Imagine Act And Succeed

IAS 71-73 Church St

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was announced and carried out on 25 August 2016.

The service was last inspected on 09 May 2014, when we found the service to be compliant with all the regulations we assessed at that time.

Imagine, Act and Succeed (IAS), is a local registered charity that provides support services for adults whose primary need for care is due to their learning disability. Support is provided for people with varying complex needs, who choose to live alone or in a shared service. IAS 71-73 supports people in the Wigan and Leigh area. At the time of the inspection there were 102 people receiving support from IAS.

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

We received excellent feedback from people receiving support, their relatives and healthcare professionals regarding the support provided by IAS. One relative told us; "There was nobody more indulged and protected than [person]. Nothing is too much trouble here, this is their home now. [Person] is very happy and so am I. [Person] has done things that I would never have dreamed they would do. I would recommend IAS without a shadow of a doubt."

People who used the service told us they felt safe and we found suitable safeguarding procedures in place which were designed to protect vulnerable people from abuse and the risk of abuse. The service had a robust recruitment process which included a Disclosure and Barring Service (DBS) check having been undertaken and suitable references obtained before new staff commenced employment. People received the level of support required to safely manage their medicines. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely. There were sufficient numbers of staff to ensure people's needs were met.

People were supported by staff teams that received tailored training that reflected their individual needs, and how they wanted and needed to receive their care. Staff put their training into practice and delivered outstanding, effective care. One relative commented at the positive difference in their relative and described them as having had a complete change in personality since receiving support from IAS.

We looked at the service policy guidance on the Mental Capacity Act (MCA) and whether appropriate authority had been obtained when depriving a person of their liberty. We saw that the service had been involved with other professionals undertaking mental capacity assessments. Staff demonstrated a good understanding of the requirements of MCA and deprivation of liberty and confirmed they received annual training, known as cascade, which included this as part of their safeguarding training.

People were supported by staff that were creative in their ways of communicating with people to ensure they understood people's needs. Staff encouraged people to maintain their independence and to develop new skills and confidence to empower people receiving support to try new experiences.

The service had a culture of individualised care which placed people at the heart of the service. Positive and caring relationships had developed between staff and people who used the service and staff recognised the importance of people maintaining and developing new friendships. People were treated with dignity and respect and equality and diversity was recognised through effective person centred care planning.

People told us staff provided consistent personalised care and support. Care records were focused on empowering people to achieve their goals and aspirations.

People were promoted to live full and active lives. IAS had developed further services built upon people's aspirations to support people to achieve their goals. Activities were meaningful and reflected people's interests and individual hobbies.

Staff described the management to be very open, supportive and approachable. Staff talked about their jobs positively and with pride. Staff told us they were fully supported by the management and a programme of training and supervision that enabled them to provide a high quality service to people.

There were effective quality assurance systems in place which engaged support staff, team leaders and people's relatives to enable a rounded audit process.

Staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by 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

The service was safe.

The service had up to date safeguarding and whistleblowing policies and procedures which staff demonstrated they knew in order to keep people safe.

We found sufficient skilled staff to meet people's needs. Robust recruitment ensured only suitable people were employed.

Risk assessments were clear, detailed and reviewed regularly.

Processes were in place to ensure people's medicines were managed safely.

Is the service effective?

Good

The service was effective. People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs and give people an outstanding quality of life.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act 2005, to make sure people were involved in decisions about their care and their human and legal rights were respected.

People's dietary and hydration needs were met. People had access to other health and social care professionals as needed.

Is the service caring?

Good

The service was caring.

People were treated with kindness, compassion and respect.

People's rights to privacy and to be treated with dignity were respected and people were encouraged to make choices and decisions about the way they lived. People were supported to maintain and develop their independence.

We saw people receiving support were relaxed in the company of their support staff and had developed good relationships with

their care team.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People told us the service engaged consistently and meaningfully with them and their families. People's care was based around their individual needs and aspirations.

The service had created opportunities for people to fulfil their ambitions. Community links were extremely strong with the development of 'stepping out', 'Good neighbour scheme' and voluntary work opportunities.

People were consulted and involved in developing the service. People's views were sought and acted upon. People were encouraged to make friends, learn new skills and be involved in their local community.

Is the service well-led?

Good ●

The leadership and management of the service were outstanding.

People, relatives, healthcare professionals and staff consistently told us that the service was well led and provided positive leadership.

We found the service empowered people to be active participants in their community. IAS promoted an open culture which was person centred, inclusive, open and transparent.

There were effective systems in place to monitor the quality of the service which included people's relatives, staff and team leaders being engaged in this process.

IAS 71-73 Church St

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.

The inspection was carried out on 25 August 2016 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at the office to facilitate our inspection. The inspection team consisted of two adult social care inspectors from CQC (Care Quality Commission).

During our inspection, we observed staff interactions with people receiving support and asked people for their views about the service and facilities provided. We achieved this by:

•□Visiting 'stepping out' which is a modern alternative to traditional formal day services. We spoke with five people receiving support from IAS whilst they were attending 'stepping out'.
•□We visited four flats and spoke to a further four people receiving support from IAS. We also observed the interaction between one person who was unable to verbally communicate and their support worker to ascertain whether their needs were being met.
•□We spoke with two relatives of people who were receiving support from IAS.
•□We spoke with two healthcare professionals.
•□We spoke with 13 staff, which included; three deputy managers, three team leaders and seven support workers.

We looked at documentation including:
• Five care files and associated documentation
• Staff records including staff rotas, recruitment, training and supervision
• Two Medication Administration Records (MAR)
• Audits and quality assurance
• Variety of policies and procedures
• Compliments/complaints received

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding and incidents, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law. We also looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

Prior to the inspection, we liaised with the local authority and commissioning teams.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments from people regarding their safety were; "I enjoy living with my house mates and that makes me feel safe." "I feel safe. My bedroom makes me feel safe and I like going in there." "Yes I feel safe. I don't have staff with me at night but I know where they are. Staff told us, If you are worried at night, just ring them and they'll come." "I feel safe. I have my friends around me where I live." A relative told us; "Yes, [person] is definitely safe. As a [relative] you always have a 'niggle' but the staff have made some really good suggestions about managing risks. [Person] has achieved things that they would never have done. The staff and particularly the manager have reassured me."

We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding adult's policy and saw how the service managed safeguarding concerns. We found that all the staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. The service had used a variety of methods to communicate with people using the service regarding safeguarding matters to empower people to recognise potential signs of abuse. For example, people had been supported by staff to listen to a 'talking abuse' book and staff had discussed scenarios with people that could constitute abuse.

Staff told us; "We have a duty of care towards the people we support. Being unusually quiet or withdrawn or if there were discrepancies with finances could be a sign of abuse." "Safeguarding concerns could relate to sexual, financial, institutional, neglect. We report to the local authority in line with their tier system." "Signs of safeguarding could include people being scared and isolating themselves. Some of the types of abuse include physical and financial. I would report concerns to the team leaders." "I've had recent training in safeguarding. On one occasion a service user really didn't like a member of staff and was acting differently around them so I felt I had to report it really." "I would report any concerns straight away. Verbal, sexual and financial are some of the types of abuse. If people's money was being taken advantage of then that could be financial abuse."

We saw a system was in place to monitor people's finances. Regular checks were conducted; weekly, monthly and quarterly. The audit captured expenditure on cash cards, where cash cards were stored, if the receipts tallied with the amounts spent and if there was any omissions in staff signatures. We looked at a sample of the records and saw the amounts balanced with money spent and this had been accurately recorded by staff. This system meant that management would be able to respond if any discrepancies were found and take the necessary action.

We looked at seven staff personnel files and found people were protected against the risks of abuse, because the service had robust recruitment procedures in place. We found appropriate disclosures and barring service (DBS) checks had been undertaken and appropriate references obtained before new staff commenced employment with the service. The service also used a 'matching staff' tool during the recruitment process. This tool asked people what they did and didn't want from their support staff, and included hobbies, interests, skills and characteristics. The service ethos was that staff would support people

with whatever choices they made but management had recognised that it would be more enjoyable for the person supported if the member of staff had the same interests.

People were supported by sufficient numbers of staff to meet their individual needs. A person told us; "The staff are always there when I need them. There is always somebody on day or night." Staff comments regarding the staffing were; "I feel there is enough staff. We never seem to be short of numbers." "No problems with staffing. Holidays and sickness are always covered so we are never short." "As always if there is sickness then we might be short, but generally speaking staffing levels are ok." "We always work in the same house. Staffing levels always seem adequate and we are able to meet people's needs".

We asked the management team how they ensured people were continually supported by staff with the required skills and attributes when unforeseen shortages occurred. They informed us that a one page profile had been devised for each person receiving support. The profile included; the required characteristics of the staff member, training requirements and listed the staff that had supported each person. The profile also contained other important information to consider relevant to the person. For example, if a person didn't like people with facial hair. The shift would not be covered with a staff member that had a beard.

We saw people had risk assessments in their care files, which covered areas such as historical risks, being outside, crossing the road, using public transport, bathing and showering, moving and handling, pressures sores, eating and drinking. People supported and their relatives confirmed risk assessments had been developed in consultation with them. We noted where risks were identified detailed control measures were in place which respected people's independence, rights and lifestyle choices. For example; some people receiving support travelled independently between their home, 'stepping out' and pre-arranged functions making contact with staff when required during the journey by mobile phone.

We saw people's files contained a personal emergency evacuation plan (PEEP) when this information was required. The PEEPS contained guidance and the arrangements regarding safe evacuation routes, assistance and equipment required in the event of an emergency situation.

We looked at how the service managed people's medicines and found medicines were stored, administered, recorded and disposed of safely. Care plans detailed where medication was stored in people's homes, who was responsible for ordering medication and detailed the specific guidance on administration for each person. Medication entering each people's home was counted and signed and medication returned to pharmacy was documented and signed by the pharmacy as verification that it had been received.

We saw PRN (when required) protocols were in place for medication such as pain relief and the service used a pain recognition tool to support people who may encounter difficulty communicating pain. This incorporated a pictorial pain indication chart, which people could use to help staff determine the level of pain or discomfort they were experiencing. People confirmed that they were given their medication when required and at the time prescribed. People told us; "I have PRN medication. I tell the staff when I have a head ache and they give me some tablets" "I know myself when I need my medication and I always get it."

We found all staff administering medication had received training and competency checks were conducted bi- annually. Staff told us; "I have been provided with medication training. The managers come round and do regular spot checks and observations." Staff demonstrated a good understanding of what to do in the event of a person refusing medication. A staff member told us; "If a person refuses medication, we could try later but it depends on the required times between administration. I would clarify this with the GP or pharmacist before offering it later. If a person continued to refuse medication and was deemed not to have capacity, a best interest meeting would be arranged with the GP and social worker to consider covert

medication."

We saw accidents and incidents were closely monitored within the service. Events or incidents that occurred within the service were recorded on an initial accident form which was accompanied by a full investigation report. The accident analysis captured; contributing factors, actions taken and a body map was completed detailing any injuries sustained and medical attention sought in response. This meant the service could monitor any re-occurring trends, promote learning and reduce the risk of future re-occurrence.

Good

Is the service effective?

Our findings

People we spoke with and their relatives expressed being happy with the care received and felt that the staff had the appropriate skills and knowledge to support them. Comments from people receiving support were; "Yes, the staff are well trained." "The staff get better every day."
Relatives told us; "I've reported to management when staff haven't been right. It wasn't that they were cruel or neglectful or anything. To work with [person] you need to be a particular person. The current care team are very good; right skills, knowledge and personality." "The staff are really consistent. They know what they are doing. We'd prepared ourselves for a year transition for [person] moving to the service but they were truly settled after two months. We couldn't believe it. IAS really understands autism."

The management team ensured people were supported by staff that were trained to care for them safely. Staff spoke positively about the training they had received. Staff comments included; "They provide us with everything that we need. All of the training that we do is based around each person's needs". "We get regular training. I've done safeguarding, moving and handling, autism, positive behaviour support and challenging behaviour. I feel supported and we get regular training." "The training is very good. We get specialist training depending on the people's needs that we are going to be supporting. Refresher training is scheduled in advance and we receive a letter at work and home to inform us." "We do a lot of training. It's really good."

We saw staff received a comprehensive induction programme and attended further training to develop their knowledge and skills. Newly appointed staff were on probation with the service for 12 months and completed an induction workbook that was aligned with the care certificate. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control. The care certificate was introduced to improve consistency in the training health care assistants and support workers received in social care settings.

New starters also received supervision ever two weeks, which was evaluated at a three month appraisal. If things were progressing well, supervision was then conducted every six weeks in line with all IAS staff. Appraisals were conducted at six months and 12 months and it was confirmed for new starters at the annual appraisal if the probation period had been completed. We saw staff completed a work review prior to attending the appraisal, which was incorporated in the discussion along with performance and training requirements.

From discussions with staff and from looking at the training records, we found all staff received a range of appropriate training applicable to their role. We looked at the training matrix, which showed staff had access to a comprehensive training programme. We saw staff had attended mandatory training such as; first aid, moving and handling, safeguarding, DoLS, medication, fire, electricity, finance, coshh, infection control, food and nutrition. Staff also told us that they attended bespoke training depending on the needs of the person supported. Staff had attended diabetes training, epilepsy, challenging behaviour, complex needs

and autism training.

One relative told us; "IAS really understand [person's] Autism. Since coming to the service, we feel that [person] has had a personality transplant. Staff just get [person]. They have provided [person] the structure and stability and [person] has thrived. [Person] used to spend a lot of time isolated in their bedroom, they wouldn't attend family gatherings and they had attachment issues which have resulted in them being so sick that they were hospitalised. That has never happened since moving here. Our family joke, [person] is now the host with the most. [Person] has friends; they'll try new things that they wouldn't do when living with us. The staff and in particular the registered manager, just know autism. We can't believe it. [Person's] anxiety is drastically reduced which enables [person] to attend family functions. We are a close knit family and most important to us, was that [person] had a quality of life. We watch [person] now and they are just thriving. It makes us all so happy."

We saw that IAS had adopted the philosophy outlined in the government autism strategy and were fully committed to ensuring people living with autism had consideration for this at the forefront of their support. IAS had an Autism team which consisted of six staff; team leaders and head of operations. The Autism team had attended a training course at Lancaster university which had involved an assignment on working with people with Autism. A person receiving support would not be required to have an autism diagnosis but may have traits of autism and as a result would be assigned a tracker. The Autism team would provide training to the persons support team tailored to the person's needs and ensure that the person was receiving support in an 'autistic friendly way'. The Autism team had received training to deliver autism training and one of the team would be a link person for the supporting team to provide continued support. For example; this could involve sensory considerations and looking at the person's environment and what was and wasn't working to recommend changes.

IAS was in the process of separating their services and 'ring fencing' support to people that may display behaviour that challenges away from the wider service. This was to ensure that people were appropriately supported and had a dedicated workforce that was specifically trained in Positive Behaviour Support and Physical Intervention. Positive Behaviour Support (PBS) is based on the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour would reduce. IAS had adopted the 'traffic light system' which colour coded the behaviour support plan and served as a useful guide to staff in clarifying the different stages of behaviour. For example; green represented the person as 'calm and relaxed', amber would indicate that the person's behaviour had changed and they were presenting as anxious, aroused or distressed but prior to the occurrence of the behaviour itself (red). This meant that staff was able to identify when to intervene to prevent the person's behaviour escalating in to an episode of challenging behaviour.

Management had increased support to staff providing PBS following lessons learnt from a disciplinary. Staff received PBS training annually and every three years they were required to complete an exam which was devised to test staff knowledge regarding behaviours, the assault cycle and the law. A manager completed a review of incident reports every eight weeks in conjunction with a PBS behaviour analyst. They cross referenced incidents with PBS plans to confirm staff were using the identified strategies. PBS encouraged staff to use the least restrictive practice and physical restraint was considered a very last resort. The behaviour analyst also provided staff counselling following service incidents to support staff with their emotional or psychological response to the incident. This meant positive action was taken to address any negative thoughts or feelings that staff may have developed due to the incident that had occurred.

We found staff understood the main principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do

so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated they were confident to put this into every day practice to ensure peoples human and legal rights were upheld.

Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who would need to be involved, in order to make specific decisions in people's best interests. Staff told us; "Everybody is assumed to have capacity unless you are given concern to think otherwise at which time you would explore this further." "It's important to presume people have capacity. If the person doesn't have capacity, we follow least restrictive practice to maintain people's safety." "I think a DoLS authorisation would be needed if people wanted to go out on their own, but they were unable to because it wouldn't be safe for them." "I support somebody with diabetes but they like sweet things. We got the diabetic nurse to discuss the risks of eating too many sugary things which [person] understood. They have capacity so although I do remind them of the risks, it's ultimately their choice."

In Supported Living the application process to deprive a person's liberty is through an application to the Court of Protection. However, the term Deprivation of Liberty Safeguards (DoLS) is widely used in the Supported Living sector and the registered manager clarified that when the staff member referred to the term DoLS they meant it in the descriptive context when considering whether they are depriving a person of their liberty. Any concerns that people's liberty was being deprived were communicated to the Local Authority for consideration of the involvement of the Court.

People's dietary needs were clearly detailed in people's support plans and all the staff we spoke with demonstrated a comprehensive knowledge of the dietary needs of the people they supported. For example, one staff member told us; "I support two people with diabetes and one person requires a soft diet. Speech and Language therapy (SALT) have been involved and we have a list of the foods [person] can and can't eat." The member of staff proceeded to reel off the list with impressive recall of the items [person] was unable to have.

We saw people had a hospital passport in their care files. This provided a 'snapshot' of information concerning the person supported. For example; how best to communicate with the person, help needed with eating and drinking, mobility, medication, pain, hearing and using the toilet. This meant that if a person receiving support required a hospital admission then their support needs would be known by the treating team.

We saw IAS worked closely with a variety of different professionals which was recorded in people's care files. Professional involvement included; social workers, complex care team, district nurses, hospital liaison, continence, diabetic specialist opticians, dentist, podiatrist and GP's in order to meet people's support requirements. One social care professional told us that IAS were a very good advocate for people with learning disabilities and had always worked alongside and in partnership with other wider professionals involved in someone's support. Another social care professional told us that the support teams have a good knowledge of supported living and the necessary compliance. They told us that they were always impressed by the staff's openness and that they had no hesitation in recommending IAS to other organisations. They told us that it was quite a refreshing change to have such a good, open dialogue with a provider.

Good

Is the service caring?

Our findings

Without exception, people who used the service and their relatives were complimentary and positive about the staff that supported them. People's comments included; "The staff are brilliant and friendly." "The staff are all nice with me." "I have different staff but I find them all kind and caring." "The staff are just like friends to me to be honest."

People received care and support from a consistent staff team who understood people's history, likes, needs, hopes and dreams. Staff completed a matching tool for each person supported that considered; personality characteristics needed, skills needed, support needed and shared interests. Staff were matched through application and interview so staff could respond to people's diverse needs and form close bonds and understanding relationships.

Diversity was recognised as an important aspect of people's care and support. Information about people's rights to equality was demonstrated in well-developed, person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different groups received the support they needed to lead fulfilling lives and meet their individual needs. Involvement of people who used the service was clearly embedded into everyday practice. The views and opinions of people were actively sought and information was always presented in a way that enabled people who used the service to fully participate and make informed changes.

People and their relatives confirmed they were involved in making decisions about the care they received and felt listened to by the service. The management and staff had a good understanding of how people communicated and had put in place systems and plans to support individual strengths and needs. We saw the service used different forms of communication to enable people to engage with staff and contribute to their care. For example, Makaton, finger sign, talking diaries and pictorial boards. We also saw that people had developed their own means of communicating and interacting with staff which was not based upon traditional methods. For example, we visited one person who was deaf mute. We observed the positive and inclusive relationship that had developed between the [person] and the staff member supporting them at the time of our visit. Before we entered [persons'] home, the staff member sought [person's] consent.

The staff member explained that they had supported [person] for a number of years and that [person] had developed their own routines and means of communicating with different members of their support team. For example, the staff member explained that if person had not wanted us to enter their home, they would have sat on the edge of their chair to signify this. The staff member explained that [person] was agreeable to us being there because they were sat back in their chair and were smiling. We saw [person] smiled at the staff member as they explained that [person] had adopted different routines and means of communicating with different members of their support team.

[Person] had a small support team and they were guided by [person]. The staff member explained that [person] responded to each of the support staff differently. For example, [person] had different means of

communicating that they had missed a member of their support staff. When the current staff member returned from annual leave, [person] hugged them. When another staff member returned from periods of absence, [person] ruffled their hair to portray they were pleased to see them.

The staff member had worked with IAS for nearly 20 years and had supported [person] for a large proportion of this time. It was evident that [person] trusted the staff member as they remained relaxed throughout our visit. [Person's] support worker told us other examples of how [person] conveyed their preferences to the staff member. For example, when [person] was being supported to the social club and wanted to go home, [person] would use their foot to nudge the staff members bag towards them until they took the hint and got up to leave. The staff member was smiling as they told us that on one occasion, [person] had been indicating that they wanted to go home but the staff member was in the midst of a conversation with another person receiving support from IAS and because the staff member had not responded quick enough, [person] had picked up the staff members handbag, passed it to them and stood up waiting to leave. [Person] was smiling at the staff member as they told us this and it was evident that there was mutual respect and a positive relationship existed between them.

We saw further examples of IAS using creative methods to support people to communicate. Talking diaries were used to empower people to communicate and have autonomy over their lives.
One person had a talking diary that they used to communicate with their support team. Their talking diary contained a record of their memories, places they had visited, likes, and family members which they used to talk to staff. The registered manager explained that their talking diary was also useful when new staff commenced with [person's] support team to enable them to trigger conversations with [person] about their life and what they enjoyed. [Person] also used a memory box which was filled with things that reminded them of their past and things that they enjoyed talking about.

Another person receiving support used 'nicknames' which they had made up to refer to their support team. In order for all the staff to know who [person] was referring too, [person] had been given a picture of all the staff and there corresponding 'nickname' was written next to their picture. This would enable staff to understand and recognise who [person] was referring to.

The registered manager explained that two people were currently putting a diary together. One person was developing their diary to remind them about their recent holiday and milestone birthday. Another person was working on one to detail their history and family. They were also in the process of providing a commentary to the pictures.

The manager of one of the services had used a talking diary to help to explain to [person] what would happen when they went to hospital to support them to understand the procedure. [Person] had subsequently adopted the talking diary for more general purposes; photos of family etc.

IAS was also using one of the talking diaries to convey the complaints procedure to people receiving support.

People we spoke with told us that staff respected their privacy and dignity. Staff informed us of things they considered when providing personal care. Comments included; "I would always do personal care in a separate room away from other people and close the doors to give people more privacy." "When delivering care it's important to close doors, close blinds and cover people up if they are exposed." "I'll close bedroom doors during personal care at all times. When I assist people on and off the toilet, I make sure they are covered to preserve their dignity." "Knock on doors before entry and check if it's ok to enter. It's also important to explain to people when delivering care out of respect."

People and staff consistently told us that the service always considered how they could support people to maintain their independence. People told us; "The staff help me with my finances and to prepare my meals. I receive good support with that." "The staff help me with baking and to do arts and crafts at the centre." "The staff help me with cooking, cleaning and support me to go to the toilet." Staff comments included; "I'll always encourage people to do things themselves but I'm there to provide support when needed." "It's important to prompt wherever possible. I try and encourage people to do even small things like emptying the dishwasher or hoovering up in the living room." "One person constantly asks us to support them but I know they can do things for themselves so I continue to encourage them." "If we are cooking meals then we try and get everybody involved to keep their skills up. When people get their money for the week we try and encourage them to do the budgeting on their own if they can."

Peoples' care records were extremely detailed and their wishes for the end of their life had been discussed with people receiving support and the chosen people that person wanted to attend the discussion. The wills and wishes document captured what people wanted if they were poorly or at the end of their life. For example, whether they wanted to know if they had an illness that was going to end their life, where they would like to spend their last days, who [person] would want to be informed, medication and if there was anything person wanted to achieve before the end of their life. The document also captured people's wishes following their death. For example, which chapel of rest they would want people to go to, whether they would be buried or cremated, music, clothes to be worn, whether they wanted a headstone or something else to be remembered by.

Outstanding ☆

Is the service responsive?

Our findings

People told us the service engaged consistently and meaningfully with them and their families. When people were referred to the service, people's care and support needs were considered, planned, discussed and agreed to make sure that the service could meet their individual needs. People told us; "The staff go through my file with me and explain what is in it." "I've been involved with my review. Quite a few different people attended who I said I wanted there."

We saw people's support plans covered; communication, culture, religion, family, friends, relationships, personal care, risks, nutrition/hydration, health, managing at the house, finances and wills/wishes. We saw reviews were conducted regularly and had last been updated in August 2016. People's support plans were detailed and included information about people's likes, dislikes and preferences such as food and activities. Care files contained relationship maps which were pictorial documents about people's families and friends who were important to them. We saw annual reviews had been undertaken in March 2016 which looked at what was working well, what isn't working to well and plans for the future, things of importance and what is needed to keep healthy. This ensured people remained involved with their ongoing care and support.

People's goals and aspirations were recognised and they were empowered to achieve what they may not have done without the support of the service. The service had actively built links with the local community that enhanced people's sense of wellbeing and quality of life. People who used the service and their relatives were very positive about the initiatives that the service had provided to promote social inclusion. We heard how this had had a tremendous impact on people's lives and made them feel engaged and valued. The management had initially set up a Wednesday and Thursday group in the community with the intention to reduce social isolation for people who received care in their own home and to develop greater community participation.

The Wednesday group was established to provide opportunities for people to take part in leisure type activities within a base with the hope that specific activity groups would be formed. The Thursday group provided people with the opportunity to take part in cooking skills, arts and crafts. The management analysed attendance and found both groups had been very successful but found people were not moving on and joining community based groups or clubs that existed naturally within the local area.

As a result, the management asked people's support teams to ask everybody supported by IAS about what activities they enjoyed taking part in and what people would like to do that they didn't have the opportunity to do. From this, 'stepping out' was developed to replace formal day services. The aim of 'stepping out' was to; connect people with shared interests in the community, create new experiences for people, achieve outcomes for people, promote friendships and connect people with their community. We visited stepping out during the inspection and saw that it offered high quality person centred support in a group setting within a community environment.

The sessions offered by stepping out covered seven days a week, and could be morning, afternoon and

evening. Sessions included; music & song, sensory, fishing, cooking, crafting & swimming, sensory swim, social clubs, the walk out, low arousal sensory session which incorporated a session in the morning delivered by a mobile sensory charity sensorial. Then a day of various low arousal activities including table top games, a wide variety of sensory stimulating focused activities, hand massage and other interactive therapies. There was a day dedicated to playing games which included bingo, play your cards right, dominos, table tennis, darts, twister, computer games, chair exercises and anything else people wanted to participate in. IAS also supported outings, such as visiting museums, cinema and holidays. One person told us; "I like going on my laptop, baking and also going into town when I can." And a second person said; "We all went to the pub recently and had lots of fun."

We visited stepping out and saw people engaged in crafts and make and bake. One person excitedly told us that they chose what they had made and had baked three portions of lasagne that day that they would freeze so they had ready prepared meals for the following week. [Person] told us; "We do really good stuff." [Person] told us that they really valued attending stepping out and helping other people. They told us they had assisted staff to peel vegetables for another person less able. [Person] also told us that people receiving support had prepared their own food for their New Year party, they told us; "We made the food as one big team. It was good. I like it. It makes me happy helping people. I have made some really good friends here." A relative told us that this social inclusion had empowered their family member as they would not have considered such activities previously. They told us that it had also enabled them to try other things and had been a big influence to improving [person's] quality of life. Their relative told us that [person] had formed positive relationships and because people attending the service had similar experiences, they had increased [person's] confidence to give new things a try. Their relative told us, I need a diary just to keep up with them now." This demonstrated people were achieving the desired outcomes and maintaining new friendships that continued outside of the service.

The service actively built links with the local community that enhanced people's sense of wellbeing and quality of life. IAS management had developed a 'Good neighbour scheme' in conjunction with a local landlord and new foundations. The 'good neighbour scheme' entailed six people receiving support through IAS living in adapted flats alongside six community flats. The six community flats were allocated to people without support needs. People interested in these tenancies were required to attend an interview to establish whether they possessed the required values and behaviours to be a 'good neighbour' to people receiving support. People's tenancies incorporated the requirement to maintain these values and behaviours and could be terminated if the people did not uphold them. People we spoke with living at the flats were extremely positive about the relationships that had developed with their neighbours. People receiving support described a sense of inclusion at having formulated new friendships. One person told us; "It's really good. We're all really good friends. We have barbecues and we go on trips together once a month. We've been to china town, retail parks and meals out. The best thing for me about 'good neighbour' is I've made new friends and I'm not lonely."

We felt a "buzz" about the service as everybody we visited were excitedly talking about the social evening, 'la vida loca'. This was a social evening that had been arranged by IAS and occurred on the last Friday every month. During our time at 'stepping out' we heard people making there arrangements to meet the following evening. People's enthusiasm and excitement was contagious and it was evident from people's conversations that the evenings were a great success.

We saw that IAS management had met with people receiving support to evaluate the support provided and to focus on what was working, wasn't working and what people wanted to achieve further. This subsequently translated to; nine priorities working for change. One of the nine priorities that people had identified was that they wanted to be active contributors to their communities and engaged in work. As a

result, IAS identified a shop in a sheltered accommodation scheme that had been closed for many years. At the time of our inspection, the shop was now open Tuesday and Saturday morning with a view to extending the opening time as more volunteers from the scheme came forward. Prior to people commencing work in the shop, staff discussed with people the requirements of working in a public environment. For example, punctuality, personal appearance and communication skills. People were trained to use the till and pricing equipment. We spoke to people working in the shop and staff regarding the outcome of this for people receiving support.

Staff told us; people volunteering in the shop had developed confidence and new skills. IAS staff were supporting people to develop their CV based on this experience so that they could use these skills to pursue other work opportunities. We were also told how working in the shop had increased people's motivation and had led to positive outcomes in relation to other areas of their lives. For example; it had resulted in a person formulating positive friendships with other people working in the shop and had improved their engagement with other activities of daily living. We were also told of the impact that the shop had on people living at the sheltered accommodation who were otherwise unable to get to a shop. People had been empowered receiving IAS support but it had also had a positive outcome for people at the sheltered accommodation as they had been provided the opportunity to purchase their own provisions. One person who worked at the shop told us that people relied upon them so they made sure they were up on time to open the shop. They told us; "Working in the shop makes me happy."

The service used assistive technology to promote people's independence and ensure people were safe. This included the use of door sensors, falls belts, pendants, epilepsy mats, voice sensors, smart bell and 24 hour care on call system. Several people who used the service had access to a closo-mat-toilet. It is operated by pressing and releasing the elbow pad, improving cleanliness and hygiene for people who used the service cleaning with water as opposed to paper which can reduce the risk of the spread of infections. The service also used autism clocks. The autism clock helps people to understand the concept of time and see the passage of time as the red dial gets smaller and smaller each minute. The clock does not have hands or numbers like traditional clocks. Instead, the clock clearly displays how much time is left visually in intervals of up to 60 minutes.

People receiving support and their relatives told us they had regular contact with the service and were kept informed about their family member and encouraged to provide feedback. We saw there was a system in place to deal with complaints. We looked at the complaints log and saw that responses had been provided to each complainant. We noted there was also detailed information about the nature of the complaint, how it was made, how the person was supported to make the complaint, the outcome and what action was taken. People told us; "I have made a complaint before and was very happy with how it was handled." "Sometimes there is too much noise upstairs so I made a complaint. I spoke to the staff and it got sorted out." A healthcare professional told us, "IAS have always worked alongside and in partnership with other wider professionals involved in someone's support. They are also very good at supporting families and listening to and addressing the concerns they have in relation to their relative."

Good

Is the service well-led?

Our findings

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

There was an experienced and skilled head of operation in post that was responsible for the daily running of the service. The head of operation was the registered manager and they were supported by three deputy managers. The head of operations took an active role within the running of the service and had good knowledge of the staff and the people who were supported by IAS. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. All of the feedback we received from people who used the service, staff, relatives and health professionals was consistently positive and described IAS as providing high quality care.

Comments from people receiving support included; "I would definitely recommend this service. They've helped me with so much. We're a team." "I think the service just gets better each day."
"I receive a good service. I enjoy cooking meals and helping out at the centre at stepping out." "I like IAS and I enjoy going shopping." "It's alright, I'm happy. The staff help me with everything I need." One community professional told us they had worked with IAS for over 20 years and had found it to be a positive experience. The staff team are well led .They are proactive in the support
They give and reactive when needed."

The management team ensured people were fundamental in shaping the service via systems which were designed to enable people to feedback about the service. This was available to people in a number of ways, including participation in tenants' meetings, team meetings and reviews. We found there was a strong emphasis to continually improve and to recognise and implement innovative systems in order to provide high quality care, ensuring the people who received support were placed at the heart of the service. This had involved supporting people to give their feedback about what was working and not working which IAS management had used to develop 'personal outcomes' and devise services to meet people's individual goals. The nine points for change focused on the things people needed and wanted to achieve the quality of life they desired

The management team found inclusive and accessible ways to enable people to be in control of their lives and support. People's profiles had brought about improvements in their lives by empowering them to achieve goals and aspirations. People were empowered to develop confidence and skills. For example; employment opportunities, 'stepping out' and individual goals that had emerged like going on holidays.

The service actively built links with the local community that enhanced people's sense of wellbeing and quality of life. IAS management had developed a 'Good neighbour scheme' and the management were looking to further develop similar schemes following the success of this housing model.

We saw staff were matched to people based on their skills, knowledge and interests. The service used a 'matching staff' tool during the recruitment process. This tool asked people what they wanted from their support staff and what they didn't want, and included hobbies, interests, skills and characteristics. The service ethos was that although the expectation is that
staff will support people with whatever choice they make, it is a much more enjoyable and effective experience if the member of staff has a passion or interest in the same things as the person they support.

Staff we spoke with had a passion for their role and were enthusiastic, motivated and had confidence in the management team. Staff comments included; "We love our jobs. As a company they have always been very helpful and very approachable with anything." "I've been here 4 years and it's all going well. They are a good company to work for." "I've worked for them for 11 years so they must me alright. The training is good and they are really good at keeping us up to date."
"I do feel like they are very good to work for. They listen to you and we have regular team meetings where appropriate action is taken." "They always listen to us. If we ever have any problems, we can contact them straight away". "All the management are very approachable and friendly". "They are really on top of everything and are always there to speak with or speak about concerns."

We looked at the minutes from one of the most recent Service Development Forum meetings which had taken place. This provided the opportunity for staff to shape and contribute towards how the service was developed in line with what people wanted. We noted that some of the agenda items included health and safety, the citrus network, joint working arrangements, DBS requirements, quality assurance, holiday planning for service users and setting an action plan to work towards prior to the next meeting. Staff described an open and transparent culture promoted by the management team. Team meetings were conducted regularly and staff spoke of feeling empowered to contribute to service development. Staff comments included; "They seem to be about once a month at the minute. It is a good chance to share experiences and listen to each other." "We are able to voice our opinions and talk about any issues within the service. They are interesting as well." "We do them as a group which is good as we can all learn from each other".

We looked at the service training and development strategy. The service provided a comprehensive induction programme for staff and ensured that subsequent staff development was a high priority for the service. Staff told us they were proud to be part of the organisation, they
were supported and felt valued. Staff were clear about their roles in supporting people to be independent with access to the local community and were always looking at how they could improve peoples' lives.

We were told by the management, the service accessed occupational health services to support staff in respect of welfare. This included an independent assessment to see if staff were fit for work following sickness, which was used to identified any reasonable adjustments that could be made to support members of staff in the workplace. The service had also recently started
an 'employee assistance programme', which is a service that allows staff to talk confidentially to a counsellor who could offer support and refer to other professionals if required. In addition to wellbeing support the scheme also offered financial, medical and legal advice.

We saw that there had been effective learning from disciplinary process. The service had implemented a formal review meeting following every disciplinary that took place to enable management to analyse the learning outcomes, what went wrong and how to avoid something happening again.

The management ensured the service was managed in a way that was transparent, honest and person focused. There was an effective quality assurance system in place to drive continuous improvement within

the service. The quality monitoring team consisted of staff, relatives and team leaders. Prior to the audit, the team being visited would provide an overview of the service and detail what they were proud of. Following this and the visit, he quality report was produced.

There was also a companywide quality team who meet to review all data relating to key aspects of quality across the services provided. A strategic audit was conducted relating to all the houses and people receiving support in each network. This was submitted for analysis to the quality team annually.

To further promote people's and relatives' involvement, the management team had also set up 'open forum' meetings for relatives and people using the service to attend. The aims of these meetings were for open discussions about the service provided, and the visions and values.