so that other people were not aware.

When staff were supporting people in their home, staff spoke with them in a way that they could understand. Some people had limited verbal communication, but could understand verbal communication. When staff supported a person who had limited verbal communication to do the washing up, the staff member used short words and phrases. The staff member explained to the person each step of the task, so they could carry it out independently. Although the support appeared task orientated, staff used different tones in their voice and praised the person when they had undertaken a task, so that the person felt that their work was important and that they mattered.

The views and opinions of people were recorded in detail in people's care plans. They contained detailed information about people's life history including where they used to live, what they liked to do and people who were important to them. There were photographs of people taking part in their favourite activities and where people had limited verbal communication, photographs of the different expressions that they used. This enabled staff to understand people's character, interests and abilities and so help them to support people to make decisions in their best interests, on a day to day basis.

Each person was given a tenancy agreement when they started to receive a service from the agency. This set out the rights and responsibilities of the person, the landlord and the support agency. People had a number of responsibilities including paying their bills and keeping their home clean. The agency was responsible for providing a personalised package of care which included supporting people to make decisions and choices on a daily basis, to manage their own monies, access social groups, develop independence in daily living skills and achieve their goals. The tenancy agreement was written in an 'easy read' format with photographs, pictures and short phrases, to help each person to understand its content. One of the partners in the agency held the position of Tenant liaison officer. They were available to support people to understand all the details in their tenancy agreement in addition to support from a family member or advocate if this was the person's preference.

People were involved in making decisions and planning their care. Weekly menu planning meetings were held in order to decide what foods they wished to eat for the following week. At lunchtime there was a range of sauces on the table to accompany their meal and a range of flavoured crisps. Staff moved the sauces to one person, explained what they were for and then asked the person what they would like. People were supported in the same

Good

Is the service caring?

way to decide what crisps they wished to eat. One person took some time to decide which crisps they would like. The staff member supporting them did not rush the person, but waited patiently until they picked a packet. The staff member explained that they understood that this person was able to make a decision, and so made sure they gave them the time to do so.

Staff at the agency listened to what people wanted to do and acted upon it. For example, one person was excited about a Halloween party that was taking place and asked staff if they could make some Halloween decorations. Staff supported people to make a range of Halloween lights, streamers and hanging cobwebs which decorated their home. “It’s spooky” one person delightedly said about their home.

Good

Is the service responsive?

Our findings

Relatives said they had not had any worries, concerns or complaints about the agency, but if they had they would talk to the manager as they were, "Very open". Relatives said that the service was responsive to their relative's needs. One relative told us, "He has certainly grown in his progress and confidence since being at Fredrick House". Another relative told us that their son loved cockles. They said that staff took him to Herne Bay to buy so they could buy and eat their favourite treat. A member of a local charity told us they had met people being supported by staff, shopping in the local community. They said that people were very happy in these situations and also when they had met people and staff in their home.

People's needs were assessed before the agency supported them in their home. All the people the agency supported had previously lived in residential care. One person had received support from the agency after being admitted to hospital. The registered manager visited the person and spoke with them, their relative and nursing staff, to assess their needs and whether the agency was able to meet them. These assessments of people's needs were used to develop a detailed plan of care for each person.

Care plans contained guidance for staff on how to support people with all aspects of their health, social and personal care needs including their communication, nutrition, continence and night time care. The plans were personalised and contained information about people's views, strengths, and individual preferences, how they would like to receive their support and their hopes and dreams.

For example, one plan stated that the person's strengths were their friendliness and pleasure in meeting new people. Their hopes and dreams were based around their family and that they would like to go on holiday to Centre Parks. This person had spent their last holiday at Centre Parks with support from the agency staff. Care plans contained photographs and pictures to help people understand their content and included their choices about what they liked to do and what made them upset or unhappy. This detailed guidance, about people's care needs, from their point of view, helped staff to understand the personal lifestyle and preferences of each person they supported.

Staff demonstrated they had a detailed knowledge of people's care and support needs. They described the support needs of the people that they supported, together with their likes, dislikes, the best way to communicate with person and their personality. When staff spoke about people, they did so in a positive way, expressing their enjoyment of seeing people take part in activities and in progressing with their independent living skills. It was clear that staff understood about personalised care and how to provide it to the people they supported. Each person that the agency supported had a keyworker who took extra responsibility for the person's welfare. They met with the person each month to discuss their views and choices and made a written report of the person's progress, any concerns and the activities that they had undertaken. This helped to ensure that people's wishes and choices were met and that written guidance about their care needs was kept up to date.

The agency supported people to take an active part in the local community in which they lived. The agency had discussed with people what they would like to do each week and developed a weekly planner with pictures to help people understand what they were going to do each day. However, this planner was flexible. For example, on the day we visited people's home, people had a planned trip to go trampolining. However, the activity was not available that day, so people made Halloween decorations, as requested by one of the people that the agency supported. People had the opportunity to take part in daily living skills, bowling, shopping, going for a walk, breakfast club, going to the pub, listening to music and playing football. The agency had developed links with a local charity with had resulted in people attending sports activities and a drama group. A member of the charity told us that when they met people they, "Showed a real interest in developing projects with our charity". The agency had therefore supported people to take part in an activity they enjoyed and to give them the opportunity of developing relationships with other people who attended the drama group.

Staff knew people well and demonstrated that if there were any changes in a person's well-being, this would trigger them to investigate further, as they may be worried or anxious about something. In addition, each person was encouraged to raise any concerns they may have at monthly one to one meetings with their keyworker. Information about how people could make a complaint about the agency was contained in their tenancy

Good

Is the service responsive?

agreement. This was given to each person when they first started to receive support from the agency. This contained photographs of the person's keyworker and the registered manager, to help them understand they could speak to these people if they had a concern. It also contained pictures of people who were important to them, such as a friend or family member, who they could also approach if they had a concern. People were also provided with a leaflet about how they could contact an advocate.

Good

Is the service well-led?

Our findings

Relatives told us the agency was well managed and that the registered manager took the time to talk to them about their relative. One relative told us, "I would not hesitate in recommending the service to others"; and another relative referred to, "The excellent leadership of manager and her team".

The registered manager was supported by the deputy manager who was a social care trainer and the tenant liaison officer, who had many years' experience working in social care settings. The registered manager had experience in supporting people and managing residential care services for people with disabilities. They were open and honest about the challenges and differences in moving from managing a residential care home, to a supported living service. The registered manager and staff were clear about the aims of the agency which were, "To support people living in their own homes and to enable individuals to maximise their personal potential, whilst enjoying all the benefits of living in a supportive and nurturing environment". The registered and deputy manager led by example and had a clear vision of the service that included putting people first, promoting their independence, treating people with respect and providing compassionate care. The staff team followed their lead and vision which was evident in the positive and caring way in which they spoke about people and the compassionate manner in which they supported them.

Staff said that there was good communication in the staff team and we observed this during our time in people's home. They said it was a good place to work and that they enjoyed their jobs. One staff member told us, "It is fun here and I am constantly smiling" and another staff member told us, "I love it here. I get fantastic support". Staff said that the management team were always available and accessible to give practical support, assistance and advice.

The management team valued staff and ensured they were fully involved in the inspection process. Staff viewed the Provider information return (PIR) when this information was returned to the Commission and discussed its content at a staff meeting. When observing and speaking to people, the registered manager purposely left people's home and went to the agency office. This was so staff and people could speak openly about the agency and showed they trusted that staff had the skills to support people's needs, without their support.

People were actively involved in the agency and the way that it was run. Packages of care were tailored around their individual needs and their opinions were sought in all aspects of daily life. This included asking people about how they wanted to spend their time and consulting them about new opportunities. People were supported to develop links with the community, through taking part in sports and leisure activities, attending the local umbrella centre and a link with a local charity responsible for developing services for people with disabilities.

There were effective systems in place to regularly monitor the quality of service that was provided. The registered manager audited aspects of the service each month to make sure that they were effective. This included the management of medicines, checking that records such as care plans and health action plans were up to date and accurate and that staff received regular supervision and an annual appraisal. Each six months the registered manager undertook an internal audit of the agency which reviewed all aspects of the service. This included staff meetings and vacancies, the menu planner, fire equipment, accidents and incidents, finances and any shortfalls in the service.

The agency's quality assurance processes included gaining feedback from people, staff, relatives and social care professionals. The views of people were sought through weekly and monthly face to face meetings with the people who supported them. Staff said their views about the agency were sought and encouraged. They said the management team were fair, listened to and had acted on their suggestions. Staff were supported by supervision and appraisal where they received constructive feedback so they understood what they were doing well and areas where they may need to improve. Staff said they could approach the management team at any time and they had their contact details if they should need support out of the agency's normal office hours.

The agency had regular contact with some people's relatives. Part of the agency's quality assurance process was to send questionnaires to people's relatives and care

Good

Is the service well-led?

managers on an annual basis. This had taken place, but the agency had not received any response. The agency was therefore considering alternative ways of ensuring that the views of these people were sought and acted upon.

All records relevant to the running of the agency were well organised, complete, reviewed regularly, updated appropriately and fit for purpose. Staff had access to key information about the agency such as their aims and values and policies and procedures. Personal information about people and their monies were kept confidentially and securely and could be accessed by staff, when it was required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed People were not protected by consistently robust recruitment practices, which ensured that all potential staff had a full employment history and a reference from their last employment in a health or social care setting before supporting people in the community. Regulation 19 (3) (a) (b)