

Sherbutt Home Care Services Limited

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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 27 and 29 November 2017, and 10 January 2018 and was announced. After the second day of inspection we received some concerns from health professionals in relation to how transitions between services were managed. We returned to the service on 10 January 2018 to discuss these with the registered manager. At the last inspection, the service was rated good. At this inspection the service remained good overall and had improved to outstanding in the responsive domain.

This service is a domiciliary care agency. It provides personal care to people living in individual houses, bungalows and self-contained flats maintained by the provider. It provides a service to adults with learning disabilities or autistic spectrum disorder. There were 33 people being supported by the service in their own homes.

We found the service had considered the national plan to develop community services for people with learning disabilities and/or autism - 'Building the Right Support'. This plan was introduced in 2015 and advises certain criteria that providers should meet when delivering good quality care, these are; quality of life, keeping people safe, and choice and control.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People live extremely fulfilled and independent lives. Staff supported people to access educational and employment opportunities that were meaningful to them. Activities, events and holidays were chosen by people supported by the agency and they were involved in planning them each year. Staff went that extra mile to make people feel comfortable and accepted as individuals, celebrating their diverse needs.

Staff were passionate about the delivery of person centred care to meet individual needs and preferences. They worked closely with people to ensure they achieved their aspirations and worked as a team to improve the experiences for those supported by the agency.

The management actively sought people's views and opinions about the service and utilised their experiences to improve practice within the organisation. Relatives felt they could have frank and honest discussions with the registered manager and staff, who were responsive when dealing with concerns, and always listened to their views.

The service worked in partnership with health professionals to meet people's needs, this included additional specific training.

Staff used different methods of communication to ensure people understood and were able to make

informed decisions about how they wanted to live their life.

Care plans were detailed and included important information about how people wanted to be supported including preferences, interests, and life histories.

People and their relatives felt they were safe in their home environments and that staff supported them appropriately to access the community. Risk assessments were in place which identified risks and guided staff in how to minimise them. Medicines were managed, administered and stored safely.

Inductions were comprehensive and included introductions to people using the service, training, shadowing more experienced member of staff, and competency checks. Regular monthly supervisions, informal chats and annual appraisals supported staff to carry out their roles effectively.

Staff were caring and compassionate about delivering person centred care. They respected people's dignity and privacy. They obtained people's consent prior to delivering care and support and where people were unable to make decisions for themselves best interest meetings were held to support them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Quality assurance processes were in place to identify any improvements that needed to be made. Audits were completed to ensure staff were competently carrying out their roles and identified any areas where additional training was needed.

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.

Staff were aware of the signs and types of abuse and how to report them. All staff had received training in safeguarding adults from avoidable harm.

The service had recruitment procedures in place to ensure suitable people were employed to meet the needs of the people supported by the service.

Medicines were stored, administered and managed appropriately. Risk assessments were detailed and staff were knowledgeable about the steps they could take to minimise risks to people's health and safety.

Is the service effective?

Good ●

The service was effective.

Staff completed a thorough induction which included introductions to people, training and a period of shadowing.

People and their relatives were involved in making decisions around their care and support needs. Best interest decisions had been arranged where people were unable to make decisions for themselves.

Staff were supported through regular supervisions, meetings, scheduled refresher training and annual appraisals.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and were passionate about involving them in all aspects of their care and support. People and their relatives felt their opinions and views were valued by the service.

Person centred care was embedded in the service and people were actively involved in the community. Staff supported people

to lead fulfilling lives, working in the community, accessing further education and planning activities, events and holidays.

People were happy with the support they received and told us their privacy and dignity was maintained at all times.

Is the service responsive?

The service was extremely responsive.

The service was exceptionally proactive in seeking people's views and opinions. Varied communication methods were used to ensure feedback was captured to drive improvements within the service.

People led independent lives employed in various positions within the wider community. Staff celebrated people's individuality, giving them confidence to achieve their goals and aspirations. This gave people a sense of wellbeing and an exceptional quality of life.

Staff were always looking for creative ways to enrich people's lives and supported with activities, holidays, job applications and building family or personal relationships within and outside the service.

Concerns and complaints were dealt with immediately and relatives were happy with the excellent quality of services delivered.

Outstanding 

Is the service well-led?

The service was well led.

The management structure was clear and staff had good knowledge of the visions and values within the organisation. The registered manager sought people's views and opinions to drive improvements within the service, whilst maintaining a very person centred approach.

Good 

People and their relatives felt that staff were approachable and the registered managers presence was visible at all times. They felt confident that any concerns raised would be dealt with efficiently and resolved.

Staff supported people to access education, build life skills and maintain employment roles. People contributed to research and developing areas where they had an interest.

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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 27 and 29 November 2017 and 10 January 2018, and was announced.

The provider was given 48 hours' notice because the location was a domiciliary care agency providing support to younger adults with learning disabilities living in their own or rented accommodation. People were often out during the day, so we needed to be sure that someone would be available to speak with us.

On the first day the inspection consisted of one inspector and an expert-by-experience, with a further two days completed by one inspector. The expert-by-experience made phone calls to people and their relatives on the initial day of the inspection to gain their views about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had knowledge and experience of caring for someone with autism and learning difficulties.

We used information the provider sent us in the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We contacted the local safeguarding team and other health professionals that regularly visited the service.

During the inspection we spoke with ten people using the service, three members of staff, one team leader, the registered manager and business manager. We observed interactions between staff and people supported by the agency. We also reviewed records, including training and recruitment for five staff; four people's care plans and reviews, minutes of meetings and other documentation relevant to the running of

this service.

Following the inspection we were contacted by three health professionals that gave us feedback about the service and we spoke with a further two members of staff by telephone.

Is the service safe?

Our findings

People we spoke with supported by the agency communicated that they felt safe. One person said, "Yes, I feel safe here." Relative's comments included, "Safe, yes in every aspect with staff. There's a key safe on the entrance door", "Yes, [Name] feels safe" and, "Safe, yes my [Name] likes it. They are fond of all the staff on all shifts."

We spoke with four members of staff who were able to talk about different types of abuse and signs to look out for. Staff were confident and aware of their responsibilities to report abuse or allegations of abuse to both internal and external agencies. One member of staff told us, "We report, record and ensure people are safe. I report to the duty manager or registered manager and we refer to safeguarding teams using their referral forms."

The service had a safeguarding monitoring log which outlined safeguarding incidents that had occurred, the actions taken and referrals made to other agencies. The latest threshold tool was available to guide staff when making decisions about appropriate referrals. The threshold tool is a document that the local authorities give to providers to guide them when deciding whether or not to make a safeguarding referral. It helps to calculate the potential impact and probability of the abuse reoccurring to measure potential risk levels. This informs the level of intervention required so that people can be kept safe.

All staff had received safeguarding training as part of their induction and completed annual refresher training online. Some staff had completed their QCF/NVQ in Health and Social Care and new staff were to complete the Care Certificate training and assessment. The National Vocational Qualifications (NVQ) were work based awards achieved through assessment and training. The Qualifications and Credit Framework which replaces the NVQ recognises qualifications and units by awarding credits. The Care Certificate is a set of national minimum standards that care providers are required to adhere to when providing health and social care.

There was a whistle blowing procedure in place and staff told us they would feel confident that the registered manager would maintain their confidentiality should they need to use it.

We looked at the recruitment files for six members of staff. These included application forms with a full history of employment, identification documents and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.

Disciplinary procedures were in place and records showed these had been utilised when necessary to ensure lessons were learned and people were accountable for their actions. Processes were in place to support staff with any retraining if required.

We received mixed feedback in relation to staffing levels at the service. Some relatives said, "Yes, there's enough staff" and, "[Name] is very happy where they are. There's a low turnover of staff." Others told us, "There's a high turnover of staff" and, "My [Name] can deal with most things, but struggles when staff are

brought in from other areas." The registered manager told us that all staff were employed by the service and from the local area. All staff complete a thorough induction which includes introductions to people living at the service. During our visit we looked at duty rotas for the service and observed staffing levels. We found that there were enough staff on duty to meet people's needs and observed one to one support being delivered to people during the day.

Accidents and incidents were recorded in detail, including actions taken and referrals to the appropriate health professionals for advice. Any lessons learned were shared with staff during meetings and supervisions.

Risk assessments were in place and reviewed every six months or earlier if there were any changes to people's needs. These included warning signs, actions staff should take to reduce the risk and details of the level of risk to the person and others. Changes to people's support was communicated to all staff using various methods such as a communication book, verbal discussions, meetings and handover records.

Staff were knowledgeable about the risks to people they supported. One member of staff told us, "[Name] has anxiety and we work with them to lower the levels of this when carrying out personal cares. We minimise risks by making sure certain things are out of the way before bathing." Staff had received additional training from health professionals which was tailored to meet people's specific needs. For example, the district nursing team trained staff to test blood sugar levels. This meant that staff were trained to meet people specific needs and could educate people to be independent around their own health needs.

We saw that medicines were stored safely, obtained in a timely way, administered on time, recorded correctly and disposed of appropriately. There were no controlled drugs being used at the time of our visit. Medicines that were taken 'as and when required' (PRN) had protocols in place for staff to follow. Fridge temperatures were recorded when needed to ensure medicines that required refrigeration were kept at the correct temperature. Any excess medications, such as unused or out of date medicines were returned to the pharmacy.

Relatives told us, "I've phoned when [Name] is taking their medicines and [Name] has said, 'I can't talk right now I'm having my medication'" , "[Names] medicines are given on time" and, "[Name] has medication, they (staff) take care of them."

Staff told us how they had provided support to meet the diverse needs of people using the service including those related to physical disabilities and sensory impairment. These needs were recorded in detailed care plans and all staff we spoke with had a good knowledge of these. Relatives of people using the service told us how well people's individual needs were met. People's preferences and choices were respected and staff were aware of people's abilities so they could promote people's independence.

Fire policies and procedures were regularly reviewed and monthly fire safety checks were carried out. All staff had received fire awareness training and people were reminded of the evacuation procedures in the event of a fire during resident meetings. We saw people had a personal emergency evacuation plan (PEEP) in place, which contained information about the support people needed to safely evacuate the premises.

We saw people's rooms and communal areas were clean and well maintained. Systems were in place to ensure the environment was regularly monitored for safety and hygiene. There were communal lounge/dining and kitchen areas within each home.

People that received a service in the community told us that they felt safe and that staff adhered to infection

control measures. However, one relative had completed a satisfaction survey questionnaire and disagreed that precautions were always taken to prevent infections from being spread. This was raised with the registered manager who advised they would speak with staff to ensure infection control procedures were being adhered to.

Is the service effective?

Our findings

Staff told us they had the required skills and knowledge to meet the needs of people supported by the service. One member of staff said, "We have a period of shadowing (a more experienced member of staff) following our training" and another told us, "The induction is thorough, we get plenty of support. As part of the induction process we get to know people, we are introduced and given time to study their preferences and any routines."

The induction programme included; introductions to people, reading care plans and risk assessments, a period of shadowing and competency checks. The training matrix demonstrated staff had completed appropriate refresher training, such as, medication, safeguarding, dementia, communication, moving and handling, fire safety and infection control. As part of the induction staff worked towards gaining the Care Certificate whilst getting to know the people supported by the agency. Some staff had completed training in learning disabilities, autism, and person centred care and food hygiene. Records showed that additional training had been delivered by health professionals to meet people's specific needs.

One member of staff told us, "Some training is online and other courses are face to face in house. We expand on the training topics and include dignity in care and body language. At the minute we are completing a course on communication." Relatives said, "The staff are trained and have the right skills", "The staff know what they are doing" and, "Staff have all the training although there could be more of it. There are a core number who are reasonably trained. They get some who need more training."

Staff had supervisions monthly which included feedback on performance and identified any training and development needs. One staff member told us, "Supervisions are once a month and are structured. We discuss any issues, safeguarding people, staffing levels, any changes and the well-being of everyone. We are encouraged to speak to the manager in between if anything is concerning us." Annual appraisals were in place. All the staff we spoke with told us they felt comfortable approaching the registered manager at any time.

People were encouraged to maintain a healthy balanced diet and could choose what they would like to eat and drink. Relatives told us, "They (staff) cook [Names] meals and [Name] has access to snacks" and, "They support [Name] when cooking. [Name] can boil an egg for themselves." Staff knew the importance of encouraging people to eat fruit and vegetables; they respected people's choices if they wanted to eat something different for a change. One person told us, "I have plenty of choices at meal times." We observed people eating snacks and being offered refreshments during the inspection.

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. Training records confirmed that some care workers had received training in understanding the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Providers would need to submit applications to the 'Court of Protection' for authority to deprive people of their liberty. No applications had been made to the Court of Protection at the time of our visit.

Records showed us that best interest decisions had been organised by the local authority and families had been invited to take part. During the inspection process we received concerns from health professionals which included transitions within the service between Sherbutt Home Care and Sherbutt House services. We discussed these concerns with the registered manager and the social worker involved so that they could ensure these were addressed.

We looked at documentation around transitions and how these were managed for people. We found that prior to moving, the staff arranged visits to the new accommodation supported by regular staff that knew people well. People supported by the agency were consulted about when they would like to move and knew when and how their personal belongings would be relocated. People were supported by staff to move their personal belongings, and familiar staff provided regular reassurance to support throughout transitional periods.

Staff made use of different methods of communication so that people could understand and express their needs. For example, some people found it difficult to express their needs verbally. Staff understood how frustrating this could be and ensured one to one support time was given so they were not rushed or pressured.

Staff read information to people when needed so they were informed to make daily decisions for themselves. One relative told us, "[Name] has a care plan. They (staff) read it out and [Name] will tell them if they agree." Staff ensured people's consent was obtained prior to carrying out any care and support; they knew people well and could understand their non-verbal communications.

Computers were used to support communications with relatives. Software applications such as Skype were used to make free video calls or send text messages. Staff supported people if needed. For example, they assisted to set up the call and then leave people to talk with their relatives in private. They also helped people to look for jobs or research interests and places they could visit.

We saw records of detailed initial assessments that documented health professionals' advice and input. People and their relatives or representatives were involved during reviews of their care. Care plans encompassed all aspects of a person's daily care and support needs, such as oral hygiene, activities and medication. People were monitored when concerns were identified and records showed us that appropriate referrals had been made to support any additional needs.

Relatives were regularly invited for discussions and people at the service were supported to complete annual surveys so that their feedback could be taken on board. Relatives told us they completed surveys each year to voice their opinions and views. One relative said, "We do questionnaires."

Staff completed regular checks around people's accommodation and brought any repairs to the attention of the registered manager. Domestic staff were employed to support people with cleaning tasks. People were supported to maintain their own living environments and clean their rooms when appropriate. Bathrooms were adapted into wet rooms to meet people's needs and advice for adaptations such as grab rails and seating was discussed and obtained through the occupational therapists. One relative told us, "[Name] has lived here for ten years, the environment meets their needs."

People that received a service in the community told us they received consistent support from regular staff that met their needs. They supported them to be independent and stayed for the allocated time. However, one satisfaction survey completed by a relative did not agree that staff stayed for the allocated timeframes. This was discussed with the registered manager and they advised they would address this during the next team meeting.

Is the service caring?

Our findings

Staff were passionate and motivated about how they cared for people, they considered all aspects of people's lives such as, education, employment, safety, independence and social inclusion – activities, holidays and events.

People told us, "I love it here" and another person said, "I do lots of baking, I enjoy the summer parties. We have lots of fun."

We observed staff engaging with people in a kind and caring way throughout our visits. People were comfortable around staff and built good relations with their neighbours supported by the residential service next door. Staff worked around people and their routines. For example, we saw that times of calls were re-arranged to suit people's busy lives so they received the care and support at times that suited them.

Relatives told us, "[Name] has a good relationship with the staff. It's a friendly personal sort of place, like a family they are very caring and kind." Another relative said, "They (staff) are caring yes and they respect [Names] privacy and dignity."

The service supported people to build lasting relationships with family and friends. One person supported by the agency had family that had moved away and become distant. The staff worked with the person to support them through a horticultural course they had chosen and then invited their family to attend the presentation where they received a certificate for completing their course. Staff told us, "The family member has made more contact which has really pepped [Name] up." The service had an awareness of people's emotional needs and subtly worked in the background to make improvements to people's lives.

Relatives told us how staff supported people to live fulfilling lives and access their chosen activities, holidays or events. Comments included, "[Name] likes watching sports, a lot of football. [Name] likes swimming" and, "They take [Name] out to watch rugby. [Name] likes music and goes to discos."

Staff were trained to deliver person centred care and support; this had been embedded in the service and was part of the overall culture. People were involved in their care and support planning and staff celebrated their individuality. Relatives told us they were involved and attended annual reviews with the service and the local authority. During visits to their loved ones they often spoke to the registered manager and their views and opinions were welcomed by the service. Changes were immediately communicated to them so that they were kept up to date.

People communicated in different ways and staff understood them well. One person had difficulties with verbal communication and staff read things to them to calm their anxieties. Communication books were chosen by people supported by the agency as their preferred method of communication with family and staff writing messages for them and working in partnership together. People looked comfortable approaching the registered manager and asking them questions. We observed people regularly coming into the office and popping their head around the door to have a quick chat with them. Staff documented any

changes in communication so that other staff were aware of preferred methods that were effective for each person.

People's diverse needs were accommodated and information was detailed in care plans on how to best support them. People had their own key workers so that they could build good relationships based on mutual trust and respect. One member of staff told us, "We read people's histories and get to know them and what they like. People are happy and get excited to see us which is really nice. We have built trusting relationships and people confide in us."

Confidentiality policies were in place and staff had good knowledge of how to protect people's privacy and ensure information was not given to any third parties without authorisation. People's records were kept in a locked office when not in use to ensure the service complied with the data protection act in maintaining people's confidentiality.

People living in the community told us that staff were kind and caring. Both people and their relatives or representatives felt that their dignity and privacy was respected. One relative had completed a satisfaction survey and disagreed that new care staff were always introduced prior to providing personal cares. However, the registered manager informed us that staff completed a thorough induction process prior to commencing employment and this included introductions to people they would be supporting in the service.

Is the service responsive?

Our findings

The service was extremely proactive in seeking and listening to people's views. Relatives and people supported by the agency were included in six monthly and annual reviews of their care and support needs. The service sent annual satisfaction questionnaires to people to seek their feedback and listened to people and their relative's experiences during discussions. The registered manager knew all of the people using the service and their families, and regularly communicated with them by telephone, email and face to face during visits.

The service has taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. Staff worked with people to find their preferred methods of communication. Easy read formats were available and staff used non-verbal communication such as whiteboards, body language and people's own sign language. One person had their own communication book which they carried in their handbag. This empowered them to maintain their independence.

People told us they felt involved. One person said, "Staff explain things and are kind to me" and, "If I need anything I ask [Name of staff]."

People led exceptionally independent lives and their diverse needs were celebrated in line with the services visions and values of celebrating people's diversity and promoting their independence. One member of staff told us, "[Name] used to have Velcro shoes and wanted to buy a smarter pair of shoes with laces. We supported them consistently over a one year period and taught them how to tie their shoe laces. With practice they could tie them to a standard where they didn't untie. This made them feel so much better and that they could do things themselves." This showed us that staff were dedicated to meeting individuals specific wants and needs. That with time and perseverance meant people could set and achieve their goals in their own time.

People had regular contact with local businesses and several people worked in local pubs, supermarkets, cafés, cake shops, charity shops and at a local day centre. A member of staff told us, "[Name] applied for a caring job with animals, possibly starting next month." Staff helped people access drama classes, lunches out to various places including garden centres and the local pub. One person enjoyed going to York four days a week to an over 60's group at the church. Another person had a partner that they visited regularly, and others had friends they could spend time with outside the service. This gave people a sense of accomplishment and values, making them feel a part of the wider community. A relative told us, "[Name] goes out, the staff always know where [Name] is going. They have a mobile so they can contact [Name] and talk to them." Relatives felt their loved ones were extremely well looked after and their safety maintained with minimal restrictions if any in place.

Staff had excellent awareness around protecting people's human rights to ensure no one was unlawfully discriminated against. People's risks assessments were clear about any potential for discrimination and what staff needed to be aware of. Staff were creative in working with people to find solutions that would

enable them to live as they had chosen. We observed different age groups and gender preferences being treated with the utmost respect and given the support they needed to be themselves or adapt to changes as they became older. One person came into the office to speak with us, they said, "I love living here, staff are kind to me. I have been to Tenerife, Blackpool and I love it! I have passed my cooking degree and I cook rocky roads, flapjacks and chocolate things." This showed us that people were confident and achieved their goals.

The registered manager and staff were always looking for ways to enrich people's lives. Staff could utilise the organisations timeshare every other year to support holidays and people had chosen to visit Lanzarote, Tenerife and Benidorm. The staff and registered manager discussed with people where they would like to go and those in groups of friends would go together. Some people had chosen to rent a cottage in the dales and had days out and in the evenings sat by the log fire. Others were interested in visiting Bishop Auckland as they had an interest in history. We were told a group of people had asked to go to a pop concert and staff had cancelled their day off so that they could take them. This showed that people had many choices and could choose where they wanted to go on holidays or to events. Staff told us they wanted people to live as normal a life as possible and a life they would want to live – we observed people were confident, interacted positively with staff and had successful outcomes in terms of living full and happy lives.

A member of staff told us, "We support people to research places they would like to go on the computer, they love it." People used technology to research subjects, places and local events. Some trips were holidays with some educational content fitting around people's interests. For example, two people supported by the service had an interest in history. Staff supported them to research museums around the country and their holiday incorporated visits to their chosen history museums. Some people attend a night club in the local area which caters specifically for people with learning disabilities. On holidays people booked into hotels that had accommodation to meet their needs. For example, one hotel had staff with experience and knowledge of how to support people with autism. The hotel had walk in wet rooms and reserved chosen dining tables for the whole week to maintain consistency for people. This supported people's independence when making choices and decisions around activities and holidays they would like to access.

Without exception, staff told us they felt supported and that the training was "Fantastic." They were motivated, skilled and knowledgeable about the people they supported. Records showed us that staff took the time to interact with people so they could maintain fulfilling lives and achieve their aspirations. For example, they had supported one person to feel more comfortable in their acting role at drama group. They had bought them specific items that would help them get into character and relax. Staff went above and beyond to help people achieve things they loved to do – without the right staff support people may not have had the confidence to complete their ambitions.

Staff displayed loyalty and passion about the service and felt they were part of a bigger family unit. The majority of staff had worked for the agency between 10 and 30 years. They spoke fondly of the people they supported and the registered manager had known many of the people receiving support from a very young age. Relationships were built on mutual trust and staff had created a safe and welcoming environment for people to explore different aspects of their personalities.

The service focused on people's independence including maintaining and building on their existing life skills. One person used to live in one of the services shared houses and had been supported by staff to move into their own home. This person now only receives a small domiciliary care service, which supports them to live independently. Another person accessing the service was supported to move into a privately rented self-contained flat.

This was their choice as they preferred to live on their own rather than with a group of other people. Staff

supported with maintaining their tenancy agreements.

People who lived in accommodation on the same site as the offices could also choose to have support from other domiciliary agencies. One person had accessed support from another agency in the local area, but due to late calls they requested support from Sherbutt Home Care Services again. The service was constantly assessing people's compatibility to ensure everyone's needs were being met. It was important to the service to make improvements to people's quality of life where they could. The service was successful in promoting people's voice and encouraging choices so that people could be supported to live independently as they had chosen.

The registered manager told us, "We see clients as our family; we don't have a high turnover of staff or clients. [Name of person supported by the agency] has been here for 34 years. I've known [Name] for twenty plus years. They are getting older and use mobility equipment, but they still go to Blackpool every year."

Relatives told us, "We can visit anytime" and, "The manager always lets me know what's happening she will ring me, any changes they let me know. They always listen." All the relatives we spoke with felt they were actively involved in care and support planning. They told us their views and opinions were taken into consideration and that they felt a part of the wider family unit within Sherbutt Home Care Services.

The registered manager told us they supported people with their benefits when needed due to the changes within the system which some families and people found difficult to understand.

We spoke with relatives about complaints and concerns, they told us, "Issue are dealt with promptly, I always go to the senior and she will try to sort things out" and, "When there have been any issues, they have sorted them out. Complaints are sorted quickly." Records showed us that the service received very few concerns and that these were dealt with immediately and in a timely way. Correspondence was sent to the complainant to acknowledge the complaint, investigated and outcomes shared across the organisation to drive improvements.

We saw records of complaints and concerns that had been investigated, documented and responded to within the guidelines of the company's complaints policy and procedures. Complaint leaflets were available for relatives, people or visitors to the service, with easy read formats if needed.

Is the service well-led?

Our findings

The agency had a clear and strong management structure. All managers and the staff team were accountable and took their responsibilities seriously. Management encouraged suggestions, opinions and the views of others. When these were seen to benefit people supported by the service, they were incorporated into daily practices. We observed the registered manager operated an open door policy taking the time to speak with people.

Information was shared during team meetings, which were an opportunity for staff to share best practice and discuss recent events. One member of staff told us, "Each month it's a chance for staff to bring forward any problems or things that have worked well that people have enjoyed. Everything the service does is for the people and they are very happy." Staff were clear about their roles, and were confident that management were proactive in addressing any concerns or issues they may bring to them.

The service embedded their visions and values of being open and transparent. The registered manager was visible at all times during our inspection and people were comfortable approaching them. Relatives told us, "[Name of person supported by the agency] is involved in meetings and feedback, we have quite frank and honest discussions and I talk to the manager quite a lot. It's (the agency) well run" "They (registered manager) are honest and open. I haven't got a problem, I can talk to them about anything and I speak with the owner" and, "Communication is much better in terms of what's happening, it used to be vague in the past." This showed us that management were accessible to people and their relatives and that they felt comfortable approaching them.

Throughout the inspection process we observed many interactions between people supported by the agency and the registered manager. Some people were anxious and came to speak with the registered manager and a two people came into the office to ask general questions. The registered manager knew the people by name and responded in a kind and positive way.

The registered manager reviewed feedback from satisfaction surveys completed by staff, people supported by the agency and their relatives. They told us that this enabled them to make changes to improve people's experiences. For example, some people had expressed a need to lead meaningful lives by seeking employment. As a stepping stone people were supported to access one year placements through work link which helped them build life skills. Some people had accessed woodwork classes and others gardening. Others had achieved a certificate for level three in hospitality. This clearly supported people to improve and develop skills, enabling them to access and sustain future employment.

People were given opportunities to take part in research studies for dementia and learning disabilities. Those that decided they would like to participate were supported by staff. This helped the service build on new best practice that was shared with them and people felt confident about being a part of future changes.

Champions had been allocated to raise awareness of specific topics such as; equality and diversity and dignity in care. Staff had excellent awareness of promoting peoples independence, including them in

making choices and involving people that were important to them. People were supported to clean their rooms or make their beds. Staff supported people and their families to complete paperwork relating to benefits and job applications – support was also received from outside the service when needed. For example, staff liaised with a team of people that supported individuals around road safety to encourage independence and safety. Best practice was discussed and shared with other providers during forums held by the local authority. Staff completed their own research and adapted their own training courses and activities to promote different topics. The demonstrated partnership working with others to build smooth transitions and experiences for people based on good practice and people's informed preferences.

The service worked in partnership with other health professionals, in particular around training to meet specific individual needs. For example, district nurses trained staff to meet the needs of those with diabetes. Staff made appropriate referrals to support additional needs that were identified, such as counselling, dementia assessments and other support for people's mental health. Information and advice was clearly recorded and communicated between staff on handover sheets, verbally and within team meetings and supervisions.

We asked relatives and staff for their feedback about the management of the service. Comments included, "They are honest and open, and I can talk to them about anything." Staff felt they were valued and took an active role in making people's lives meaningful. One member of staff told us, "The manager is fantastic. I can't compare this place to anywhere else its very person centred. People get to choose where they want to go, they have a whale of a time doing what they want to do. They talk about things for weeks afterwards, so you can tell how much enjoyment it brings to them. We've been to a tribute show for a pop singer, ballroom dancing in the tower, York dungeons and staff even accompanied people on the big dipper at Blackpool pleasure beach." This demonstrated that people lived the lives they had chosen to lead, taking into account their interests, likes and preferences. The service strived to support everyone, creating an inclusive and safe environment.

Management supported staff through meetings, one to one supervisions and informal chats. One member of staff told us, "During supervisions the registered manager listens to us and gives us time to reflect on practice and discuss any personal issues. This really helps as when they have an awareness of what's going on they can fully support us."

People told us, "We choose what we do each day" and, "I go out every day, I love it." People felt part of the wider community, they were supported to build relationships of their choice and access transport to visit friends, attend jobs and events. For example, one person had been supported to visit their partner and appropriate risk assessments had been put in place. Another person was supported to visit their family in a neighbouring town. The service worked hard to maintain good relationships for people that were sustainable and promoted their independence.

Quality assurance processes were in place and regular audits and checks completed. Policies and procedures were regularly updated each year or when there were any changes such as those to legislation. The registered manager monitored staff development and encouraged progression to different roles within the company. One member of staff had started at the service in 2009, left for a period of time and returned to senior role within the company.

The registered manager had signed up to receive updates from; skills for care, dementia friends, autistic society and the Care Quality Commission (CQC). They used the fundamental standards toolkit and had an external company that was contracted to inspect the health and safety aspects of the business. An inspection had been completed within the last 12 month period and included sending updates of health

and safety or employment law changes. Monthly emails were sent to staff and newsletters completed which outlined any changes in best practice or legislation.

The service was compliant with their registration requirements with the Care Quality Commission (CQC). They informed us of any changes within the service that affected those receiving care and support.