

# Complete Community Support (East) Limited

## Norwich Road

### Inspection report

315 Norwich Road  
Ipswich  
Suffolk  
IP1 4BW

Tel: 01473747247

Date of inspection visit:  
29 January 2018  
31 January 2018

Date of publication:  
03 May 2018

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Norwich Road provides care and support to people living in a supported living setting, so that they can live in their own home as independently as possible. People's care and housing is provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This announced inspection that was started on 29 January 2018, with a second visit on 31 January 2018. We gave the service 48 hours' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to enable the service time to arrange for a 'best interests' decision about us visiting people.

On the day of our inspection, there were six people who had a learning disability using this service. They were all living within the same housing complex, in separate flats within this location based in Ipswich.

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

The service was outstandingly well led; the registered manager was very organised and knowledgeable about the people being supported and was very well supported by the providers of the service. People, their relatives and the staff told us that the registered manager was open, supportive and had good management skills. Staff told us that they recognised the hard work the registered manager had put into the service to improve the service offered to people. There were robust systems in place to monitor the quality of service the providers offered people.

We saw outstanding examples of positive and caring interaction between the staff and people supported by the service, people were treated with kindness and respect. People were able to express their views and staff listened to what they said, respected their views and took action to ensure their decisions were acted on. Staff protected people's privacy and dignity.

People and their relatives told us that they were confident they were safe in this outstanding service. People were protected from bullying, harassment, avoidable harm and abuse by staff that were trained to recognise abusive situations and knew how to report any incidents they witnessed or suspected. Staff clearly understood their responsibilities to raise concerns and there were arrangements in place for reviewing and investigating incidents when things went wrong. Staff told us they would not hesitate to report any suspicions they had about people being abused. Staff had been safely recruited which helped protect people from harm.

Risks were assessed and steps had been put in place to safeguard people from harm without restricting their

independence unnecessarily. Risks to individual people had been identified and action had been taken to protect them from harm.

Staffing levels were high and sufficient to keep people safe and people were supported to manage their medicines in a way that ensured that they received them safely and at the right time. There were also appropriate infection control practices in place to help protect the people the service supported and the staff from the risks involved around contagious diseases.

People's needs assessments were detailed and they received effective care in line with current legislation from staff who had the knowledge, qualifications, skills and experience they needed to carry out their roles.

The management and staff were a strong team and worked well together to ensure that people received consistent person centred care when they used or were supported by different services. People were invariably asked for their consent by staff before they supported them in line with legislation and guidance.

Caring and supportive staff offered advice to people to help them make healthy decisions around food and supported them to eat and drink enough to maintain a balanced diet. People were also supported to maintain good health and gain access to healthcare services when they were needed.

People received care that was personalised to them and responsive to their needs. Although people told us that they rarely needed to complain, we saw that the service listened to people's experiences, concerns and complaints. They took immediate action to investigate their complaints, learn by their mistakes and make any changes needed to avoid them happening again.

## 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.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were robust and contributed to protecting people from staff not suitable to work in care

People were provided with their medicines when they needed them and in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to meet people's needs effectively.

The service was up to date with the Mental Capacity Act.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

### Is the service caring?

Outstanding ☆

The service was outstandingly caring.

People were treated with a great deal of respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were always involved in making decisions about their care and these were respected.

### Is the service responsive?

Outstanding ☆

The service was outstandingly responsive.

People were provided with very personalised care to meet their assessed needs and preferences.

Investigations were carried out to address people's concerns and complaints; they were responded to and used to improve the quality of the service.

### **Is the service well-led?**

The service was outstandingly well-led.

The service provided an open and distinctive culture. People were asked for their views about the service and their comments were listened to and acted upon.

Good quality assurance systems were in place that identified shortfalls, which were addressed promptly. As a result, the quality of the service was continually improving. This helped to ensure that people received an outstanding quality of service.

**Outstanding** 

# Norwich Road

## **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.

One inspector carried out this announced inspection that was started on 29 January 2018, with a second visit on 31 January 2018. We gave the service 48 hours' notice of the inspection site visit because some of the people using it could not consent to a home visit from an inspector, which meant that we had to enable the service time to arrange for a 'best interests' decision about us visiting people.

Before our inspection, we looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. We observed care and support being delivered in communal areas and we observed how staff supported people when we visited them in their own homes.

We looked at records in relation to six people's care and spoke with five people who used the service and three people's relatives. We also spoke with the registered manager, the head of strategy and operations and the operations manager. We also spoke with two team leaders and three care staff. We looked at records relating to the management of the service, four staff recruitment records, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us that they felt safe in the service. One person said, "I know I'm safe here, [the staff] keep an eye out for me." Another person told us, "I can relax here, this is my home and the carers remind me to be careful." A relative commented that they had confidence that their relative was supported to stay safe and was well looked after. The registered manager said, "I tell staff, if you see something, don't be afraid to come and talk with us, the door is always open."

There were systems in place designed to keep people safe from abuse. People received support from staff trained to recognise and report abuse. One staff member told us, "The safeguarding training really opened my eyes to what can go on. No one would get away with that as far as I'm concerned."

Where a safeguarding concern had occurred, the records showed that the service took action to help ensure that a similar incident would not happen again. The service had made a safeguarding referral regarding an incident while the person was away from home, using another service. The registered manager told us that they had worked with the service involved to put safeguards in place to stop a similar incident happening again. They told us, "We learnt from the incident and used it to make improvements in the way we care for our people."

Posters were present in the communal area of the service telling people who they could speak to if they had any concerns or were worried. There was also evidence that, when a person was at risk of putting themselves into an abusive situation, staff took time every day to have an informal conversation with them, this was known as 'talk time'. Staff asked how they were and chatted generally around the area of worry to encourage the person to share their feelings and expectations. In turn, the staff were able to offer advice and guidance. This way the staff were able to ascertain if the person was at risk and to share tips and suggestions to help keep them safe without restricting the person or stopping them making decisions for themselves.

Risks to people were well managed. We noted one staff member speaking with a person, they were explaining clearly that a proposed activity was risky; the staff discussed the possible risks with the person in terms that made it easy for them to understand. Between the two of them, they made plans to make the trip safer. On their return from the outing, the person was pleased with the outcome and told us that they had enjoyed their trip out. This was one of the examples we saw of people being included in making plans, being listened to by staff and working together to overcome difficulties.

People's care records included risk assessments, which identified how risks could be minimised without limiting people's independence more than necessary to keep them safe. The registered manager told us that they encouraged staff to be less risk adverse when drawing up risk assessments, saying that, "The risk assessments are not so restrictive that people can't go down the road to get some sugar." The risk assessments included risks associated with mobility, health, self-medicating and accessing the local community independently. Where people had been assessed as being at risk there were systems in place to minimise the risk. This included seeking support from other professional organisations, including the speech and language and occupational health teams.

Risk assessments and interventions were in place that identified potential triggers for anxiety and distress, so staff could recognise the need to act quickly to limit behaviour that challenged. Staff undertook conflict management training so that they were prepared to support people in these situations.

Risk assessments were seen to accurately reflect the person; they were easy to read, up to date. People had copies of their care plans that they kept in their People made their care plans accessible to staff, who recorded their visit notes in them. Copies were also available in the office and were stored securely in locked cabinets; the office was kept locked when not in use. The risks were reflected in a practical way and were realistically assessed. This meant that people were not restricted from making their own decisions unnecessarily.

The service ensured that risk assessments associated with emergency situations were carried out. For example, there was an up to date fire risk assessment in place for the building and each person had an individual personal emergency evacuation plan (PEEP) in place so that staff and emergency workers knew what support they needed during emergencies.

To help ensure that people were safe, regular health and safety checks were carried out regarding the communal parts of the building and environment, such as legionella water checks, fire alarm tests and fire drills. Regular servicing schedules were in place to make sure that services within the home were properly maintained and safe to use. This included fire safety equipment and gas appliances for example.

People, their relatives and staff told us that there were enough staff working at the service. People told us that they had not missed any of their planned activities because staff had not been available. One person told us, "I get my regular [people], the one that's on my rota. I need to have people I know and like." A person's relative said, "I never have to worry that staff won't be there for [my relative]. They like the [staff] they get and tell me all about them when I visit." The rotas were planned well in advance and people using the service were given a copy.

We saw that there was a policy and procedure in place for the safe recruitment of staff. The files showed that this procedure had been followed including disclosure and barring service checks on staff. This meant that recruitment processes were robust and contributed to protecting people from the employment of staff who were not suitable to work in care. New staff were recruited to support individual people and care was taken to match their personality to the people they would be working with. We saw that people took part in the recruitment process in a meaningful way; usually the person they would be working with would take part in the interview. Their opinion was valued and they and the other people who used the service were asked their opinion of prospective staff.

People told us that they received their medicines on time. One person said, "They remind me to take my tablets when I need them. They are kept in my bathroom in a locked cabinet."

Medicines were safely managed. Staff had undergone regular training and their competencies were checked regularly. People's ability to manage their own medicines was assessed and they were supported in ways appropriate to their ability. Some were capable of managing on their own with minimal support and other people needed full support to get their medicines on time and safely.

Staff were trained in infection control and food hygiene, those we spoke with understood their roles and responsibilities in relation to helping to keep people safe from infection control and hygiene. We saw that staff used the disposable gloves and aprons while preparing to support people with their personal care, which helped limit the risks of cross contamination.



People received care in a manner that minimised the risk of a recurrence of any accidents or incidents. Staff reported and maintained accurate records of incidents, such as injuries and falls. The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents.

# Is the service effective?

## Our findings

The registered manager completed full assessments of people's individual needs before they started using the service. This meant that the resulting care plans were able to reflect people's needs holistically. The areas covered in the assessment included their physical, mental, social needs and future plans. The management team and the staff worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way.

The registered manager was able to demonstrate that they had a good understanding of relevant guidance and standards; they received regular legislation updates shared through the organisation. Staff meeting notes evidenced that updates were shared with the wider staff team.

The provider's policies and procedures that were aimed at protecting people and staff from discrimination were displayed within the home and were reflected in the service's statement of purpose, which set out the organisations expectations, culture and approach to equality. Staff received equality and diversity training, which helped them to support people in a way that gives them the opportunity to achieve their potential, free from prejudice and discrimination. We saw that the service supported people to exercise life choices. The registered manager told us that these were topics that were revisited during staff supervision and at team meetings, they also told us, "We have worked with people and their families to help them meet their full potential and make life choices that others might think are not in their best interest." One staff member told us, "We make sure that we respect people's differences. We are all different in lots of ways; I respect people's choices and help them when I can."

The service used the organisation's computer programmes to record service and organisational information. Staff were able to access on line training as well as the provider's policies and procedures on the system. By having this information on line, the provider was able to ensure that only the latest versions were available, which meant that they were easily able to update them to take into account necessary changes in line with legislation.

Staff had access to an app on their mobile phones that showed their rota, so they had instant access to it and updates.

People told us that the staff had the skills to meet their assessed needs. One person said, "They help me in every way, [the staff] know their business and we get on fine." One person's relative told us, "They have made a big change to my [family member's] life; they have become more confident with staff and are comfortable with their help. They are so taken with the new manager, when I asked [my relative] to choose new curtains they said, 'Let's ask [the registered manager]'. They often say that now. "

Staff told us that they had the training and support they needed to carry out their roles. They were provided with training and the opportunity to achieve qualifications relevant to their role enabling them to meet people's needs effectively. Staff were given the opportunity to complete a 'qualifications and credit framework' (QCF) diploma qualification relevant to their role, if they had not already achieved it. Training

provided to staff included safeguarding, moving and handling, fire safety, and understanding autism. Staff files evidenced the training staff had achieved. Staff completed the training the provider expected promptly and updated it when necessary.

The registered manager monitored standards and provided staff with the support they needed in order to fulfil their roles and responsibilities. Records and discussions with staff showed that they felt supported. Staff received one to one supervision meetings which provided them with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. Staff told us that, if needed, the registered manager led by example and helped with supporting people if needed. One staff member told us, "[The registered manager] will always take time to talk with the people here, whatever the issue and however busy he is he will stop and chat with people or go to their flat to spend time with them."

There were systems in place to support people to move between services effectively. For example, there were folders in people's care records that were sent with them if they were admitted to hospital, the folders included important information about the person regarding their support needs and the medicines they took. The service communicated well with the other services people used, local clubs and day centres. There was evidence that showed that the service had communicated well and had worked together with outside agencies to overcome difficulties.

People told us they were supported to access health professionals when needed. One person told us, "If I go to see my GP, or have a hospital appointment I like [staff] to come with me. They listen and explain what they are talking about." People's records included information about treatment received from health professionals and any recommendations made to improve their health was incorporated into their care plans. This ensured that people continued to receive consistent care.

The service supported people to maintain a healthy diet. People told us that they chose what they wanted to eat and that they were assisted to get their shopping by staff who gave advice about healthy choices. For example, one person told us, "[The staff] remind me if I pick up too many things that aren't good for me; I'm trying to lose weight."

Staff supported people with preparing their meal in varying degrees depending on their ability to cook. A staff member told us that they encouraged people to help themselves as much as they could so that they could develop their living skills. Records showed that where there were risks associated with eating and drinking appropriate referrals had been made to health professionals.

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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager shared examples of the ways they had supported people to make decisions in best interests supported by an Independent Mental Capacity Advocate (IMCA).

Staff received training in MCA and DoLS and they were able to demonstrate they understood the MCA and how this applied to the people they supported. People's care records identified their capacity to make

decisions and included signed documents to show that they consented to the care provided in the service.

## Is the service caring?

### Our findings

The service's visions and values promoted people's rights to make choices and live a dignified and fulfilled life, and this was reflected in the care that people received. People were exceptionally well cared for and were consistent in their high praise of the service.. All the people we talked with told us that they had a good rapport with staff, saying they treated them well, that they were kind and caring. One person told us, "[The staff] are great, they understand me and we get on well, I don't always make it easy for them." Another person said, "I say that [this staff member] should be my mum, we get on so well and [they] look after me as if [they] were my mum."

We saw many examples of positive and caring interactions between the staff and people who used the service. When staff interacted with people, they were open and friendly; we saw there was a light-hearted atmosphere and many laughs. Staff had developed friendly and warm relationships with people. We witnessed a lot of good natured banter between the people being supported and the staff.

The staff we spoke with had taken time to get to know people; this meant that they could communicate with people. This included using a visual aid board with one person who was not able to give voice to their feelings and needs. Staff told us about the people they supported, how they liked to be helped and the things that pleased them as well as things that made them anxious.

Staff talked about people with compassion and empathy, showing an understanding about how they and their attitude towards people affected their lives and moods. One staff member told us, "I try to keep my personal life, along with my worries out the work place, people pick up on negativity."

When people moved into the complex and started using the service, they were supported to put together a pen picture. With the person's permission, the pen picture was shared with the other people that lived in the complex. This meant that people could get to know the person joining their small community. New staff were also asked to prepare a pen picture of themselves that was displayed in the communal area of the complex, with other staff profiles. This was done to introduce new staff to people, which helped to build up good relationships between each other. The registered manager told us that by sharing staff's personal information it put them on the same footing as the people they worked with.

The people who were able to, told us how well they got on with staff, two people told us that they had taken part in staff interviews and felt listened to and valued. They liked the idea that staff were especially chosen to work with them and that they helped to recruit them. The registered manager told us that staff were matched with people, they looked in particular for staff who had things in common and similar outlooks to the people they would be supporting. One person's relative said, "It shows how much [the service] cares, they let my [relative] take part in their carer's interview."

Another person's relative told us, "My [relative] is made to feel as if they matter. They are asked their opinion in every way and they are taken seriously. They have even interviewed new staff."

One person told us, "They ask what I think and make me feel that what I say matters." One person's relative told us, "The staff go out of their way to do things for [my relative], they like being in the garden and it has been transformed over the last year, [my relative] loves it now, particularly the summer house and uses it all the summer." The person told us that they enjoyed spending time in the garden, they found it peaceful and relaxing, they said, "I love it when we have barbeques, we have our friends round to join in the fun."

Another relative told us about how staff made their family member feel valued, "My [relative] has friends that visit. They all chip in to get ingredients for a special meal. The carers go that extra mile and make a proper roast dinner with all the trimmings for them. They love their roast; it makes the day special and makes [my relative] happy. Sometimes [my relative] has chosen to stay and have a roast with their friends rather than come to mine for the weekend." The person later told us that they loved entertaining, and enjoyed the planning and having their friends to visit.

We saw evidence that people were able to make the decision about when they received care and support. One person decided how their allocated care programme was split. Rather than have the hours divided evenly throughout the week, they chose what days they wanted support and what time of the day they preferred to be supported. The person told us, "I don't need help every day, I go out for the day sometimes. If they help me longer on some days we can have days out together." As a result, the person had been enabled to maintain their independence and freedom to plan their life, including when they met friends.

People told us that staff encouraged them to maintain their independence and to continue to do tasks for themselves where they could. They said that they continued to make decisions about their care and that staff listened to what they said. One person said, "I need to be able to look after myself when I have my own place, [the staff] are helping me to learn to cook and keep my flat tidy so I'll be able to move on, that's what I want to do." People's care records identified that they had been involved in their care planning and where required, their relatives were involved as well. People had signed their care plans to show that they agreed with the contents. People looked after their care plans and kept them in their flats, they included people's usual routines, likes, dislikes, and preferences. During the assessment process, people were asked if they had any cultural or different lifestyle needs that they wanted support from the service to achieve, where these had been discussed, we saw they had been recorded in their care plans.

A staff member gave us an example of a way they gave emotional support to people who needed support to feel better. They told us that at night, when they did a 'sleep in' they often spent time with a person having a 'fun' night; watching films, eating popcorn and sharing ideas. The staff member told us that this gave the person the opportunity to relax enough to feel comfortable enough to share any anxiety they may have.

People's care records were kept private and secure in a locked cabinet in the office which was kept locked when it was not in use. People's privacy was respected. We saw that staff did not enter people's homes without knocking and making sure they had permission to enter.

When we talked with staff they referred to people in a respectful way and respected their privacy. One on occasion in answer to a question, the staff member stopped and checked with the person they were supporting if they minded them sharing personal information with us.

The registered manager posted a notice on the communal notice board telling people about our planned inspection. They also talked with people individually and asked if they wanted to talk with us. Relatives were asked for their opinion on behalf of the people who were unable to voice their choice. One person decided not to meet us and the registered manager told us about their decision and made sure we knew which one was their home so we did not infringe their privacy.

Records included information about people's friends and family who were important to them and the arrangements for support to maintain these relationships. People were supported by the service to make contact with family members they had lost contact with and to keep in touch by phone and occasional visits. One person's relative told us that the service had made closer contact with similar services close by so that people could develop friendships. Family members and friends were invited to take part in activities such as garden parties and parties for special occasions and cultural celebrations, this helped people to help to keep people involved and connected with friends and family members.

## Is the service responsive?

### Our findings

People told us they were happy with the outstanding standard of care they received. The service was based within a complex comprising of four flats and two bungalows. When people took up residency in their accommodation, they received care from this supported living service, although they did have the option of using a supported living agency of their choice.

A high quality assessment was carried out of people's needs before they started using the service. As well as the person involved, all interested parties in their life were invited to have an input into the assessment. This included family members and professionals working with the person, the speech and language team (SALT), advocates and day centre staff for example. The assessment helped to ensure that the service could meet the person's needs and had all the information they needed to make the change easy and successful.

The care plans generated after the assessment recorded information about the person's personal history, individual preferences, interests, and aspirations. The care plans were highly person centred and detailed enough for the staff to understand easily how to deliver care to people in a way that met their expressed needs. Care plans guided staff how best to support people individually. They contained comments such as, 'Support me by being friendly and helpful, calm and fun.' And, 'Never promise me things unless you are 100% sure they will happen, I cannot cope with change.'

We observed staff supporting people in ways that reflected their wishes. For example, one person asked to have only the staff of their choice from a pool of staff they liked working with them. Because the person got anxious if they did not know who was going to be working with them they were given a calendar with the photographs of the staff member for each day printed on it. This person showed us their calendar and told us that they felt more relaxed knowing that they were going to get support from their preferred staff members and always knew who that was going to be.

One person's relative told us how the registered manager had worked hard to build up a close relationship with their family member and by doing that, they were more able to be comfortable in situations that had made them anxious. The registered manager took their time to get to know the person and respected their wishes if they were not in the mood to talk with them. After a while, the person began to enjoy the registered manager's visits and invited them into their home to spend time with them. The person's relative told us the relationship had a positive outcome for their relative, it brought friendship and laughter.

One person who asked for support to develop and maintain a life style choice, that involved them meeting with people with similar interests, was supported to reach their goal. The registered manager arranged for the person to be supported by an Independent Mental Capacity Advocate (IMCA) to advocate for that person in best interest meetings to decide if it was in their best interests to enjoy their hobby and to spend the money it would involve.

People were supported to maintain relationships that were important to them. One staff member told us how they supported people in remembering special birthdays and buying presents. To make this easier to



remember they had put family member photos on the person's calendar. Visits to family members and special friends were arranged and planned for.

Support and encouragement was given to people to help to develop and maintain their independence in areas that they were able to, including shopping for clothes, planning menus, grocery shopping and managing their finances. To help people to write their shopping list, a visual shopping book had been put together, picturing items the person might like to buy.

We talked with people about how their needs were met, they were positive about the staff's supportive and caring attitudes. Support was given to one person to be able to come and go within the local community independently. They told us, "I decide what I want to do and [the staff] help me make plans, like checking bus times and prices." This gave the person confidence to travel independently. Another person told us. "I wanted to try my furniture around a different way, [the staff] helped move the cabinet, but I didn't like it so they changed it back again. They weren't cross, we just laughed."

Different activities and outings were planned and staff worked together with the person to help people take part in activities of their choice. During one person's life plan meeting among other things, they expressed a desire to go fishing, as they did as a child and to attend a rock concert. They took part in the planning and displayed an achievement chart in their lounge. Ongoing arrangements were made for the person to go fishing regularly during the fishing season and they attended the rock concert. When we visited them in their home, they showed us the chart and photographs of the concert and told us how happy they had been to be able to go fishing again. They appreciated all the effort the registered manager and staff had put into helping them to achieve these wishes.

Another person, who was an artist, was proud to have their work framed and displayed in the communal areas of the service. The registered manager said, "The art work really brightens up the space." The person also painted an open window with a sunny seaside view in a neighbour's bathroom that did not have a window, which brightened the room considerably.

People told us that if they needed to complain they were confident it would be handled quickly and dealt with properly. When asked if they had made any complaints, one person said, "I haven't needed to complain, they are good people." A relative said, "The manager is very easy to get on with. I was hard on [them] at first, but soon realised they wanted the same level of care for my [relative] as I did."

There was a complaints procedure in place, which was written in a way that was easy for the people to understand. A copy was given to people and it was on display in the communal areas of the service. The registered manager told us that the policy was explained to people when it was given to them and the topic was covered during key worker meetings with people. This reminded people it was all right to complain and gave them the opportunity to talk about concerns in a safe place with staff they knew. Records showed that complaints were investigated and that the service had used the lessons learnt to improve the experiences of people using the service. One person's relative told us that they had needed to complain in the past, but that since the present registered manager had come into post they had not needed to complain.

People's care records included information about the choices that people had made regarding their end of life care. The registered manager told us that when people's health started to deteriorate the service would support them to stay at home and to get the healthcare and support they would need through outside agencies, specialist treatment or hospice support for example.

## Is the service well-led?

### Our findings

The service was led in a way that consistently focussed on ensuring people's hopes and expectations were of at the top of the services' agenda. Documentation and our observations showed that meeting people's needs and aspirations were at the heart of the service.

People and relatives were very complimentary about the management of the service. One person said, "[The registered manager] has made a real difference to my life." All of the people we spoke with, their relatives and staff were adamant that the registered manager was an excellent manager who had turned a struggling service into an outstanding one. One person's relative told us that, "[A previous registered manager] was good, this one is them plus one." Another relative said, "The manager is full of ideas, they are never closed to new ideas."

The relative of a person told us, "The manager made the move easy, they made my [relative] feel welcome, listened to what they wanted to achieve and has helped it happen."

The registered manager had previous experience as a manager with the provider and has relevant management qualifications. The registered manager told us that they had been well supported by their line manager, and the providers. The head of strategy and operations manager supported the registered manager during the first day of our inspection. The operations manager also attended during our inspection to offer support. Their line manager told us that the registered manager had, "... the sort of head that wants to make things better.... I don't have to be on top of them all the time."

The service has a clear vision and set of values, which was shared by both the registered manager and staff. The staff team as a whole carried out an exercise to pinpoint the values they considered important to be reflected in their work practice. They came up with the values they considered important. These included choice and respect, ambition and imagination, reliability and professionalism and responsibility and accountability. A poster was made that was displayed on the staff notice board and in the communal areas of the service.

The service's statement of purpose stated that they aimed, 'To deliver a service of the highest quality that will improve and sustain the person's overall quality of life, autonomy and independence in meeting their own personal goals and fulfilment of personal aspirations and to understand and maintain their responsibilities as householders.' The organisation's website stated that they, 'Encourage individuals to fulfil their potential at their own pace and in their own time. Here they can safely learn how to gain confidence in their daily living skills and to start to take control of as many aspects of their life as they feel confident to do so.' We saw that all these statements were practiced within this service.

The service promoted an open culture where people, relatives and staff were asked for their views of the service provided. User meetings were held in a local pub, where they socialised together and shared their views about the service they received. People and their relatives were invited to complete quality assurance questionnaires; if negative comments were received, the service addressed them. For example in the last

survey done in June 2017 one action was, 'To ensure that the team are communicating and responding in a timely manner, leaving messages in the communications book and initialling when read.' Relatives told us that the staff communicated well with them and always updated them if their relative was unwell. One relative said, "If my [relative] sees the doctor staff go with them and then call me to let me know how it went."

One comment a relative said in their survey read, "[the registered manager] has worked so hard to build relationships between staff, service users and families. [They] ensure that I am involved in my [relative's] care and is respectful and inclusive.

The organisation held a quarterly forum where a person from each location represented the other people using the service. At the meeting, people discussed what they believed to be best practice and shared ideas for making improvements, people were empowered to share ideas and to take ideas away and put them into practice. One idea put forward by the representative from Norwich Road was to make DVDs to show new staff the care people wanted and expected. This would be particularly helpful for those people who were unable to voice their views. One person, who was comfortable being recorded, consented to be the first subject. They enjoyed making the film, it was being considered whether this was a viable idea to be taken further. The registered manager was aware that proper consent would have to be sought and the person's privacy and dignity would have to be protected.

People were also empowered by the service to take part in the recruitment of all levels of staff. In preparation, they worked with their key worker to discuss the sort of questions they could ask and the sort of answer they should expect. They would roleplay the interview until the person felt comfortable with the process. After the interview, they were included in discussion about the candidate and asked for their views.

People who used the service were on their interview panel when both the head of strategy and operations, and the operations manager were recruited. People told us that they valued the experience and were pleased that their opinions were taken seriously. It made them feel valued by the service. One person shared their experience involving the recruitment to a senior post in the organisation in the provider's newsletter. In it they said, 'It was an opportunity of a lifeline that I will always carry in my memory.'

Staff told us that they were supported and had built up a good rapport with the registered manager. One staff member told us, "[The registered manager] will listen to new ideas and will be 100% with it if they think it will work and support me to put it in place. If it doesn't work we talk about it and make changes to get the idea to work." Another staff member told us, "I wouldn't hesitate to go to the manager, I know I'll get the advice and the support I need."

The service was honest and transparent; the registered manager talked openly about difficulties they had experienced when they first joined the service and shared experiences when things had not gone well and when they had. Staff told us that if things go wrong it would be analysed so they could find out why and make changes to help them avoid it happening again. The service had shared information of concern with us and the local safeguarding authority in line with their policies and procedures and these were fully investigated.

People told us that the registered manager always made themselves available to talk to them or their relatives and went much further than necessary to help them. One relative told us that when furniture was delivered to their relative's building it was not taken to their flat, but the registered manager and a staff member helped to get it up the stairs.

The minutes of staff meetings showed that they were kept updated with any changes in the service or to people's needs and they were encouraged to share their views and comments to improve the quality of care. During one staff meeting, a quiz was done to test their knowledge of a recent training event to ensure that they had learnt and understood the topic. Staff told us that they were happy working in the service.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners and district nurses. The registered manager took part in local forums to share ideas and discuss best practice. For example, the registered manager attended local registered managers' meetings organised by Suffolk Brokerage, which is a training brokerage, where best practice is discussed and shared.

The management team and the provider assessed the quality of the service through a regular programme of audits, we saw that they were done regularly and were thorough. The service used the organisation's computer programmes to record information and to carry out quality assurance audits. This meant that the provider could remotely monitor their performance. These included audits on medicines management, health and safety, care records and the care provided to people. These were effective in identifying shortfalls where improvements were needed. Where shortfalls were identified, records demonstrated that these were acted upon promptly. This contributed to enhancing the quality and safety of the service people received.