

The Human Support Group Limited

Human Support Group Limited - Village 135

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 9 and 10 January 2018 and the first day was unannounced. This was the first inspection of this service, which was registered in April 2017.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in two bedroomed apartments in a purpose-built development close to the centre of Wythenshawe. Village 135 is a joint venture between a number of stakeholders, including a community housing group and the local authority. The Human Support Group Limited are contracted to provide care and support for those that need it, along with emergency response responsibilities for everyone living at the village.

Not everyone using The Human Support Group Limited – Village 135, referred to in this report as Human Support Group, receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of this inspection, who had been in post since the service first registered in April 2017. 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.

Some areas of Village 135 were accessible to the general public. The scheme was a secure environment with doors that required a fob to access areas such as the lift and apartment blocks. People regarded it as a very safe place. Residents were able to move easily between the floors of Village 135.

People were kept safe with the appropriate use of key safes, correct use of electronic call monitoring and the safe administration of medicines. Risk assessments were both generic and person-specific and staff were provided with sufficient information to mitigate risks posed to people.

There were enough staff on duty to help keep people safe. Staff were aware of their responsibilities in relation to infection control and took appropriate measures to minimise the spread of infection.

There was a thorough induction for staff, including undertaking shifts which involved shadowing more experienced colleagues. Staff were competent and knew what they were doing when providing care and

support. Staff followed the principles of the Mental Capacity Act 2005 and demonstrated a commitment to promoting the rights and choices of people who used the service.

The registered manager maintained appropriate links with other professionals and partner agencies in order to effect a smooth transition for people moving into the extra care scheme. Staff attended to people in a timely manner in the event of an emergency and were very responsive on these occasions. People were assisted to see a GP and other healthcare professionals when necessary, therefore we were assured that the service promoted the health and wellbeing of everybody living at the village.

Staff never assumed with regard to people's preferences of care when carrying out their duties and we heard people being offered choices. Care workers knew people well, their preferred routines and other family members who were important to them.

Staff were fully aware of the need to promote dignity and told us they cared for people as they would care for a family member. Staff always knocked and announced their presence even when gaining access to apartments with a key from a key safe. The service sought to deliver care and support in a way that was non-discriminatory and respected personal preferences and we saw that this aim was achieved.

People, their families and healthcare professionals had been involved in a pre-assessment before the service provided any support. Assessments were used to create care and support plans that addressed the individual's identified needs. People told us they had been involved in developing their care plan.

People's support plans and risk assessments included information about their health conditions, and were sufficiently detailed for staff. This enabled staff to understand people's conditions and how best to support people. Support plans and risk assessments were reviewed and updated regularly, or when support needs changed.

The service tried to be as flexible as possible in meeting people's needs. We saw that people's call times were flexed based on changes to their daily lives whenever this was possible.

The service did not arrange specific activities within the scheme; however management and staff were fully aware of the arranged activities that were on offer for people as they attended the residents meetings and both encouraged and supported people to access specific activities. If anything was raised about the care on offer in meetings representatives from the service were able to respond.

The provider kept a complaints record however, at the time of this inspection no complaints were recorded. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or a member of staff.

The company's revised mission statement outlined the values and behaviours expected from its staff. The registered manager was able to effectively demonstrate each of these behaviours and provided robust evidence as to how solutions were sought, discussed, achieved and put into action once a problem was identified.

Staff were complimentary of the registered manager. Staff went on to tell us that the registered manager was always looking for further development opportunities for the team to help them with the caring role. Staff received supervisions and team meetings were held frequently to provide staff with the opportunity to discuss learning and for the registered manager and senior staff to share any concerns and best practice.

There were regular audits of comments book and medication administration record (MAR) charts, and surveys were undertaken to measure people's opinions about the quality of the service on offer. The registered manager was always looking at ways to continually improve the service.

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 ●

People considered Village 135 a safe place to live. There were enough staff on duty to meet people's care needs.

Care plans contained both generic and specific risk assessments. Staff were provided with sufficient information to mitigate risk.

Staff used personal protective equipment, where appropriate, and this helped to control the spread of infection.

Is the service effective?

Good ●

There was a thorough induction to the service. The registered manager explored additional training opportunities for staff as well as mandatory training.

Staff followed the principles of the Mental Capacity Act 2005 and demonstrated a commitment to promoting the rights and choices of people who used the service.

Good links were fostered with partner agencies to effect a smooth transition for people moving into the extra care scheme.

Is the service caring?

Good ●

Staff were polite, professional and respectful. People felt at ease with care workers providing support.

Staff asked for permission before providing care and also provided people with choices about their care.

The service sought to deliver care and support in a way that was non-discriminatory and respected personal preferences.

Is the service responsive?

Good ●

Assessments included information gathered about people's personal history, their working life, social interests and activities.

Support plans were sufficiently detailed for staff so that they knew how best to support people.

There was a complaints process in place. This informed people about who to contact in the organisation and the timescales for response. No complaints had been received by the service at the time of this inspection.

Is the service well-led?

Housing representatives, local authority professionals, staff, relatives and people receiving a service were positive about the leadership of Human Support Group Limited – Village 135.

The registered manager was able to effectively demonstrate behaviours outlined on the company's revised mission statement.

The registered manager was knowledgeable about the legal requirements of The Health and Social Care Act 2008. The registered manager was seeking ways to continually improve the service.

Good ●

Human Support Group Limited - Village 135

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.

Inspection site visit activity started on 9 January 2018 and ended on 10 January 2018 and the first day was unannounced. The inspection was conducted by one inspector and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection, we reviewed the information we already held about the provider, including notifications. Providers are required by law to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

We contacted the local authority that commissions services and the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received no negative feedback about this service.

We spent time in the office talking with the registered manager, team leader and staff, reviewing care records and policies and procedures. We spoke with people using the service, their relatives and staff on site and visited four people in their apartments, with their permission, to observe staff interaction and to gauge people's views on the service being provided.

We carried out observations of how people were supported during our visits to people in their apartments

and listened to staff interacting with people living at the scheme throughout the day. During our visit we also looked at four people's care records, four staff files and a selection of records maintained by the registered manager, for example audits, competency assessments and minutes of staff meetings, regarding the quality and safety of the service.

Is the service safe?

Our findings

All the people we spoke with felt Village 135 was a safe environment and all relatives we consulted with were positive when asked the question if they felt safe. People told us, "I feel a lot safer here than anywhere else because if I need help I can press the buzzer; someone (care staff) comes straight away" and "I have used the buzzer a few times when I have not felt well and they (care staff) have been up to me quickly. They are very good carers."

Some areas of the village were accessible to the general public, for example the café area, and there was a reception area where people and visitors were greeted at the main entrance. Village 135 was a secure environment with locks to doors that required a fob to access areas such as the lift and apartment blocks. People regarded it as a very safe place, and they were able to move easily between the floors of Village 135. During the visit, we observed clear corridors with no apparent obstructions. There was a covered elevated walkway that spanned the road and connected the two buildings of Village 135. Chairs had been placed at regular intervals along the walkway for those people who had trouble mobilising and needed to take a rest. This ensured people were kept safe when accessing the walkway.

During the inspection we entered inside apartments, with people's permission and also looked in some that were vacant. We saw intercoms were fitted in the hallways of every apartment, whether people required care or not, and there were pull cords situated in bedrooms and bathrooms. Everyone living in Village 135 wore a pendant alarm, either around their necks or kept this about their person. The Human Support Group responded to all emergency calls, during the day and at night, whether people received care from them or not. People felt reassured help was at hand and was told us, "These fobs are a great thing; I really like them and I feel safe"; and "I pressed my alarm at 3.40 in the morning a while ago because I fell out of bed and they were there right away, so it's good to know there is someone there to help even in the night." Another person said, "I have an alarm round my neck which I can press if I need help and they always come as quickly as they can. In fact they are more than excellent." People felt confident they could summon help quickly in the event of an emergency and we saw everyone was kept safe in the event of an emergency.

Where people were unable to mobilise safely we saw key safes had been fitted outside the doors to their apartments. We received complimentary feedback about the use of key safes as people told us, "I have a key safe and they will knock on the door and say hello" and, "I have a key safe. They let themselves in and always ring the bell and shout my name." Staff we spoke with were aware of the need for confidentiality and did not openly share key code numbers with others. We were assured that people were kept safe in this respect.

We looked at the duty rotas and spoke with staff and people that were supported about the number of staff deployed. We found there was enough staff to support people safely. We asked people if they considered there were enough members of staff to attend to them and to provide the support individuals needed and they did. The following comments offered were, "They come on time and stay the right time; longer if they need to" and "If someone was off sick they [care staff] tell me; sometimes I may get a different carer but they (care staff) always come on time; I've never had to worry." A third person told us, "They are always on time and they give me my pills on time."

We checked electronic call monitoring logs and found staff used this system correctly. Care workers scanned a barcode on the person's care plan kept in their apartment prior to, and after delivering, care and support. This provided an electronic record of the time spent with the person. Call logs we sampled were accurate and reflected in the majority of cases that staff spent the commissioned time delivering care and support.

One relative we spoke with however raised a point with us, although they were clear this was not a complaint. They noted that some care workers only spent a few minutes with their family member, as visit times were also manually recorded in log books stored in people's apartments. They were concerned as their relative had dementia and would often tell care workers they had eaten, when they had not, and would refuse personal care and support. We checked electronic logs for the individual and saw that on occasions a small number of individual care workers were staying less than ten minutes instead of half an hour. We brought this to the registered manager's attention. They explained to us that the person was quite independent and would often be up and dressed very early in the morning, as per their usual routine. Care workers less skilled in the role might not fully explore why a meal or personal care was refused. The registered manager told us they would raise this with all staff and provide extra training and prompts so that all staff were aware of ways to encourage the individual to engage in personal care and ensure the person was eating all meals. We were confident the registered manager would take this action to ensure the person was kept safe.

We reviewed the care records in detail for five people who used the service and looked at four other care plans during our lunch time visits. We saw that all care plans contained generic risk assessments, for example in relation to the home environment, medicines and moving and handling. Where specific risks were posed to individuals we saw that these also had been assessed and that staff were provided with enough information to mitigate such risks.

We reviewed how people were supported with the management and administration of their medicines. Staff had access to a policy and procedure for the administration of medicines which they were required to follow in order to ensure safe practice, and we saw staff observe this practice during our visits to people. We asked people if they received support to take their medicines. Some people we spoke with were able to take medicines independently, but all found the staff very helpful. For example, staff flagged up when medicines were getting low and when people requested, called into the pharmacy to order prescriptions. One person told us, "I sort my own medication but they always remind me to take it. That's useful." Others had more assistance and care staff administered their medicines. One person said, "They [staff] always pop the blister packs for me and put them next to me so once I've had my breakfast I can take them."

Training records we reviewed showed that all staff had received training in the safe administration of medicines. We saw that arrangements were in place for team leaders or the registered manager to complete an annual assessment of the competence of care staff to safely administer medicines and that these competence assessments had been completed.

We looked at the systems in place to ensure staff were safely recruited. We reviewed the personnel files for five staff employed in the service. We noted that all of these files included the required information to help ensure staff were suitable to work with vulnerable people; this included a criminal records check called a Disclosure and Barring service check (DBS), employment or character references, an application form where any gaps in employment could be investigated and proof of address and identity.

The registered manager displayed a clear understanding of the values of the organisation and was keen to recruit the right people for the role. They told us they tried to speak with all potential applicants to ensure they had an understanding of what the provider expected of them and told us this had a positive effect on

the retention of staff by the service. We saw that since Village 135 had opened there had been a stable staff team, with new recruits employed when required. Staff retention is important as people are provided by consistent care from staff who know them well.

Staff we spoke with told us they had received training in safeguarding adults. Training records we looked at confirmed this to be the case. Staff were able to tell us of the correct action to take if they had concerns about a person who used the service. They told us they were always able to contact managers in the service, including during out of hours, to discuss any safeguarding concerns. Staff told us they would feel confident to report any poor practice they observed using the whistleblowing policy. We were confident that staff would be treated fairly in the event of raising concerns about the service or staff practice.

Staff had completed training in infection control and records such as the training matrix and certificates on personnel files confirmed this. As part of our inspection we accompanied care workers to four visits, observing medicines administration and meal preparation. During these visits we saw personal protective equipment (PPE) was available for staff to wear, such as disposable gloves and aprons, to carry out personal care tasks. We saw staff apply a fresh pair of gloves and new aprons on every call and disposed of used items appropriately to help prevent the spread of infection.

Is the service effective?

Our findings

Everyone we spoke with, including people living at the extra care scheme, their relatives and other professionals thought staff were competent and knew what they were doing when providing care and support. People we spoke with were very complimentary and told us, "They're brilliant, the best in the world", "The staff seem confident, some are better than others, for example [staff name] is very good", and "The girls who come are smashing; they certainly know what they are doing and we both feel comfortable with them and the family know we are being properly looked after." A relative we spoke with told us the care and support offered to their relative had taken a lot of stress off family members and told us, "I have no doubt they are trained and they know what they are doing. I am very impressed with them and I know they look after my [relative] properly."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

Residents we spoke with told us staff asked for their permission before providing any care and support. People regarded staff as being very professional. One person told us, "Staff are great they always speak first before doing any care for me." Care plans we saw also reflected that people's consent to care had been sought.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People in their own homes are not usually subject to the Deprivation of Liberty Safeguards (DoLS). However, staff received training in MCA and DoLS to ensure they were aware of the principles of this legislation. All staff demonstrated a commitment to promoting the rights and choices of people who used the service.

We looked at the way new staff were trained and supported to work in the service. We saw that the initial induction programme took place over five days and included training in safeguarding, moving and handling, safe handling of medicines, dementia training, food safety, professional boundaries and health and safety. The induction was aligned with the Care Certificate which new employees were signed up to. The Care Certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care.

After the induction new staff undertook 'shadow' shifts with colleagues. Shadow shifts allow care workers to observe and assist in care visits, until confident to carry out tasks alone. The registered manager told us that staff were not expected to work alone until they were comfortable, confident and assessed as competent.

All staff we spoke with were positive about the training available to them and considered they were suitably

trained to carry out their roles effectively. The registered manager kept a computerised record of all staff training which made it easier to monitor any shortfalls in essential training, or when updates were due.

There was evidence of regular supervision in the staff records we looked at. Supervisions are one to one meetings with employees and a senior member of staff, or the registered manager. They provide management with a useful opportunity to evaluate the staff member's performance and to identify any areas they might need additional support in. Staff we spoke with valued these meetings as it also provided them with the opportunity to raise personal issues or to make comments on the service.

We saw communications from the registered manager to local authority officers requesting advice and support with regards to training. The registered manager had identified that staff might benefit from additional dementia training and had requested to be signposted to any dementia friendly initiatives being run within Manchester. This highlighted that the registered manager was keen to develop staff skills and knowledge with training around specific conditions that more people living at Village 135 were likely to present with in the future.

The registered manager maintained appropriate links with other professionals and partner agencies in order to effect a smooth transition for people moving into the extra care scheme, for example from the community or from hospital. When district nurses visited people information was shared with the care provider. This meant that staff were informed about any additional care and treatment people received and could take appropriate action if necessary.

People supported by the service lived in their own apartments within the village and could therefore, eat what they wanted. All staff had received training in nutrition and hydration and care records included information about any support people needed to maintain a healthy diet. Staff told us they would always encourage people to make healthy choices about the meals they ate, although they recognised they had to respect the choices people made.

There was a bistro-style café on site at the extra care scheme open to all residents and members of the public. We asked people living at Village 135 and receiving a service from Human Support Group if they were able to choose their meals, if they got help to prepare the food and if they were happy with the support they received. Two residents were happy with their meal time support and told us, "They usually serve me my meal on my table near me; I tell them what I want to eat" and "I have ready meals mainly, but in a morning they make me some porridge and tea and toast. I get plenty to eat and drink." People told us staff did give them choices based on what was available to them.

We did receive negative feedback about the on-site bistro and one person said, "The dinner in the restaurant is finished too early at 5.30pm, I think they have staff issues." Another relative also told us they considered the bistro on site also closed too early, however this was not the remit of Human Support Group – Village 135. We informed the registered manager about the nature of the complaints raised with us and they informed us this issue had already been raised by residents in one of their meetings. The registered manager told us they would relay these concerns to the housing provider again

Residents were asked if staff came in a timely manner in the event of an emergency and there were lots of examples to prove that staff were very responsive on these occasions. One person told us, "I was using my walker with a brake on it but it rolled away too fast from me and I fell, so I pulled my pendant because I couldn't get myself up and the staff came really quickly." A relative told us about how well staff had responded and helped another visiting relative who had experienced a medical emergency when visiting their family member. People told us they were assisted to see a GP when necessary and we were assured that the service promoted the health and wellbeing of everyone living at Village 135 and also the members

of the public who accessed the scheme.

Residents were asked if the facilities at Village 135 were fully accessible for them. All residents were really complimentary about this aspect and gave us the following comments, "Yes, it's very accessible here", "It is accessible to go get my hair done. I go to the hairdressers once a week" and, "It's easy for me to go to the walk-through to see the doctor, because that's wheelchair friendly as well." People had requested a gate in the fence, with accessible path into the church grounds, which was next door so the church could be accessed with electric wheelchairs or mobility scooters. This had been raised in housing meetings and people were awaiting an outcome.

Village 135 opened in April 2017 and from observations of the apartments visited, we saw that the building design was wheelchair-friendly throughout. Corridors were spacious, doorways were wide and all door openers to communal areas were situated at waist level. Bathrooms were spacious wet rooms, easily able to accommodate a wheelchair. The grounds were flat, with outdoor seating, suitable for wheelchairs and other equipment used to mobilise.

Is the service caring?

Our findings

During our visit to the office every member of staff was polite, respectful and professional. When we visited people in their apartments, with their permission, we saw staff showed patience, demonstrated excellent knowledge of the caring role and were kind. One person told us they had care provided from another agency when living in the community but considered care received at Village 135 to be better and said, "We were with other companies and this is by far the best set up. They are very friendly and helpful and are flexible if we need to change anything."

People and relatives consistently told us staff were extremely respectful and caring. We received numerous positive comments from people we spoke with including, "The staff are brilliant in every aspect", "Yes, they are very respectful, they always ask if there's anything else that needs doing" and, "They are very courteous and respectful." During our visits we heard staff offer praise and words of encouragement to people. People did things in their own time, when they were ready and staff checked first that people were comfortable with what they were about to do, for example when getting people to mobilise to the bathroom.

All staff we spoke with had knowledge of people's histories, likes and preferences. However staff never assumed when carrying out their duties and we heard people being offered choices. During our lunch time visits one person was asked what flavour of soup they preferred and their response was they were not bothered. The care worker then proceeded to read out the five varieties available and the person made a choice. Another person was offered the choice of a tabard to protect their clothes whilst eating lunch and gratefully accepted this. It was obvious that people felt at ease in their apartments and with care workers providing support. Care workers showed genuine interest in people's lives and knew people well, their preferred routines and other family members who were important to them. We heard one care worker asking a person about a book they were reading and this generated a lively conversation.

The registered manager had gone to great lengths to safely transfer an individual from the community to Village 135, having involved other health professionals to help do this. This approach showed us the genuine compassion that the manager and the staff team displayed for people. The outcome for the person had been a positive one as their needs were met by the service and their health had improved since moving to Village 135.

Staff were fully aware of the need to promote dignity and told us they cared for people as they would care for a family member. They were able to indicate what they did to maintain a person's dignity when carrying out personal care, for example keeping doors closed, closing curtains and making sure people were kept covered up. During our visits to people in their apartments we saw staff always knocked and announced their presence even when gaining access with a key from a key safe. We observed that staff were respectful and professional throughout these visits.

We heard staff asking permission before providing assistance to people. We heard a member of staff ask, "Is it okay if I give you your medicines now or would you prefer them later?" The person replied, choosing to take the medicines straight away and was then offered a choice of drink. This demonstrated that people

were asked permission and were also provided with choices about their care.

We saw evidence of positive feedback received from people, their relatives and other professionals, some of whom referred to the care on offer as being "superb." This had led to positive outcomes for people using the service. One person had settled well into the village and a compliment received via email from a social care professional noted, "The difference to [person's name] can already be seen and that is just simply wonderful." Another example of appreciation was the donation of a big bag of home grown fruit and vegetables to staff from a relative, communicated to staff via an email from the registered manager with an accompanying photograph.

We looked at how staff recognised and responded to people's personal preferences and how additional needs were taken into account. For example, how the pastoral needs of those who practiced faith were met. For people of faith, we saw the service had good links with the local religious community. There was a church nearby which some people were able to access independently. Religious services were also held in a communal room in the village and staff assisted those less able to attend. One person we spoke with told us their Sunday morning care call was earlier than usual so that they were ready for church. By looking at the format of care records and how information was captured, and through talking to staff and members of the management team, we were satisfied the service sought to deliver care and support in a way that was non-discriminatory and respected personal preferences.

Initially the care provider had shared one large office with the housing provider on site behind the reception area. The registered manager told us that it became clear early on that this was not a good working environment, as at times sensitive conversations were not always private. We saw that this office was now split in two, with the care provider having exclusive access to the smaller, private office area. Sensitive personal information was stored securely in locked cabinets. Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare professionals. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Is the service responsive?

Our findings

People we spoke with consistently told us their care needs were met and that they were highly satisfied with the service. People told us they had been involved in developing their care plan. One person said, "I do remember doing a care plan, yes. The manager came and sat down with me and went through everything."

People, their families and healthcare professionals had been involved in a pre-assessment before the service provided any support. Assessments were always carried out by the registered manager or a senior member of staff. We saw that some assessments had included input from families and health and social care professionals. The assessment had been used to create care and support plans that addressed the individual's identified needs. Assessments included information gathered about people's personal history, their working life, social interests and activities.

People's care plans and risk assessments included information for staff about their health conditions, such as mobility requirements, and communication needs. These were sufficiently detailed for staff and this enabled them to understand people's conditions and how best to support people. We saw that people's support plans and risk assessments were reviewed and updated regularly or when their needs changed. We saw a request for a review of a care package based on the individual's needs, initiated by the registered manager. As the person was doing really well the service was only supporting with welfare checks and medicines and considered that the support hours awarded to the person could be decreased. This showed us that the service was responsive to all changes in need and provided people with more independence when safe to do so.

The provider, Human Support Group, had a contract with the local authority to provide care and support based on a set number of weekly hours and at the time of inspection the team were working nearly at full capacity, based on the contracted hours. This meant that any new people coming into Village 135 were unlikely to receive care support from the Human Support Group team. The registered manager was looking at ways to ensure a consistent service for everybody living at Village 135, however they pointed out to us that ultimately, people were able to choose their own care provider. Some people had moved into the scheme and had maintained the care and support they received in the community, as was their right. In these cases the Human Support Group team provided an emergency response as and when required.

The service tried to be as flexible as possible in meeting people's needs. We saw that people's call times were flexed based on changes to their daily lives, for example to attend a health appointment or for a day out with family. On the day of our inspection care workers attended a lunch time call earlier than usual at the person's request due to other commitments that day. The service was not always able to respond to changes in scheduled calls. One person told us, "I would like to change the time at night from 8pm to 9pm but I have asked and they cannot do this at the moment because all the slots are taken up; but I have no complaints I am very happy with them. They are like part of the family." It was clear that the service had explained the reasons why the change in the timing of the call could not be met but the registered manager told us they looked at the schedules on a regular basis to try and fit in with people's choices.

We were able to see the work that the service had done in responding to the needs of a person living at the village with a diagnosis of dementia. The person was very independent and being very local prior to moving to Village 135, wished to maintain their usual morning routine as they had done when living in the community. The person centred care plan we saw outlined this and said, "I would like to continue with my daily routine, talking walks and collecting papers from [local supermarket]." The service supported this person earlier than usual so that it fitted in with their usual routine.

The service had recognised that the person struggled finding their way around the scheme and back to their apartment and had responded accordingly. They had involved a Dementia Advisor and an occupational therapist visited monthly to assist with orientation. Yellow and black signs had been situated on the ground floor wing where the person's apartment was. Similarly we saw a yellow and black number sign outside their apartment, along with a picture of a familiar object that meant something to the individual. All this information was documented in the person's care plan, reviewed and updated accordingly. This meant the person was able to continue to live their life as they had prior to moving into the village and the mechanisms the service had put into place allowed them this independence.

The service did not arrange specific activities within the scheme as these were organised by the residents group, who met at regular intervals to discuss any issues or concerns that had been identified. The service was fully aware of the arranged activities that were on offer for people as a representative, usually the registered manager or a team leader, attended the residents meetings. If anything was raised about the care on offer in meetings then they were able to respond. Staff we spoke with recognised that people were at risk of becoming socially isolated in their apartments and encouraged people to participate in the organised activities. A local councillor held a weekly surgery on site which people told us they found useful and informative. We saw that some people chose to sit in the bistro area during the day, chatting with friends, relatives and staff. People had access to games such as cards and dominoes and we saw these were well used during our inspection. Staff we spoke with encouraged people to meet up with others and told us, "It's really great when you see friendships forming."

The provider kept a complaints record however, at the time of this inspection no complaints were recorded. The provider's complaints procedures gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or a member of staff. They told us they were listened to and said they felt comfortable in raising any concerns with the staff. Some people did raise things with us during the inspection, for example about the timing of calls or their duration, however they were quick to add that this was not a complaint. This showed us that people held the service in high regard and appreciated the care and support offered to them.

Is the service well-led?

Our findings

Housing representatives, local authority professionals, staff, relatives and people receiving a service were positive about the leadership of Human Support Group – Village 135. We saw bold and bright Meet The Team posters on display in the foyer of Village 135. These offered a welcome to everybody who lived in the community scheme and explained about the care and support on offer, if this was required. One poster contained photographs of the registered manager and the two team leaders, with information about their work history. This meant that people new to the village were reassured help from qualified staff was available if this was needed.

During our tour around the scheme and throughout our inspection the registered manager consistently displayed respect and approachability when they spoke with people. They were known to everyone and were greeted accordingly. It was obvious that people valued them for the service they ran but also they were highly regarded as an individual.

We were provided with the company's revised mission statement, a document that also outlined the values and behaviours expected from its staff. Behaviours included saying 'thank you' and 'well done', celebrating colleagues' successes and seeking to find solutions to identified problems. The registered manager was able to effectively demonstrate each of these behaviours and provided robust evidence as to how solutions were sought, discussed, achieved and put into action once a problem was identified.

One of Human Support Group's company values was "working with you to give you the life you want" and the registered manager led the staff team accordingly, ensuring the team did their utmost to take the stress and pressure off people and their families. We saw evidence of emails requesting and following up repairs to equipment, for example wheelchairs and hoisting equipment, so that people remained as mobile as possible for as long as they could.

During the inspection we spoke with a representative from the local authority, responsible for the coordination of using five apartments as transitional flats for a re-ablement project. This was in the final stages and due to go live in the week after our inspection. We received a spreadsheet from the council officer that allocated each involved stakeholder with specific responsibilities. For example, a re-ablement team staffed by the local authority was earmarked to provide care and support during the day; the housing group was tasked with undertaking repairs and responding to the fire alarm and Human Support Group had responsibility for care and support during the night, including responding to any emergency pendant calls during this time.

The registered manager had been involved and on board during the implementation stages, for example they had participated in the assessments of people selected for the re-ablement project. This meant that the registered manager was aware of who would be accessing the scheme and that the service could meet their needs, with no detrimental effect on those people already receiving a service.

Staff we spoke with were complimentary of the registered manager. One staff member, "I couldn't ask for

better management." Another told us, "The manager is very approachable and you feel that you've got good support." Staff went on to tell us that the registered manager was always looking for further development opportunities for the team to help them with the caring role. Staff told us they found all training useful and felt valued by the company.

Every member of staff we spoke with told us they received supervision and records we saw confirmed this. Team meetings were held frequently to provide staff the opportunity to discuss learning and for the registered manager and senior staff to share any concerns.

The registered manager was knowledgeable about the legal requirements of The Health and Social Care Act 2008 and informed CQC about notifiable incidents, as is the law. Regular surveys were undertaken and we saw written positive feedback received from people using the service and their relatives. One person we spoke with told us, "We had a survey about two weeks ago; there's nothing to complain about."

The registered manager carried out regular audits of comments book and medication administration records (MARs), noting actions to be taken by staff where appropriate. Improvements were communicated to staff by the registered manager in a number of ways, for example in staff meetings, communication book, memos, during observations and supervisions. This meant that staff were made fully aware of their responsibilities and company expectations. The registered manager was looking at ways to continually improve the service, even though feedback we received about the service was extremely positive.