

# Embrace Wellcare Lifestyles Limited

# Cheshire & Midlands

# Supported Living

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

# Summary of findings

## Overall summary

Cheshire and Midland Supported Living is registered to provide personal care for people who have a learning disability or autistic spectrum disorder. The provider had recently changed the name of the service which at the time of the inspection was known as European Wellcare Lifestyles Limited. People who used the service lived in tenanted properties where they received personal care and support from staff. Some of the properties were staffed throughout the day and night. There were 26 people being supported with personal care at the time of our inspection.

The provider was given 48 hours' notice of this inspection which took place on 5 and 6 July. This was to ensure that the registered manager would be available to assist us with the inspection and appropriate arrangements could be made for us to meet people who received a service.

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

During this inspection, we found the service provided outstanding care and support to people and was very responsive to their needs, wishes and preferences. All people, relatives and staff spoken with were extremely positive about Cheshire and Midlands Supported Living.

People told us that they felt safe and we found that people were protected from harm and abuse. Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. Staff told us that they could raise any concerns and felt that they would be dealt with promptly.

We found that risks to people were well managed and people's freedom was also supported. Risk assessments were in place to keep people safe whilst they were in their home and the community. Staff described how they kept people safe without restricting them and supported them to have control over their lives.

There were safe arrangements in place to support people with their medication. People were supported where appropriate to self-medicate.

Staff were very skilled and knowledgeable. We found that staff completed an induction prior to starting work in the service and received regular and on-going training.

People received effective care based on current best practice for people with autism. The support provided meant that people experienced meaningful lives and their wellbeing was promoted.

The registered manager and staff were clear about their responsibilities in relation to the Mental Capacity

Act 2005 (MCA) and were dedicated in their approach to supporting people to make informed decisions about their care.

There was a strong person centred culture. Staff knew people's support needs very well and we observed positive interactions between people and staff. We saw staff being kind and thoughtful and treating people with dignity and respect.

The service promoted a philosophy of care, where people who used the service were included, and were enabled to be part of decision making about their support, as well as the service.

We found people received outstanding personalised care and support. They told us they were involved in all decisions about their care and the service had developed creative means of enabling people to lead as full a life as possible. Support plans were extremely personalised and had been written with the people involved and some people had been supported to write their plans in their own words. The focus was on what the individual wanted. We saw that people were also supported to work within the wider community and were employed within various organisations.

People were encouraged to give feedback to the service and people knew how they could complain. Complaints were taken seriously and responded to.

The service was extremely well-led. The registered manager was focused upon improving the quality of the service and there was a strong emphasis on continuous improvement. The service used inclusive ways to enable people to be empowered and voice their opinions about the development of the service. People knew who the registered manager was and felt able to raise any concerns with her. Staff told us that they felt well supported. We saw that regular household and staff meetings were held, as well as supervision meetings to support staff. The registered manager promoted a culture that was open and inclusive. There were comprehensive and robust quality assurance processes in place and people's feedback was sought about the quality of the care.

## 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.

People were protected from abuse and harm, because staff had received training in safeguarding and knew what to do to keep people safe. People were also empowered with information about keeping safe and reporting any concerns.

People had been involved in detailed assessments of risks to their health and well-being. All the risk assessments were very thorough and respected people's rights to freedom and independence.

There were sufficient staff to meet the needs of the people using the service and robust recruitment processes were followed by the registered manager when recruiting new staff.

Medicines were safely managed and where appropriate people were supported to take their medicines independently.

### Is the service effective?

Good ●

The service was effective.

People were very happy with the support they received and felt their views were listened to. They were actively encouraged to develop and maintain independent living skills.

Staff were well trained and their skills and knowledge were monitored on an on-going basis. Specific training had been sought in line with best practice. Staff also received effective supervision and appraisals and felt supported.

Staff had a clear understanding of the Mental Capacity Act. People were involved as much as possible in decisions about their care. Best interest decisions were made where necessary.

People were supported to maintain their health and well being and eat a healthy diet. The registered manager and staff had effective links with social and healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who had an excellent understanding of their needs and had developed caring and supportive relationships with them.

The service promoted a philosophy of care where people who used the service were included and were enabled to be part of decision making about their support, as well as the service. People who used the service were also involved in the interviewing of potential staff members.

Staff respected people's wishes and provided care and support in line with those wishes. People told us that they were treated with dignity and respect.

Staff supported and encouraged people to reach their potential. We found a number of examples where staff demonstrated a positive attitude towards risk taking.

### Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People received individualised and personalised care which had been discussed and planned with them. Staff had a thorough understanding of how people wanted to be supported.

People's care needs were kept under regular review. When changes had been identified records were updated to reflect this. We saw that daily records were kept which were detailed and up to date.

The service promoted inclusion and supported people to take part in activities that reflected their interests. Care and support was very much individualised to people's needs and focused on encouraging and maintaining people's skills and independence.

People and their relatives told us they knew how to complain and would be happy to speak with managers if they had any concerns.

### Is the service well-led?

Outstanding ☆

The service was extremely well-led.

There was a registered manager in post who was supported by a

management team. Staff said they felt very well supported in their role and were very positive about the service.

The registered manager was focused upon improving the quality of the service and there was a strong emphasis on continuous improvement.

The registered manager promoted a culture that was open and inclusive, to enable people to be empowered and voice their opinions about the development of the service.

There were robust systems in place to monitor the service and identify where improvements could be made. We found the service worked very effectively with other organisations to develop the service in order to achieve better outcomes for people.

# Cheshire & Midlands Supported Living

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 5 and 6 July 2016. The provider was given 48 hours' notice because the location provides a supported living service and we wanted to ensure that staff were available in the office, as well as giving notice to people who received a service that we would like to visit them. On the 6 July we spent time visiting people who used the service in their homes.

The inspection was carried out by one adult social care inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. We contacted the local authority contracts and quality assurance team to seek their views and we used this information to help us plan our inspection.

We used a number of different methods to help us understand the experience of people who used the service. During our visit to the main office we met with two people and they told us about the care and support they received. We visited three of the tenanted houses and spoke with five people who received support. We also spoke with people over the telephone including two people and three relatives. We reviewed some feedback which people had given to the service, to help inform our inspection. We also gathered feedback from a social care professional.

We spoke with five members of care staff, two team coordinators, the administrator and the registered manager. During the inspection visit we looked at care planning documentation for five people and other records associated with running a care service. This included three staff recruitment records, staff supervisions and appraisals and training records. We reviewed further records required for the management of the service including feedback from service users and their families, quality assurance audits, the business plan, satisfaction surveys, meeting minutes, rotas and the complaints procedure.



# Is the service safe?

## Our findings

People and their relatives told us that safe care was provided by the service. Comments included "They treat me well, I have no problems at all" and "There are people I can trust and talk to." One relative told us "I have confidence in his support."

We found that people were protected from the risk of harm and abuse. The service had policies and procedures in place regarding the safeguarding of people, which included details of the local authority procedures. Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. Staff told us that they could raise any concerns and felt that they would be dealt with promptly. One staff member told us, "I would report any concerns to the manager, I know I could go to social services or CQC," another said, "If I had a concern I would speak to the office. I could contact social services if I needed to, I have a lot of contact with them."

Minutes of staff team meetings demonstrated that the safeguarding policy and safeguarding issues were routinely discussed at each team meeting. Staff told us that safeguarding issues were also discussed within supervision sessions, which helped to ensure that they had a good understanding of the procedures. A staff member confirmed "We all know what's expected, when we have a team meeting that's the time to bring up anything. We are told about policies."

The provider had a whistleblowing policy in place. There were several posters on display in the households we visited which informed staff about the action that they could take if they had any whistleblowing concerns and staff confirmed that they knew how to report any concerns of this nature.

People using the service told us that they felt safe and knew what to do if they had any worries or concerns. One person commented "(Staff member) would help if I was worried, I would be able to tell him." Regular tenants' meetings were held and we saw from the minutes of these meetings that staff regularly discussed the procedures for reporting any concerns with people. This was a good demonstration of how staff provided appropriate information to support people to keep safe. We saw from the minutes that a staff member had asked one person "Who would you speak to if you had a concern?" and made sure that they understood what action they could take.

Where a person had raised a safeguarding concern, we saw that this had been appropriately reported and dealt with. We spoke to the person concerned, who explained that they now felt safe, because their concern had been addressed. They said "I have (Staff name's) number if I have any further problems." We saw that the registered manager kept a safeguarding file which held details about any safeguarding referrals that had been made to the local authority, along with notifications to the Care Quality Commission and the follow up action that had been taken.

We found that risks to people were well managed and people's freedom was also supported. Risk assessments were in place to keep people safe whilst they were in their home and the community. Copies were held in people's homes and the main office. Staff described how they kept people safe without

restricting them and supported them to have control over their life. We saw an example where staff had carried out a risk assessment with the involvement of the person and other professionals, which supported them to go out independently to visit their friends and relatives.

The registered manager kept a health and safety file which contained records about health and safety audits that had been carried out in each of the households. We also saw that risk assessments were undertaken for fire safety, lone working and work related driving activities.

Where people had been involved in an incident or an accident, for example a fall or an incident of aggression, staff recorded the cause, any injuries and the immediate actions or treatment. The registered manager kept information relating to accidents and any untoward incidents. The records were checked by the registered manager after the accident or incident. They then assessed if any investigation was required and who needed to be notified. The reports included what action had been taken to address any further risks to people. We saw that where accidents had occurred the registered manager also undertook a monthly analysis to identify whether there were any themes or trends to these accidents and to consider whether any further action was required to reduce the risks of future accidents. For example we saw that a person had experienced two falls and action had been identified to help reduce the risk of further falls.

We found that there were sufficient numbers of staff employed to keep people safe. There were teams within the service who worked together to ensure people's needs and requirements were met. Each team was led by a team coordinator and there were four who were responsible for a number of services and overseeing the support people received. From talking with staff and people it was evident that people were receiving a service in the main from a small consistent team. This ensured people were supported by staff who were familiar to them. The registered manager told us that they were recruiting for new staff but had sufficient staff at the present time to cover the needs of the people using the service. Because they were recruiting some staff had moved around some of the houses, but in the main were assigned to work in one household. The service did not require the use of agency staff. Staff spoken with also confirmed that there were sufficient staff. They said "We have a team of staff who work in this house" and "Yes generally there are enough staff."

Systems were in place to minimise any adverse impact on the service people received in the event of an emergency. There was an "on call" system in place worked between the team coordinators. Staff told us that they knew who was on duty as there was a rota available and knew who they needed to speak to if they required support outside of office hours. There was a business continuity plan in place for each of the individual households, which ensured that all relevant contact numbers were easily available in the event of an emergency.

There were robust systems in place to ensure only suitable staff were employed. Staff files were very organised and contained relevant information showing how the registered manager had come to the decision to employ the member of staff. We saw that all staff had completed an application form which included their employment history. Recruitment checks included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. We saw that interview questions were thorough and covered topics such as safeguarding and confidentiality. The provider had a disciplinary procedure and other policies relating to staff employment. There was evidence that these had been used appropriately where required.

We found that people's medicines were well managed and people received them safely. The people we

spoke with told us that they were happy with the support they received with their medication. Records viewed demonstrated that all staff had undergone medication training and had undertaken a competency assessment which was reviewed annually to check that staff remained competent. We saw that the service had a medication policy in place which all staff spoken with were aware of and said was available within the households. People's medicines were stored in locked cupboards and staff completed medication administration records (MARs) when they administered people's medicines. We viewed five Medication MARs which demonstrated that people were supported appropriately with medication, including creams. Where people were prescribed PRN or "as and when required" medicines we saw that there were clear protocols in place for each person so that staff knew when to administer this type of medication.

Staff explained that some people who used this service were being supported to manage their own medication. People's ability to take that responsibility was assessed and a care plan and risk assessment was written, which identified how much support people needed to be able to manage the medicines. We saw that some people were being supported to build their skills to enable them to take their medicines independently in future. There was evidence that checks and monthly audits were in place to ensure that people were taking their medicines as prescribed.

# Is the service effective?

## Our findings

People and their relatives told us that the service provided extremely effective care and support. They said "They look after me and keep me well." Relatives told us "We're delighted with (name's) care," and "The care is excellent."

We found that staff had appropriate knowledge and skills to carry out their roles effectively. There was a robust induction programme in place. Staff spoken with told us that they had completed an induction programme when they started work at the service. Senior staff completed competency observations of staff before they were issued with a certificate of completion. Staff commented "I had a 10 day induction," and "I had a week's face to face training when I started." The registered manager confirmed that the induction met the requirements of the Care Certificate. The Care Certificate sets national minimum standards for the key skills, knowledge and values required from people working in the care sector.

Training records demonstrated that staff had completed a comprehensive programme of training and were kept up to date with refresher training. Training topics included safeguarding, emergency first aid, infection control, people handling and medicines. Records viewed confirmed staff training was up to date and training due for renewal had also been recorded with expiry dates. One member of staff told us "They are hot on training." Staff explained that as well as the training the service considered mandatory, other courses were available. We saw examples where staff had completed specific training relating to health conditions such as epilepsy and schizophrenia. One of the team coordinators explained that where people had specific health conditions they had researched about the condition and discussed this information within staff team meetings, to ensure that staff had the appropriate knowledge and information to meet people's specific health needs.

Staff were encouraged to develop their skills and knowledge and we saw that some staff were undertaking diploma's in health and social care. A member of staff commented, "The organisation is brilliant, there is so much opportunity." Another staff member told us "I have been able to achieve everything I want to with this company." People using the service were also encouraged and supported to develop their skills and knowledge. We saw that one person had commenced a diploma in customer services. Another person supported by the service had expressed an interest in becoming a fire marshal and had therefore been supported to undertake fire safety training.

People received an outstanding level of effective care based on current best practice for people with autism. The registered manager along with three other staff members had completed a training course called "An introduction to good autism practice" provided by Coventry University. The service also employed an autism advisor who was a behavioural specialist in autism, and supported people using the service, relatives and staff. The registered manager informed us that the advisor supported staff to work with people in the most appropriate way. She had conducted regular workshops to identify how best to work with people and to review how people had progressed. One staff member explained how they were an autism champion and how the support from the advisor had been very beneficial. The knowledge gained had enabled them to work with a person in a particular way and had supported the person to organise their bedroom using

pictures and photographs. This had had a positive impact on the person. We saw that the person had provided feedback to the organisation because they were pleased with the support they had received.

People who used the service described how they got involved in making sure staff had the skills and knowledge they needed to support them as an individual. They told us they got involved by delivering training to staff about the support they required in different areas such as the impact of health conditions. One person told us, "I have trained the staff about my autism." They found that this had helped the staff to understand their support needs. They also explained that the autism advisor and staff had supported them to complete a work book about autism, which had really helped them to understand their own autism and its impact. The person described how this had been very positive for them, as they felt more in control and generally happier.

Staff received regular supervision to support their development. We saw that staff met with their line manager every eight weeks and received a yearly appraisal. Staff confirmed that they found these meetings supportive. We sampled supervision meeting minutes which were detailed and demonstrated that discussions were held to support staff with their learning and developmental needs.

There were arrangements in place to comply with 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We found that where possible staff sought consent from people to provide care and treatment. Where people lacked the capacity to consent we found that staff complied with the MCA. We saw that staff had received training in the MCA and had an understanding of its principles. Staff we spoke with had a clear understanding of the MCA and the impact on their role. We saw that staff had been issued with a pocket sized guide produced by Skills for Care which contained an overview of the MCA and the five important principles that everyone must follow. One member of staff described an example where they had recently used the MCA to assess a person's capacity in relation to going out into the community alone. The staff member spoke confidently about how they had worked with the person and other health professionals to support the person to understand their choices and make their own informed decision. The person's care plan demonstrated this as it said "I am able to consent if things are explained to me properly."

Where people were able, we saw that they had signed consent within their support plan. We saw that some people had written their own support plans. However, we noted that where people did not have the capacity to sign their consent to the care, the service had not always recorded that a best interest decision had been made about their care and treatment. We discussed this with the registered manager who advised that this was part of the initial assessment and assured us that they would review the documentation to ensure that this was recorded more clearly in future.

The registered manager maintained a file relating to deprivation of liberty. Staff had appropriately completed mental capacity assessments for people where appropriate, to comply with the MCA and had identified that 16 people being supported by the service required applications to The Court of Protection in relation to restrictions being placed on their liberty in their best interests. This information had been forwarded to the appropriate social care professionals.

People were supported to eat and drink enough and to cook healthy balanced meals. Staff had a good understanding of people's dietary needs and this was also very clearly detailed in people's support plans. We saw from the records that staff had supported a person who had recently been diagnosed with diabetes. Meetings' minutes demonstrated that staff had discussed the most appropriate ways to support this person, including consideration about diet, and the person had been referred to a dietician for appropriate guidance. We saw in another example that staff were working closely with a speech therapist to ensure that a person's diet was suitable for their health needs. People were supported to develop their own meals plan and do as much cooking for themselves as possible. One person told us "I get to choose what I like to eat."

We found the registered manager had collated material about healthy eating including the "Eat well plate". This is a visual representation of how different foods contribute towards a healthy balanced diet. The eat well plate was used by the staff to help people understand what foods constituted a healthy diet. We saw that information about this was on display within the households.

Staff had developed effective working relationships with a range of health professionals to help ensure positive outcomes for people's health and well-being. We saw from records that staff made referrals to appropriate health professionals when they had concerns about someone's health. Staff also worked closely with the local commissioning teams. One social care professional told us "I have always had a positive working relationship with the support staff." We saw that staff had worked closely with a specialist nurse to support a person to understand their health condition. This meant that the person had gained increased independence.

Information on people's medical history and current medical conditions was included in people's care plans to help to ensure that staff had a clear understanding of people's health care needs. We found that care plans were very detailed around people's health conditions. For example we saw that one person had an epilepsy management plan, which was very person centred. The plan included information about possible triggers and the action that should be taken in the event of a seizure. In the event of hospital admission, each individual had their own Hospital Passport detailing their preferences and individual /cultural needs so that hospital staff would be aware as necessary.

## Is the service caring?

### Our findings

People who used the service were extremely positive about the support they received from staff. Comments included "They are kind" and "I am happy living here, the staff are very good and helpful." One relative described the staff as "Warm and friendly," and someone else felt that their relative lived in a "happy household."

We saw that positive and inclusive relationships had developed between staff and people who used the service. We observed staff interacting with people who used the service in a friendly, caring and respectful manner. One relative spoken with described how their relative was so happy with the support they received, that on a recent visit home, they were keen to return to the household to be with the staff. Other comments included "He (relative) loves them all (staff)" and "They get on so, so well." (staff and relative).

There was a strong person centred culture. Staff had an excellent understanding of the people they supported and used this knowledge to meet people's individual needs. Staff supported people in small teams which enabled them to build relationships and get to know their needs well. A key worker system was in place and we saw that key workers were required to complete monthly reports about the people they supported, which ensured that the person's needs were appropriately reviewed and any changes were addressed. One person told us about their keyworker and said that they would be able to talk to her about "any problems". This demonstrated that the key worker system was valued by people and people felt that they were supported.

We met with one person who had limited verbal communication, however their body language suggested that they were very comfortable and relaxed with the staff. The person indicated that they had a good relationship with the staff, as they were like "friends". We saw that the staff had supported this person to collate photographs about the activities they had taken part in and these could be used as an aid to communication with others. We saw that a video had also been created. The person was obviously thrilled with this and keen to show the inspector all of the activities that they had recently taken part in.

The service promoted a philosophy of care where people who used the service were included and were enabled to be part of decision making about their support, as well as the service. We found that service users and their relatives were encouraged and given regular opportunities to express their views. One relative explained that they were involved in the creation of their relative's support plans and were involved in regular reviews they told us, "They get my views."

During our inspection we visited one of the households where a person was being supported to decorate their bedroom. The person told us how staff had supported them to design the new bedroom and he had chosen and purchased new furniture. We saw that the person was proud to demonstrate what they had achieved so far, including the development of their decorating skills.

People were actively involved in the running of the service. Each of the households held a monthly tenants' meeting which was run by the tenants and enabled people to provide feedback and be involved in decisions



about the service. There were also tenant forums which had been introduced and a number of people had taken on the role of tenant representatives. Each of the households would take a turn at holding the forum meeting. We spoke with one of the representatives who told us about their role and how they enjoyed it because it meant that they had met new people and had gained a wider social circle. We saw that within these meetings people had made decisions about activities which they would like to be organised. Examples of a BBQ party and trip to Chester Zoo had been arranged as a result. The tenant representatives were also invited to attend the organisation's board meetings. This enabled people to provide feedback to the board and to say where they felt the organisation could do better. At a recent board meeting one person had undertaken a presentation about a recent sponsored walk that they had taken part in.

We saw some positive examples whereby people who used the service were actively involved in the recruitment of new staff. Tenants' forums provided people with information about opportunities for getting involved in the recruitment process if they wished to do so. We saw that some people had devised their own set of questions which they could ask potential candidates or staff could ask on their behalf. This ensured that potential candidates knew what was important to people and provided clear information about what was needed from the people delivering the care and support. People had been part of the interview panel and we saw an example of responses to questions developed by a person using the service.

We found a number of examples where staff demonstrated a positive attitude towards risk taking. This can help staff support people to find positive ways to manage risks and empower people to make choices, whilst not restricting their freedom and choices. We found that staff encouraged people to have independence and control. One person told us how pleased they were because they went out alone, one evening each week. They had found that this had given them increased confidence which they wanted to build on, so that they could go out independently for longer periods of time. The person was able to describe the safety measures in place to manage any risks and maintain their safety. A staff member demonstrated this approach and told us, "Staff are taking more of an initiative to ensure that there are positive outcomes for people."

Care plans in place identified people's desired goals for the future, such as gaining new skills or experiencing new things. We saw that people had been supported to identify short term and longer term goals. For example one person had identified that they would like to learn how to swim.

There were examples of where staff had accessed alternative communication methods to enable people to be involved in decision making. One person had been supported to sign and consent to a tenancy agreement as the information had been provided in a pictorial format. We saw that staff had arranged for advocacy services to support some people with important or complex decisions.

We found that staff promoted people's privacy and dignity. One person told us that they were really happy with the way staff supported them. Indeed, staff had helped this person to introduce a traffic light system to their bedroom, which enabled them to express very easily how they were feeling. Staff then knew whether the person felt able to talk and engage or not. The person told us that this supported their communication and that staff respected their wishes. They felt able to maintain their privacy whilst in their bedroom and that this had been very positive for them.

We saw that staff knocked on people's doors before entering and gave us examples of how they maintained people's dignity. Staff we spoke with demonstrated they knew the values in relation to respecting people's privacy and dignity. Supervision records evidenced that dignity was discussed with staff within each supervision meeting to ensure that dignity was at the heart of the support provided. We also saw that emphasis was placed on this within staff team meetings. For example minutes sampled evidenced that staff had held a discussion about how best to maintain a person's dignity whilst they used the bathroom. One



member of staff told us "We have to remind (Name) to shut the door, to maintain his dignity."

## Is the service responsive?

### Our findings

People received consistent personalised care and support. They told us they were involved in all decisions about their care and led full and active lives. One person told us "I can go out, I like to go out and I can choose what to do. I'm looking to do a job in future." Relatives also spoke highly of the service, one relative said, "They are good, he's their priority" and another relative said "You walk in and it's good, it's one of the better organisations I think."

People's needs were assessed before they moved into the service. This enabled staff to be sure they had the right knowledge and skills to meet their individual needs. We found that support plans were extremely personalised and had been written with the people involved and some people had been supported to write their plans in their own words. We saw that people had been encouraged to consider their goals and say how they liked to be supported. People had signed their support plans to confirm that they had seen and agreed with the information contained within them.

The support plans were detailed enough for the staff to have a comprehensive understanding of how to support that person in a way that they wanted to be supported. They included "My life plan" which contained important information about the person. The plans included information about the most important things for people and how staff should support people effectively. We saw that the support plans also focused on the person's current abilities and strengths, as well as the support they required. Staff spoken with were very knowledgeable about people's needs and clearly understood people well. For example staff told us about people's preferences and the things that they liked to do. Staff were kept up date with any changes and daily hand over meetings were held. One staff member told us "Communication is good, we discuss any issues in hand over every day."

The staff responded well to people's behavioural needs. Support plans reviewed contained information about how staff could best support people with all aspects of their care. Staff had devised an autism profile in some cases with support from the autism advisor. These provided clear information for staff which enabled them to provide positive behaviour support. An example of this was that one person had been able to identify their key struggles and how they could make use of their strengths. The information enabled staff to understand that pictures helped this person with planning as the person had a good visual memory. Staff had started to support the person to develop their travelling skills using these methods. The person told us how they had developed their independence and were keen to do more travelling in the future.

People's care needs were kept under regular review. When changes had been identified records were updated to reflect this. We saw that daily records were kept which were detailed and up to date. The registered manager told us that review meetings were held every six months. People and their relatives were invited along with other professionals or advocates as appropriate. Relatives told us that communication in general was very good, they felt included and were kept informed. One relative commented. "Staff know him well, I talk to them, they talk to me about any problems, He loves living there, they always get in contact."

We found that the service was very responsive to people's individual needs and found creative ways to

enable people to lead as full a life as possible. For example we saw that staff had devised a risk management plan with a person, which took into account the person's wishes. They had used a proactive approach to support the person to maintain their independence. The person had developed a health condition which had significantly impacted on their confidence. We saw that technology had been implemented to ensure that the person was monitored whilst they were out and about in the community, which also ensured that any health emergencies were responded to promptly. The person had consented to this because it meant that they could go out independently and felt reassured that support would be available if there were any problems. The person told us, "They (the staff) have helped. I would eventually like to go out on a train."

Staff explained how the service supported people to promote their personal growth and development. We saw that people were supported to get involved with events outside of the home environment. One person told us how they were planning to attend a conference to give a talk on world autism day. They were being supported to achieve this by the autism advisor and staff. The registered manager explained that this person had been encouraged to write a chapter in a book about autism which had recently been published. They were due to attend the conference to talk about this. Staff had seen significant improvements in the person's confidence and self-esteem. We spoke with the person, who was proud of her achievements and explained how staff were enabling her to achieve her goals.

The registered manager was able to give a number of examples where there had been positive outcomes for people and how their lives had changed for the better. Staff understood the importance of promoting independence and this was reinforced in people's care plans. We saw an example where staff had supported a person to develop their skills and to move on to independent living. The person concerned shared their experience and described having always wanted to live independently but that they had needed help to build their skills. The person described the staff as "brilliant" because they had helped with skills such as managing their personal care and household skills. The person wrote "In May 2016 my dreams came true and I moved into my very own flat." And "I'm really happy here."

The service promoted inclusion and supported people to take part in activities that reflected their interests. The focus was on what the individual wanted. We saw that people were also supported to work within the wider community and worked within various organisations. The minutes from a house meeting demonstrated that positive feedback had been received about a person's skills whilst on a work placement. Staff had discussed how they could further support this person to continue to develop their skills. We saw that the person was being supported to undertake a literacy course. We spoke with this person who told us how much they were enjoying going to work and other activities.

Planning holidays was very important to people. We saw that people went on trips and holidays and these had been planned with people based on their preferences. We saw examples where people had gone abroad or to the coast in this country. One person told us that one of their goals was to be able to travel abroad and that they were "working towards this" with the staff.

The service enabled people to keep pets. Staff described how they supported someone to keep their pet dog, which had been very important to him. We observed that the staff took care of the person's dog whilst they were out in the community.

People were encouraged to discuss their experience of the care provided. The registered manager told us that they had recently hosted an event to gauge people's views of the service provided. She told us that the event was hugely successful and very well attended. They hoped to make this an annual event.

The service had a complaints policy in place which was also available in an easy read version, which

supported some people to understand the procedures more easily. We saw that copies of the complaints procedure were available to people in each of the households. There were also "speaking out" forms available for people to complete if they wished to. We found an example where this had been completed and saw that the information provided had been taken seriously and lead to a formal investigation. All the people we spoke with demonstrated that they felt confident in being able to ring the office at any time if they had any concerns or issues to share.

The registered manager kept a complaints file which we reviewed. We saw that where any complaints had been received these were fully investigated and appropriate actions had been taken in response. We saw that further work had been identified through an involvement and inclusion audit, carried out by the regional manager, to consider how complaints could be discussed in more detail with people using the service. This would enable further learning and promote inclusion.

## Is the service well-led?

### Our findings

We found that the service was well-led. People and staff spoke positively about the management team. Staff told us "The organisation is brilliant" and "We've got a good staff team."

We saw that extremely effective management systems were in place to ensure that the service was well led. There was a registered manager in post who had been registered with the Care Quality Commission since May 2014. She was supported by a wider management team, as well as a regional manager. We found that information requested was very well organised and readily available. The management team responded well to the inspection process and we found them to be friendly and approachable. They told us that they were focused upon improving the quality of the service and there was a strong emphasis on continuous improvement.

The registered manager demonstrated that she was committed to continuous learning for herself and the rest of the staff team. Information about appropriate training and best practice was sought and put into practice, for example the registered manager and a number of staff had undertaken a course which related to best practice when working with people with autism. We saw examples where this knowledge and understanding had resulted in positive outcomes for people, including support provided to a person to enable them to understand their health condition more effectively. Feedback provided to the service by a member of staff indicated that they had found the training to be "second to none, very intensive but very enjoyable."

The registered manager promoted a culture that was open and inclusive. Information provided by the registered manager explained that appraisals carried out were based on the service's values; Understand, Together, Respect, Explore, and Improve. This ensured that staff understood and implemented these values. We found the service had put those values into practice and reinforced them through these appraisals. Staff spoken with had an understanding of the service's values and used these in their day to day practice. For example, one staff member told us "Staff are always positive. We aim to support people to reach their potential and people are given choices." We found that staff spoken with were keen to demonstrate how they had supported people to improve their quality of life and gave examples of supporting people to move to more independent living.

We saw that the provider had robust policies and procedures in place. These included adult safeguarding, complaints, medication, consent, dignity and respect and these were readily available to staff within each of the households. We found that the registered manager and management team were extremely knowledgeable about the needs of the people that they supported. People who used the service and their relatives told us that they knew the registered manager and team coordinators well. They felt able to make contact with the team coordinators or contact the office at any time if they needed to. The registered manager had developed a positive culture which encouraged staff and people to raise any issues of concern. We saw from our records that the registered manager had always been very proactive at reporting and addressing any issues.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. Our records indicated that all notifications had been submitted appropriately in line with CQC guidelines. The registered manager was clearly aware of her responsibility to inform CQC as required.

Staff were very motivated and enthusiastic. They told us that they thought communication was good and said they received regular updates through handover, staff meetings and supervision sessions. Staff appraisals were carried out yearly and we saw that staff had an individual development plan in place. This approach supported continuous professional development and learning. Records reviewed indicated that the management team ensured that staff were clearly aware of the expectations of the service. One staff member told us "All staff get the information they need and we are kept up to date. We all know what we are doing." Staff spoken with told us that they enjoyed working for the service, one person commented "I love it." Another staff member told us "The staff are an amazing support."

Staff described their managers as approachable and said they could contact them for support and advice at any time. They told us, "(Registered manager) has been really supportive" and "I definitely find the management supportive."

We saw that the registered manager promoted and recognised good practice. The provider had implemented a staff recognition scheme called "Embrace thanks". This enabled staff or people using the service to nominate any of the staff who they felt deserved extra recognition. We saw an example of this where a member of staff had received thanks because they had "Gone above and beyond their role numerous times, to ensure a service user moving on is as comfortable as possible."

We saw evidence within care plans and in discussion with staff, of excellent partnership working. The registered manager was proactive throughout the inspection in demonstrating how the service operated and how they worked closely with other health and social care professionals to drive improvements in the service. The service worked very well with a range of agencies and services. The service had also built up good relationships with outside agencies such as health nurses, education partners and voluntary organisations. This has helped ensure excellent joined up care and support for people who used the service. We saw an example where links had been made with a specialist nurse. Through regular discussions and collaboration with staff, a person had been supported to develop an effective risk management plan which promoted their independence and enabled them to go out alone.

There was a strong emphasis on continually striving to improve. The service had thorough systems in place to monitor the quality of the service. The registered manager was aware of her responsibilities and was responsible for monitoring the quality and safety of the service, which had been carried out to a high standard. Direct observations were regularly carried out on support workers which looked at how they supported people in their own homes. We viewed samples of these and saw that the team coordinators and registered manager could see if there were any issues with these monitoring visits and would address any issues with individual staff. We saw records which evidenced that these were carried out frequently and staff confirmed this.

We saw that the registered manager along with the projects manager and team coordinators carried out regular quality audits to monitor and assess the service being provided. Robust records of these audits were kept. These demonstrated that the registered manager had oversight of the quality of care being provided in all aspects of the service. A monthly provider report was also carried out by the regional manager. We saw that a recent report had focused upon a number of areas including people's experience of the service, staffing and training. Care plans, medication, infection control and staff files were regularly audited and

reviewed.

The registered manager actively encouraged people who used the service and their relatives to feedback their experience of the service. Service user satisfaction surveys were sent out on a yearly basis. The comments received were in the main very positive. We saw that people's comments were valued because an action plan had been implemented as a result of the survey and tenant forum meetings had been re-introduced to improve some areas of communication. The service had also commissioned another organisation to conduct evaluation visits to a sample of people to obtain feedback from them and staff regarding their views about the service delivery. Further creative ways to gather people's views had been used. For example people were invited to attend the organisation's board meetings and tenants' forums had been implemented, which demonstrated that people were important in shaping the future direction of the service.

People using the service were also encouraged to be part of the audit process. We saw examples where people had been included and added comments to audits which had been carried out within their households. This again demonstrated that the service took an inclusive approach to ensure that the service developed in a way which met the needs of the people it supported.