

Reach Housing and Enablement Services Limited

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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

We inspected the service on 23 November 2017. The inspection was announced.

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

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection in August 2015, the service was rated 'Good'. At this inspection we found that the service remained 'Good' in Safe, Effective and Caring and had improved to 'Outstanding' in Responsive and Well-led key questions.

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

People remained safe because staff were aware of their roles and responsibility of how to support people to remain safe. The registered provider had systems and processes in place to support people from the risks of abuse and avoidable harm. Risks associated to people's needs had been assessed and planned for and were reviewed to ensure staff had up to date information. People were supported to live in a safe environment. People received support from a team of staff that provided consistency and continuity. Safe staff recruitment checks were carried out before staff commenced employment and people who used the service and or relatives, were involved in the recruitment of staff. People received appropriate support with the administration, storage and management of their prescribed medicines. Staff were aware of the importance of infection control measures and had received appropriate training.

People continued to receive an effective service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported by staff that had received an appropriate induction and ongoing support and training. The registered manager used best practice guidance to develop and support staff to provide effective care and support. The principles of the Mental Capacity Act (2005) were followed when decisions were made about people's care. People were supported to plan, shop and cook meals as fully as possible. Staff were aware of people's nutritional needs and promoted health

eating. Systems were in place to share information with external services and professionals when required. People received appropriate support to maintain their health. Staff worked with external healthcare professionals to achieve good health outcomes for people.

People continued to receive good care. Relatives spoke positively about the approach of staff whom they said were kind, caring and compassionate. People were involved as fully as possible in their care and support and staff respected their privacy and dignity. Independence was promoted and staff had a good understanding of people's diverse needs, preferences, routines and personal histories. People were supported to access different types of advocacy support when required.

People received an outstanding responsive service. People were involved as fully as possible in their care and support. People's support plans focussed on their individual needs, creating a person centred approach in the delivery of care and support. Regular meetings were had with people to discuss their care and support and the activities they wanted to participate in. This included an annual holiday of their choice. People were supported to participate in activities, interests and hobbies that were important to them. Staff had been creative and had used innovative approaches to support people with their dreams and aspirations. Staff promoted people's independence and people were active citizens of their local community. People received opportunities to develop their social and friendship circle. Staff used effective communication methods to support people's sensory and communication needs. People had access to the registered provider's complaints procedure that was presented in an appropriate format. Additional and creative ways had been developed for people to share their views about the service. People's end of life wishes had been discussed with them.

The service was outstanding in being well-led. The registered manager had developed an open and inclusive service, they had a clear vision and set of values based on social inclusion that the staff fully understood and adhered to. Staff felt listened to, supported and involved in the development of the service. People who used the service and relatives received opportunities to share their views, experience of the service and were involved in developing the service further. Audits were carried out and action plans put in place to address any issues which were identified. The service had been successful in achieving the National Autistic Society Autism Accreditation.

Accidents and incidents were recorded and investigated. The provider had informed us of notifications. Notifications are events which have happened in the service that the provider is required to tell us about.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

People were supported with activities that reflected their interests and hobbies. Staff used creative and innovative, person centred approaches to support people with their dreams and aspirations.

People were involved as fully as possible in their care and support; they participated in person centred reviews. People's individual needs, routines, preferences and what was important to them was recorded and understood by staff. People led active and fulfilling lives.

People received opportunities to raise any concerns or complaints and these were acted upon.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding

The registered manager demonstrated an open, reflective management style and provided strong values-based leadership to the staff team.

People were supported to play an active role in the running and development of the service.

A culture of continuous improvement was in place to promote further enhancement of the service. The registered manager kept abreast of latest research, development and best practice.

People and their relatives were encouraged to voice their opinions and views about the service provided. The provider had systems in place to assess and monitor service quality.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection that took place on 23 November 2017. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that staff would be available. The inspection team consisted of one inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also contacted commissioners of adult social care services (who fund the care package provided for people) of the service.

On the day of the inspection visit we visited five people in their own homes and met five additional people who used the service at the provider's office which was also used as a resource base for people who use the service. We also spoke with four relatives for their feedback about the service their family member received. People visited the resource base to participate in a range of activities and social opportunities, including

meeting with the management team. By spending time with people who used the service, we were able to gain an insight into their experience about the service they received. Some people had limited verbal communication and we used observation of staff engagement with people to help us understand the care and support they received. We also used other methods to communicate with people such as Makaton; this is a form of sign language.

During the inspection we spoke with the registered manager, the administrator, two house managers, and a support worker. The day before our inspection we spoke via telephone with one house manager, a training officer and four support workers. We looked at all or parts of the care records of three people along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes, policies and procedures and arrangements for managing complaints.

Is the service safe?

Our findings

Relatives responded very positively that their family member received safe and effective care and support. One relative said, "My relative is safe, 100% safe because of the quality of care. My relative has improved a lot since being with Reach. Their behaviours are improved, their living skills and now they have coping strategies." Another relative said, "Our relative is incredibly safe because they have one to one support and all staff are aware of their needs. The communication between staff is good, in fact it is seamless."

Staff were aware of their role and responsibility to protect people from avoidable harm including discrimination. One staff member said, "We receive refresher safeguarding training. I would be concerned about any change in a person's usual behaviour, unexplained bruises and would record and report these concerns to my manager." Staff also told us how they supported people with their lifestyle choices and how they ensured people did not experience any form of discrimination with their choice making.

The registered provider had safeguarding policies and procedures in place to guide practice. The staff training plan confirmed staff had received safeguarding training. From our records we were aware safeguarding issues had been appropriately reported and responded to. Staff supported people's understanding and awareness about safeguarding issues and how to report any concerns. This was during tenant meetings, a speak out group (a forum for people to raise any issues or concerns) and information was provided in the service user guide that people had copies of. This meant there were systems and processes in place to safeguard people from abuse.

Relatives were positive about how risks were managed, they said their family member was involved as fully as possible and they were consulted. People required high levels of support and supervision to remain safe, however from speaking with staff and viewing care records it was clear people were not overly restricted. People led active and fulfilling lives.

Staff were knowledgeable about risks associated with people's needs and spoke confidently about how they supported people to remain safe but equally respecting their choice and control. Staff showed an understanding of the importance of positive risk taking and how this was encouraged and planned. One staff member said, "We have lots of information and guidance about how to reduce and manage risks. However, we recognise people change and develop and we constantly check out and question could we do something different to support people with new opportunities, using a positive risk taking approach."

Individual risk assessments were completed in all areas associated with a person's support needs. We found information provided for staff was supportive and informative, providing clear guidance and direction. Care records demonstrated how people and or their relative had been involved as fully as possible in discussions and decisions about how risks were managed.

We observed staff provided care and support which promoted and maintained a good balance of safety and independence.

The registered provider had policies and procedures such as whistleblowing to support staff to raise any concerns confidentially. Staff disciplinary procedures were also used when concerns were identified about poor care and support. People's care records were stored securely and information was shared with relevant external professionals where appropriate.

People were supported to live in a safe environment and staff told us of the health and safety checks they completed with, or on behalf of people. Staff informed us how any action such as repairs were reported to the landlord for action. During our visits to people's homes we found the premise and environment to be safe and in good order. Staff had received training in health and safety and their understanding and competency was discussed in staff meetings and one to one supervision meetings.

Where people had been assessed as requiring support to manage any behaviours this had been planned for. Positive behavioural support plans provided staff with clear and detailed information of how to support people safely using best practice guidance. Staff told us of what training they had received to effectively and competently manage any behaviour. Staff had a person centred approach, they were clearly aware of factors that may affect a person's mood and behaviours such as the environment.

Relatives and staff told us there were sufficient staff to meet people's needs and this was effectively monitored and reviewed by the registered manager. Staff told us people had a dedicated staff team that supported them. This enabled consistency and continuity that was essential in meeting people's needs. Any shortfalls in staffing were covered by the staff team known to the person. Staff said and the registered manager confirmed, they and the administrator also supported people if required. People's care records showed how people's dependency needs had been assessed, due to people's level of needs most received either one to one or two to one staff support. The staff rota confirmed how staff were deployed and staff told us how there was a good mix of staff skill, experience and knowledge.

Safe staff recruitment processes were in place to ensure only staff suitable for their role were employed at the home. Through discussion with the registered manager it was clear they had a commitment to promote equality and diversity through staff recruitment to ensure they employed a diverse staff team.

People required assistance from staff with managing their prescribed medicines. One relative told us, "Our relative needed PRN (as and when required medicine for behaviours) before they came to Reach it was being given every day but now it isn't used at all."

We asked staff how they supported people with the ordering, storing and management of medicines and found this followed best practice guidance. We also viewed some people's medicine administration records and found these provided staff with the required information to support people safely. Systems and processes were in place that checked medicines were managed safely. Staff told us and training records confirmed, they had received medicines management training. The registered provider also had a medicines policy and procedure to guide practice. People were supported to have their medicines reviewed by external healthcare professionals.

The registered provider had a prevention and control of infections policy and procedure based on best practice guidance. Staff had received appropriate infection control training and were aware of action required to manage any risks. Staff told us how they supported people to maintain good standards of hygiene and cleanliness within their home to reduce the risk of cross contamination and the spread of infection. Staff had also received training in food hygiene and understood the principle of safe food handling.

The registered provider had systems and processes in place to effectively manage accidents and incidents. Staff were aware of their responsibility to respond to any incident or accident and said any concerns or incidents were discussed at staff handover meetings and communicated with the registered manager. During our inspection we observed staff reporting or discussing incidents that had occurred with the registered manager. The registered manager was supportive and provided clear guidance and instruction. It was clear the registered manager had a good understanding and in-depth knowledge of people's current and ongoing needs. Records confirmed appropriate action was taken such as investigating incidents to help prevent them happening again. The registered manager was responsible for reviewing and monitoring accidents and incidents and we saw this included an analysis for any themes and patterns. This meant there was continued oversight by the registered manager to ensure action was taken to mitigate further risks.

Is the service effective?

Our findings

People received care and support based on their holistic needs. Relatives were confident staff understood their family member's individual needs and met these effectively. One relative said, "Staff listen to my relative and know them well. Staff will always give me the heads up if my relative is struggling." Another relative said, "Staff are responsive as they have taken lots of time to get to know my relative and understand their needs and triggers to any behaviours."

Before people used the service, an assessment was completed to ensure their needs could be met and to consider if additional resources were required such as staff training. Support plans were personalised and included detailed information to guide staff about what support people required. The registered provider had policies and procedures in place that were in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff. For example, the registered manager told us how they kept up to date with best practice and latest research. This included subscribing to various organisations, using guidance such as The National Institute for Health and Clinical Excellence and Skills for Care (a registered charity that is a strategic body for workforce development in social care). This supported the registered manager to ensure the staff team were effectively supported.

Assisted technology was used effectively to promote people's independence. For example, some people had picture programmed or vibrating, flashing light telephones, this helped people who experienced difficulties with sequencing (problems remembering the order of numbers) and number recognition. Sensor mats were used for people who had risks associated with their mobility. These alerted staff when people were up and walking around independently. 'Life lines' were also in place that linked to a central support service 24 hours a day to provide assistance in an emergency situation. Some people used iPads (hand held computer devices) as an additional method to keep in contact with staff such as 'facetime' and emails.

Staff were positive about the induction, ongoing training and support they received. One staff member said, "The training opportunities are really good and cover many areas such as autism awareness, epilepsy, equality and diversity and communication methods. The manager is really supportive if you want to do additional training they will go out their way to source training, a lot of us have completed level five in the health and social care diploma." Another staff member said, "We receive regular meetings with our manager to discuss our work and training needs, and I feel confident to go direct to the registered manager about anything, she is so knowledgeable, and has a great approach and explains things really easily, she's down to earth which is great."

Staff records confirmed staff had completed the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff. Records also confirmed staff received refresher training, supervision meetings and yearly appraisals. The registered manager used the Care Certificate observational standards as an additional method to continually review and assess staff's knowledge and practice.

Relatives were positive that their family member was supported appropriately with their dietary needs. One relative said, "My relative lives in a house with three other people who use the service. The food is good and is all homemade. All the people living there all join in and do the weekly shopping. I'm not sure about the menu but I know staff will always accommodate different choices."

Staff told us how they supported people with healthy eating and promoted independence. This was achieved by people being fully involved in the menu planning, shopping and cooking of meals. One staff member said, "To support people with choice making, we use picture cards of different meals to support them." We saw these available in a shared house we visited. We also noted a pictorial menu plan was on display for people. Staff also told us how they would consider people's dietary needs with regard to any particular preferences, needs including religious or cultural needs.

People had support plans and risk assessments to inform staff of any nutritional needs and staff said this was informative and supportive. We found staff were familiar with the nutritional requirements of people and we viewed a sample of records of food and fluid intake used to monitor people's food and hydration. This is important to support staff to monitor whether or not people receive sufficient nutrition.

Hospital information documents were in place to ensure information was available to other clinicians in the event of requirement for medical treatment.

Relatives were positive staff took action in a timely manner to support and respond to any healthcare needs. Relatives gave examples of the different external healthcare professionals involved in their family member's care.

People's care records demonstrated people were supported to access local and specialist healthcare services and received on-going healthcare support from staff. Where external healthcare professionals had provided recommendations this was found to be included in people's support plans. An example of this was information from a psychologist about managing a person's behaviours and a speech and language therapists advice on how to support a person with risks associated with swallowing had been recorded. People had health action plans that recorded their health needs and appointments; these were found to be up to date and detailed. This demonstrated how staff worked with external healthcare professionals to achieve good health outcomes for people.

Through our observations of staff engaging with people we saw staff were courteous and respectful gaining people's consent before support was provided.

People who lack mental capacity to consent to arrangements for necessary care or support can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in supported living is through the court of protection.

Staff showed they understood the principles of the MCA. Support records showed capacity assessments and best interest decisions had been made for specific decisions where a person lacked mental capacity to make these themselves such as support with their medicines. The registered manager told us they were working with the local authority in reviewing the documentation used to record capacity assessments and best interest decisions. The registered manager also informed us of the action they had taken by informing the relevant local authority who were responsible to applying to the court of protection for people who had some restrictions on their freedom and liberty due to their support needs. This meant people could be assured their legal rights were protected and understood.

Some people's needs associated with their learning disability needs could affect their mood and behaviour and they required support from staff to manage this effectively. Staff had received appropriate training in physical intervention; the registered provider had a restraint policy and procedure to support staff that was based on best practice guidance. Staff were clear about the use of restraint as being the less restrictive option and told us how they used diversional techniques as a method to effectively support people. Where physical intervention was used this was low level and staff were able to describe this to us.

Is the service caring?

Our findings

Relatives spoke positively about the approach of staff and level of care and support provided. One relative said, "Our relative is happy in themselves, they have more confidence and all is well. When our relative goes out it's like they are going out with their kind mates (staff)." Another relative said, "It (service received) is lovely for my relative and they tell staff they "love them" which is something my relative has never done before. Staff don't tell my relative what to do, they offer advice and guidance."

Our observations of staff engagement with people were relaxed and calm. We visited a person in their own home and found the staff member present had a wide ranging knowledge of the person and was able to describe their wishes, feelings, likes and dislikes extremely well. We met a person who was supported by two staff who visited the provider's office / resource base. They had called in for a drink and to say hello. We observed the interaction between the staff and person and found the relationship between them was that of equals. They shared humour and friendship. The bond between these people was very close and respectful. It was clear the staff had a great understanding of the person's needs and responded with care and compassion. All involved appeared to be happy and comfortable with each other.

We visited four people who shared a house. On arrival all four people were at home with staff. The atmosphere was warm and comfortable. Two people were watching tea time television and were sat relaxed together with staff present in the lounge enjoying each other's company. One person enjoyed some time spent on their trampoline in the garden, throughout the visit they were happy and relaxed humming a song which was enjoyed by both staff and other people who used the service. One person was relaxed sitting in the conservatory. The interactions between staff and people were kind, caring and respectful. Positive caring relationships had been developed where the staff appeared to be like friends. Support was provided at arm's length away enough to promote independence. People had limited verbal communication and staff were observed to use effective communication and listening skills, interpreting people's requests. There was good use of visual aids such as pictures to support communication that promoted choice making.

Staff spoke positively and respectfully about the people they supported, clearly demonstrating a good understanding of people's preferences, personal histories, routines and what was important to them.

People had access to information about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known. The registered manager gave examples of how people had been supported to access lay advocates and Independent Mental Capacity Advocates. This demonstrated people could be assured they could receive this support if required.

People's support plans were focussed on the individual person and provided staff with guidance that promoted dignity, respect and independence at all times in the delivery of care and support. This meant the registered manager was clear about the standards of care and support people should expect from staff.

Staff were able to explain to us the principles of good care, and the impact it could have on people if they did not adhere to this. We noted in people's care records staff had information called 'My house not yours',

respecting a person's rights to privacy and dignity.' This reminded staff that they were a visitor in the person's home and how they should conduct themselves whilst visiting people.

People were encouraged to remain as independent as possible and support plans detailed what elements of care and support people were able to either complete or assist with. A relative spoke positively about how their family member had developed their independence. They said, "My relative is now more independent with shopping and housework. They need prompts but less so now."

Staff spoke positively about the importance of promoting people's independence. One staff member said, "Promoting independence as fully as possible is important, this helps with confidence and develops people's skills, we enable people by supporting them and not 'doing' for them."

People's personal information was stored securely and staff were aware of the importance of confidentiality. Staff had access to a policy and procedure that complied with the Data Protection Act that informed them of issues relating to confidentiality.

People were supported to maintain contact with their friends and family and to develop new friendships through a variety of community social groups they had support to access. Staff gave examples of how people were supported with their friendship this included people having visitors to their home.

Is the service responsive?

Our findings

Relatives spoke exceptionally highly of the service, in particular how their family member was supported to live the lifestyle they chose, which was based on their individual and unique needs and preferences. One relative said, "Reach is head and shoulders above our previous experience's (referring to other services used). We are extremely confident in what they (Reach) do. They are sensitive to which staff best match the person they are supporting and should there be any issues, they are addressed immediately. Our relative seems to prefer male staff to female and this is accommodated as far as possible."

A staff member told us when they were interviewed for their job; a person who used the service was involved in the interview process. The registered manager confirmed great consideration was used in the matching of which staff were best suited to support individuals who used the service. The registered manager said they tried to involve people who used the service or their relatives in the recruitment process. This demonstrated the registered manager's commitment to an inclusive and transparent service. Each person had an identified small group of staff that supported them and this provided great consistency and continuity, staff provided a responsive and proactive approach in the support they provided to people. This meant people could be assured the staff that supported them knew them exceptionally well.

People's care records confirmed a pre-admission assessment had been completed and support plans developed that provided staff with clear and detailed information of what was important to people, including their routines and preferences. Staff told us they found information provided helpful and supportive.

People received opportunities to participate in an annual review that included a review of their needs and future hopes, dreams and aspirations. Following this staff supported people further in the action required to achieve their goals. Staff spoken with demonstrated a great understanding of what was important to the people they supported and a commitment to ensure people experienced opportunities important to them.

Staff gave examples of how people had been supported with things important to them. One person wanted to become independent with shaving and after following a clear plan to support the person this was achieved. This achievement had a positive impact on their self-esteem and independence.

During the Summer of 2017 a person used a train for the first time which was a great accomplishment for them. Staff told us how they were continuing to support the person to experience different forms of transport with the ultimate goal of the person going on an aeroplane. This person had experienced limited opportunities due to their high levels of anxiety and their achievement was reflective of staff's patience and approach.

Another example was how a person was reluctant to eat with others. A plan was put in place where by the person sat at a separate table that was gradually over time, placed nearer the table others used. This person now sits with others for meals and this has broadened their social experiences, increased their self-esteem and confidence

Staff told us how one person had been supported to reduce their weight due to significant weight issues that was affecting their health. Staff recognised food was important to the person and to support this they developed a routine where the person shopped daily. The person was supported to choose what they wanted to eat and walked to the shops with staff to purchase their food items. They were also involved in the preparing and cooking of meals. This encouraged and promoted independence, exercise and meant the temptation to over eat was reduced.

We visited a person who we saw enjoyed exploring pieces of plastic. They had approximately 20 small pieces which staff told us was considerably less than the person used to have. Staff told us they understood the importance of the pieces of plastic and enabled the person the time and space to enjoy this activity, whilst ensuring it did not control and impact on their life and opportunities.

People received opportunities to have holidays and to pursue activities, interests and hobbies. A relative told us, "My relative enjoys activities every day and sticks to the routine. They are given choices of this, staff use both words and pictures. They love trips out and their favourites are to the Zoo and local theme park (named)." We saw photographs that confirmed this person had been supported with activities important to them. Another relative said, "My relative has lots of freedom and choices to do what they want to do. They do something every day."

Staff told us and records confirmed how people had been supported to go on holidays. Opportunities were explored with people and some people were supported on individual holidays and some people chose to go with friends they had within the service with the support of staff. Holiday experiences included people being supported to go on holidays abroad. People's care records and individual photo albums gave examples of the wide range of activities people participated in.

The registered manager told us how some people enjoyed swimming but did not like the experience of using leisure centres. In response to this the registered manager arranged weekly visits to a spa to enjoy this activity. This was because the environment was more suited to people's needs such as being more relaxed, calm, quiet and the water warmer. The registered manager also told us they had a library for tenants who liked to read stories or be read to, and that people signed the books in and out.

A staff member told us about the social opportunities people received where they could spend time with existing friends or could develop new friendships. This included people having friends to stay overnight with them. A staff member said, "We have information about local activities and attractions and arrange visits." The service's office was also used as a resource base where activities were provided. This included arts and crafts groups, come dine with me experience which was a cook and eat session, bingo, themed nights to celebrate different occasions and people were supported to attend community discos and youth groups. This demonstrated how the registered manager provided opportunities people to participate in a range of social activities, reducing the risk of people's becoming isolated.

An example of staff responding to new initiatives and opportunities was how some staff with the administrator, had attended training in a health initiative supported by the local authority and local Clinical Commissioning Group. The administrator told us and records confirmed, how they were in the process of setting a group up to meet the 'twelve month challenge' that they had signed up to do. This was to support people who used the service with healthy eating and a weight loss programme. The service participated in the 'Herbert' protocol initiative. This is a national scheme being introduced by Derbyshire Constabulary and other agencies and is about collating useful information, which could be used in the event of a vulnerable person going missing.

Some people lived in shared accommodation and others had single tenancy accommodation with staff support 24 hours a day. A relative told us about their family member's support. They said, "My relative lives on their own in a big bay windowed three bedroom house. They have a music room and a staff bedroom. No one else would be able to live with my relative as they need this amount of space."

Staff had attended training in equality and diversity, person centred approaches to support and communication methods. This further developed their knowledge, skills and understanding to provide high standards of compassionate care and to understand and meet people's diverse needs. We asked staff how they met the needs of people who identified themselves as being lesbian, gay, bisexual or transgender [LGBT]. The registered manager gave an example of how staff had received training in transgender awareness, to enable them to effectively support two people through their gender reassignment process.

Relatives gave examples of how staff provided a responsive service and how they were supportive to them in planning and preparing for the future. For example, a relative told us how they were working with the registered manager in planning and supporting their family member to be less reliant on them. They told us the registered manager knew their family very well saying, "They know what surprises them and makes them anxious."

The registered manager told us they were aware of their responsibilities in relation to The Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. Staff had received training in people's preferred communication methods. We saw examples of how staff effectively communicated with people, showing a good awareness and people's needs.

The registered manager arranged a weekly signing lesson which was attended by both staff and people who used the service. During our inspection we observed this session. This was a happy, fun activity and the tutor ensured everyone joined in. One person was extremely proud they had achieved a level one qualification in using British Sign Language.

One person's care records stated the psychologist had recommended the use of social stories to support the person with their understanding of particular topics. This was included in the person's communication support plan and we found staff were knowledgeable about this. Other methods of communication used included the use of pictures, signs and symbols and staff picking up on people's expressive communication through gestures, body language sounds and behaviours.

A quarterly newsletter was provided for people who used the service who were encouraged and supported to contribute to the newsletter. This provided people with information about the service, activities such as word search, recipes people wanted to share with others, stories of people's activities and achievements with photographs included. The registered manager told us how they had developed a private Facebook page that could only be accessed by people that used the service. This was to support people with friendships and communication without the intrusion of staff.

A complaints policy and procedure was in place, this information was in the service user guide which people had a copy of. This was presented appropriately for people and discussed in tenant meetings and the 'speak out group'. This was a forum for people to discuss any aspect of the service they received. An example of action taken in response to concerns raised by people who use the service was in relation to the venue used for the speak out group disco. The landlord of the venue arranged for the room to hold another service after the disco which people were not happy with and felt it impacted on them. The registered manager therefore identified another venue to use. Concerns were raised about bullying and discussions were had about social

bullying and the impact this could have on people. As a result a meeting was had with a tenant (who lived in shared housing) about who they were not happy about visiting the house. This showed how staff respected and supported the person with their concern. People were concerned about the impact of the bedroom tax and how this could impact on them and staff discussed this with them.

Relatives told us they were aware of how to make a complaint if required. Relatives said they were confident they could raise any issues or concerns on behalf of their family member and that it would be responded to appropriately.

Staff were aware of their role and responsibility in responding to concerns and complaints. We reviewed the complaints log and found that all complaints had been responded to in a timely manner and in accordance to the complaint procedure having been thoroughly investigated and resolved. The registered manager said they also considered complaints for themes and patterns and if required would include this on the homes improvement plan that was in place.

People's care records demonstrated their preferences and choices for their end of life care had been discussed with them.

Is the service well-led?

Our findings

It was clear by the observations we completed and from feedback received from relatives and staff that there was outstanding leadership of the service. The registered manager clearly led from the front and had a clear set of values and vision for the service. They were innovative and creative in their approach and ensured people who used the service were continually at the forefront of the service, where they were empowered to be active citizens of their community. The registered manager had a passion and commitment to continually drive forward social inclusion for all. From our discussions with staff it was clear they understood the vision and values of the service. They had the same commitment, drive and enthusiasm to provide people with support that was person centred, inclusive and transparent. This was further supported by the service user guide that informed people who used the service they would be 'empowered to have equal access and equal opportunity in all areas of their lives' and relatives told us they did.

Relatives spoke highly of the registered manager's approach and level of understanding of their family members' needs. We observed the registered manager speak with a relative about their family member's needs associated with their learning disability. The registered manager showed great insight, awareness and knowledge of the issue being discussed and was supportive and empathetic towards the relative.

Staff told us the registered manager was exceptionally approachable and had a good manner and approach where they felt valued and listened to. In our observations of the registered manager engaging with relatives and staff we found their approach and manner was as described to us.

We saw examples where the registered manager and administrator went above and beyond what was expected of them, demonstrating their commitment in supporting people. They both covered any shortfalls in staffing because they did not want to use agency staff because unfamiliar staff would have a negative impact on people who used the service. They participated in activities in their own time because they wanted to. Some people who used the service had developed strong meaningful relationships with the registered manager and would contact them when they needed additional support. We saw an example of this during our inspection. A person's anxiety had increased about some changes in their life and they contacted the registered manager for support. The registered manager was seen to be very patient and calm, listening and respecting the person whilst exploring the issue with them making suggestions for the person to consider.

The registered manager told us how they had a senior team that met regularly to discuss all aspects of the service. The registered manager said they valued each member's contribution and decisions were made together and not in isolation. Other staff also told us how they felt valued and included. This demonstrated the registered manager's approach to inclusion and transparency.

Staff told us how the registered manager encouraged and supported them to undertake additional training. One staff member said, "Any training we identify that maybe useful in how we support people the manager will find out about it and support us to do. Many of the staff have also completed level five in the diploma health and social care." Staff training records confirmed there was a higher than average number of staff

that had achieved their level five diploma as described to us. This demonstrated the registered manager valued the staff team and empowered them to continually develop their skills, knowledge and gain additional qualifications to benefit the people at the service.

The registered manager had a number of qualifications in social care and learning disability related qualifications. They told us how they continually kept up to date with best practice guidance. The service had been 'Autism Accredited'. This meant the service had been recognised for their support and development in providing services for people living with autism. In the latest review completed in 2016 by the National Autistic Society we noted from their report the service was positively described. This included recognition of the ethos of the service that clearly demonstrated a promotion of independence, community inclusion, personalisation of approach to meet individual needs and effective target setting and monitoring of progress.

The registered manager continually ensured they kept up to date with new research and good practice in relation to meeting the needs of people living with a learning disability. During our inspection we saw there was information guidance supported by NHS England into 'Stopping Over Medication of People with a Learning Disability, Autism or Both'. People could be assured they were supported by a staff team who were aware of relevant research and developments. This meant people could be effectively supported about important issues that affected their health, safety and well-being.

To further enhance the services approach to person centred approaches, the registered manager told us how they were in the process of employing a consultant whose role would be to further develop person centred plans and to participate in the safe and well checks completed by the management team. We met this consultant who confirmed what we were told. Safe and well checks were an additional method used to gain feedback from people that used the service and a way for managers to ensure staff were supporting people appropriately in line with their support plans. The registered manager also told us they were continually exploring new ideas and opportunities to further develop the service.

The service had a registered manager who was also the registered provider, they were caring, dedicated, enthusiastic and passionate about the support they provided to people who used the service. 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.

As part of the registered provider's internal quality assurance checks feedback from people who used the service and relatives were used to drive forward improvements. People received various opportunities to share their views. For people who had communication needs staff used a record referred to 'My feelings' this was a pictorial easy read form that staff supported people to express their feelings about different topics. This information was then reviewed by the registered manager and any required action they acted upon. An example of action taken was one person had expressed some anxiety around the fore coming Christmas period. As a result the registered manager had arranged a meeting with the person, their relative and staff to further discuss the concerns and to explore ways to reduce the person's anxiety.

The registered manager told us they used staff meetings, one to one supervision meetings and observations to assure themselves staff were appropriately supported to provide effective care and support. They advised they had identified staff needed to be further trained in pathological demand avoidance and had arranged training in this area. Staff were very complimentary about the registered manager's supportive approach. One staff member said, "This is the best place I've worked, the registered manager is part of the workforce,

you can always phone them direct, even on their day off they are available."

There was a system of audits and processes in place that continually checked on quality and safety. These were completed, daily, weekly and monthly. We found these had been completed in areas such as health and safety, medicines, accidents and support plans to ensure the service complied with legislative requirements and promoted best practice. The registered provider had an improvement plan, this included actions identified through internal audits and checks. This told us that the provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.

The service had submitted notifications to the Care Quality Commission that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety. The ratings for the last inspection were on display at the service and available on the provider's website.