

Options for Supported Living

Options for Supported Living

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection of Options for Supported Living took place on 27 October 2016.

Options for Supported Living is a domiciliary care agency that provides personal care and support to people in their own homes. The agency is based in Liverpool city centre and provides care and support to people throughout the Merseyside area.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the registered manager was on leave, however we spoke to the deputy chief executive.

People and their families told us that they felt safe and secure knowing the staff from Options were supporting them. Staff were able to describe the action they would take if they felt someone using the service was at risk of harm or abuse.

Risk assessments were well written and gave a thorough and detailed explanation of how to support people, including what action the staff must take to help minimise the risk in the least restrictive way possible. Staff understood the concept of what was acceptable risk taking in order to promote positive experiences for people.

There were procedures in place relating to the safe management, storage, and administration of medication. People told us they received their medications on time and there was training in place for staff with regards to safe medication administration and this was reviewed regularly.

Incidents and accidents were analysed and a 'debrief' of each incident and accident was recorded in people's files including any remedial action that had been taken as a result.

Staff were recruited safely and checks were carried out on staff before they started work at the service to ensure they were suitable to work with vulnerable people.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

Staff were trained in a range of subjects in accordance with the provider's training policy and the staff's training and development needs. Staff told us they felt the training was of good quality and they were able to request additional training when they felt they needed it. Staff told us training was discussed with them as

part of their supervision. Staff were supported to complete an induction and there were shadow shift opportunities so people and staff could get to know each other.

People were supported to maintain their nutritional wellbeing by staff and some people were supported to cook for themselves to maintain their independence. Some people lived at home with family members so staff were not always required to cook meals with or for people. People told us staff helped them prepare meals and supported them to shop for ingredients to plan meals.

People were supported to maintain their health needs and all medical appointments were well logged in people's 'Health Action Plans'.

People told us and we observed that staff treated them with kindness and respect in their own home and when supporting them in the community. Relatives of people who used the service spent time talking with us and explaining how the staff support was having a positive effect on their family member.

People and their families were fully involved in all decisions regarding their care and support. These decisions ranged from what staff supported them, to how they spent their time and what their care plans looked like.

Staff respected people's privacy and dignity and treated them with respect. This involved making sure people's homes, possessions and privacy were respected.

There was a procedure in place for addressing and responding to complaints and we saw that all complaints had been responded to in line with the organisation's policy.

People and family members told us that the person centred approach taken by the organisation was exceptional and had made a difference to their lives. We saw numerous examples where person centred thinking and approaches had positive effects on people's lives. This was clearly evidenced in people's care plans, and person centred plans, which were completed to a high standard and kept under constant review. We saw that outcomes and achievement's were celebrated with people, empowering them to take control of the support they received from Options.

The vision of the service was clearly implemented in all of organisation's policies, processes and support plans. Staff told us they liked working for the company and were proud to be doing their jobs. Staff were rewarded and recognised for their accomplishments and achievements. Staff were complimentary about the team leaders, and the development managers.

There was a clear management structure in the organisation and everyone was aware of their roles within it. Team leaders told us they were well supported by development managers, who in turn told us they were supported by the chief executive. The organisation regularly sent out newsletters and articles to keep people updated with what was going on, both for the staff and for the people using the service.

We found there were effective systems to assess and monitor the quality of the service, which included feedback from people and their relatives. People using the service, their relatives and all staff were actively encouraged to contribute to the evaluation of the service and make recommendations for improvement. Results of surveys showed a very high rate of satisfaction with the service, the activities, the staff and registered manager. Where improvements could be made these had been considered and action taken. We saw that the provider had taken an innovative approach to this, and also developed a new system for more thorough auditing.

There was an effective and thorough quality assurance system in place. We found regular quality audits and checks were completed to ensure any improvements needed within the service were recognised and the necessary action was taken to implement any changes. We saw the staff were part of this review.

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 and their relatives told us they felt safe.

Staff were recruited safely and checks were carried out on staff before they started work at the service to ensure they were suitable to work with vulnerable people.

Risk assessments were completed in way which helped the staff to minimise risk while still supporting the person to be independent.

Medications were managed safely and staff had the correct training needed in order to support people with their medication needs.

Rotas showed and people told us there was always enough staff to be able to keep them safe.

Is the service effective?

Good ●

The service was effective.

Staff told us they enjoyed their training. We saw from the training matrix and certificates staff had attended regular training.

Supervision records showed that staff underwent regular supervision with their line manager.

The service was working in accordance with the principles of The Mental Capacity Act 2005 (MCA) and other associated legislation to ensure people were exercising their rights to make choices and decisions regarding their care.

People were supported to shop for individual items of food and were supported to prepare meals and snacks when required.

Is the service caring?

Good ●

The service was caring.

People said that the staff cared about them and were very obliging. We observed staff speak to people with respect both in the community and in their own homes.

Staff were able to describe how they promoted people's dignity and respected their privacy.

People told us they were routinely involved in decisions concerning their care and support.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review. Staff were very knowledgeable about people's needs and preferences and supported people to remain as independent as possible and live their life to the full while ensuring they followed protocols in place to keep that person safe. Staff found innovative ways to meet the needs of people less able to express their needs.

People were very well supported to involve their families and relatives in decision's and activities within the organisation. Activities provided were varied, meaningful and enhanced people's quality of life and independence.

Contact with the community was well established.

People felt able to raise concerns and complaints and had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

Good ●

The service was very well-led.

Everyone we spoke with, people using the service, family members and staff said they thought the organisation was well-led and were complimentary about the registered manager and the deputy chief executive.

The registered manager ensured that auditing and quality assurance were purposeful, comprehensive and had an impact on people's care. The provider had come up with innovative ways to ensure auditing was effective in other areas of care

provision.

The organisation had gathered feedback from people and this was analysed and shared with people and their families. Staff feedback was used as part of the development of new ideas in the service.

Options for 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 27 and 28 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that staff would be available to speak with us and the registered manager or someone in charge would be available.

The inspection team consisted of an adult social care inspector.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

Options provide support to 85 people of whom fall under regulated activities. People were supported in their own homes to build their independence. Options for Supported Living was set up in 1993 to provide support to people with learning disabilities who were moving out of long stay hospitals and secure settings.

The provider sent us 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.

During the inspection we spoke with eight people using the service and visited one person in their own home. We spoke with nine support staff, the personnel team, training coordinator and the deputy chief

executive. We also spoke with three relatives.

We spent time looking at a range of records including five people's care plans and other associated documentation, six staff recruitment files, staff training and supervision records, the staff rota and medication administration records. We also looked at a sample of policies and procedures, minutes of staff and service user meetings, compliments and acknowledgements received at the service, health and safety records and quality assurance records. In addition, the provider sent us some information after the inspection which we took into consideration.

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, "I know they [staff] are always there if I need them." Someone else told us, "I am happy with the support I get from the staff; they help me keep my house nice and help me cook." We spoke to a relative of one of the people receiving support from Options. They said, "I never have a cause to worry when [family member] is out with the staff. I always feel reassured they [family member] are safe." One person told us the support they received was, "Brilliant". They also said, "I feel really happy."

We looked at records for staff employed at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, a physical and mental health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions.

We asked people and relatives if they felt there were enough staff to be able to cover all of the support hours. Everyone told us there was always enough staff. One member of staff told us about the 'out of hours on call arrangements in place for any shift cover. The member of staff said all of the team leaders support each other every week by ensuring shifts were covered and if someone was to go off sick, cover would be arranged between them. The member of staff said, "It is a really good way to cover the shifts, we always support each other." We looked at rotas and saw the same names, which showed people are receiving support from a consistent staff team. One person told us they liked all of their staff team and the same staff had been supporting them for a long time. We saw that Options staff to 8% over commissioned hours. This means that there were extra staff employed to cover any sickness or training needs to ensure a consistency. We also saw the service employed 'ISSW' staff, who were an internal agency staff, to ensure cover for teams with vacancies, sickness or long term leave (e.g. maternity leave). Additionally, we saw from speaking to staff, that Options Team Leaders provided direct support to ensure that they had good relationships with the people that they were supporting and were able to monitor the quality of support.

We saw that there was a process in place to monitor any incidents and accidents in the service. The procedure consisted of the development manager going through any incidents/accidents and making suggestions on the form. This was then discussed at team meetings and fed back to the staff team if any action needed to be taken. For example, we saw that a change of GP was suggested for one person who was having behavioural issues. They had seen a lot of locums who suggested PRN for the person. The service felt the person needed a GP who they would see more regular so they could get to know them.

Staff were able to describe how they would raise concerns about people's wellbeing and who they would speak to. Staff had received training in the principles of safeguarding, but also the practicalities of how to raise an alert with local safeguarding teams. Their responses were in line with procedures set out in the service's safeguarding policies. We saw information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the service user guide. People we

spoke with confirmed they knew how to raise concerns should they have any. This demonstrated the registered manager had ensured safeguarding principles were understood by staff and people who used the service. We received feedback from one community professional that the provider had always responded to any concerns "As they should." We saw that Options for Supported Living had a dedicated Safeguarding Lead who was also their dignity champion

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Corresponding Medication Administration Record (MAR) charts were provided and all the MARs we checked were complete and up to date. People were supported to access their medicines when they needed them, as people lived in their own homes and some people chose for staff to administer their medications to them. We saw for these people there was a detailed medication plan advising staff how the person took their medications. There was no one self-medicating at the time of our inspection, however we could see that people had been asked if they wanted to self-medicate and this was documented in their medication plan. MARs were being used to record people's prescribed medications. We saw these were completed accurately. Where people had topical medication (creams) applied, this was being recorded on a body chart. Weekly medication audits were being completing by designated staff.

We saw that people were initially assessed before being offered support by Options. This assessment process consisted of visits between the development manager and the person, the completion of an initial assessment form and a person centred plan, which in most cases, was left for the person and the family/carer to complete. We saw the information gathered at this stage of the assessment process fed into the person's support records and their risk assessments. We saw that risk assessments were completed which used the 'MOST' approach. This stands for 'Maximising Outcomes Safely Together' and ensures people are supported to take positive risks to achieve their desired outcomes. For example, we saw that one person enjoyed being out in the community however, they could become fatigued easily. There was a procedure in place for staff to support them through this rather than end the activity. We saw that people's risk assessments were reviewed every six months or more often if there was a change in the person's behaviours or physical health abilities. Risks were assessed in other areas such as cooking, cleaning, accessing the community, behaviours and finance. We saw that plans had been put into place to minimise these risks, which contained specific instructions for staff to follow to help keep people safe.

We saw an example of were one person who had a dietary condition and was at risk of ingesting dangerous substances. We saw that this person's risk assessments were clearly and concise detailing what action the staff had to take to prevent this person from coming to harm.

Risk assessments were in place with regards to the environment, such as the garden and kitchen areas. There were also personal emergency evacuation plans (PEEPS). We saw that people received twenty four hour support in their own home were supported by staff to arrange for repairs and maintenance to take place when needed. This included PAT testing, gas and electric checks.

Is the service effective?

Our findings

Everyone we spoke with told us they felt the staff had the right skills and knowledge to enable them to complete their roles. One person said, "The staff are excellent." Someone else told us, "They know what they are doing."

Staff told us they liked the training and it was of good quality. One member of staff said, "The training is really good because it is face to face. I prefer this." We saw annual appraisals of staff contained a section focussed on their training needs for the coming year and that, where needs were identified, these training courses were delivered. All new starters completed 8 full days of training on topics including: Person Centred Values and Beliefs, The Role of a Support Worker, Health and Safety, Safeguarding, Medication, Managing Actual or Potential Aggression (MAPA) and First Aid. In addition to this they were also given person specific training, for example, hoist/ moving and handling training, autism training, communication training. All of this enabled staff to be able to support people safely and well. Staff we spoke with confirmed this training took place.

We saw that people were cared for by staff who had the necessary skills to meet their needs. When we spoke with a number of staff they displayed a thorough understanding of the subjects they had received training on. The registered manager was passionate about the importance of staff having the right skills and knowledge and staff who had joined the service recently spoke positively about the induction they had received. We saw that the induction all new staff received was aligned to the principles of the care certificate.

We saw examples of when specific training was arranged for staff teams to enable them to offer more person centred support to that person. We saw that the service had liaised with the trainer to ensure the training had been tailored to meet the specific outcomes of that person. The effect this had was that people were able to support this person more appropriately and there were fewer relapses and incidents.

We saw an example where training for staff went above and beyond what is required. One example was their Bi-annual training named 'The Event'. This took place every two years and was focussed on a different theme each time. This was a two day residential programme which all staff were required to attend. At the last event, we saw the theme was 'The Importance of Belonging'. Another example of where training goes beyond we saw was the Person Centred Leadership programme (PCL). This is for staff who were looking for personal development. We saw that trainers were brought in from other countries to support staff in their learning.

People told us they were supported to attend appointments at the GP. We saw that other medical professionals were involved in people's well-being and their contact details were part of people's care plans if the staff ever needed to contact someone for assistance and support. People had a 'Health Action Plan' in place and we saw that any outcomes from medical appointments were clearly recorded including any follow up appointments needed.

We saw an example of a person who had suffered from ill health, therefore their needs had changed and the staff were required to have training in order to support them. We saw that the provider had contacted a medical professional to ask if they would be willing to provide some training to the person's staff team to enable them to carry on supporting that person. We saw from records, that this person received regular training support for their staff team from this medical professional. This shows that the provider is working in collaboration with medical professionals to achieve the best possible outcomes for people.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. This is called the Deprivation of Liberty Safeguards.

The deputy chief executive explained the process they would follow if an application was required to safeguard someone in accordance with the principles of the MCA. This included involvement of the local authority if a DoLS needed to be applied for from the Court of Protection (COP). We saw that the provider had done this for some people using the service. The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who lack mental capacity to make decisions for themselves who live in their own homes.

We saw an example of where the provider has used the principles of the MCA to help support someone who was at risk of having to move house. The provider supported the person find an IMCA (independent mental health advocate) who, after various best interest meetings was able to support the person to achieve a desired outcome, which involved them renting the house of the new owner.

We saw another example which involved two people who had lived together for a number of years however due to ill health their needs had changed and they needed to move into a different property. We saw how the staff had arranged meetings with a housing provider and arranged 'best interest' meetings for the two friends to show how the move was the best decision for them. We saw that the two people moved into a different house and this journey was documented from beginning to end in their care plans.

The deputy chief executive and staff we spoke with were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation. We checked people's care plans and saw that capacity was assessed depending on the type of decision which was to be made. We also saw that the provider had followed the 'best interest' process when people required support with decision making and the least restrictive option was chosen. We saw that most people had capacity to make day-to-day decisions and this was also clearly documented within their plan of care.

People told us that the staff supported them to do their shopping if they received twenty four hour support and they had access to their kitchens at all times so could make drinks and snacks whenever they wanted. Other people told us staff took them for meals and they went out to the pub.

One person told us, "The staff come to my house and will help me make my tea." Someone else said, "I go shopping with the staff."

Is the service caring?

Our findings

All the people we spoke with told us the staff were very caring. They consistently described staff as going above and beyond their duty of care when providing their support. One person told us, "Well I wouldn't be here without them." Someone else said, "Staff are fantastic." We spoke to some family members of people receiving a service from options and their comments were equally positive. One family said, "We are very impressed with the staff." Another family member said, "If I could describe this service in one word it would be amazing" and "They [support staff] are marvellous, I just cannot fault them."

People had their rights protected and promoted in other ways. For example, we saw people had specific plans in place to ensure they were enabled to vote, whilst other people were able to practise their religion either at church or other places of worship, the staff supported some people with this.

People were involved in their care planning. We saw people, where they had capacity to do so, had signed to confirm they had been involved in reviewing and agreeing their own care plans. When we spoke with people about their care, they were aware of the care plans.

We were able to observe staff supporting one person in their own home. We witnessed relaxed and familiar interactions. The member of staff demonstrated a good knowledge of the person and we heard them talking to the person with respect. The person opened the door to us and asked if they could see our identification. The staff member was encouraging during this time and praised the person for doing this which we saw in the person's care plan was important to them. This showed that staff knew the people they were supporting well and were supporting the person to be as independent as possible.

We saw an example of where staff had taken additional steps to support someone to maintain a hobby that they loved. This involved them learning to knit, so they could sit with the person and share their hobby with them.

We also saw that staff had supported someone to buy and plant a particular tree in their garden in memory of a family member who had passed away. The person told us they had support from the staff to do this. They said, "The staff went with me and helped me choose what I needed."

There was information for people promoting independent advocacy services; some people were making use of this. People were given other important information in a way that made sense to them, such as easy read. We saw that staff had made use of images to aid communication and used photographs of people and events to help communicate with people.

Staff were able to describe how they ensured people's dignity was respected and they gave us examples of how they did this. One member of staff said, "I would always make sure I knock on their door and wait for them to open the door." Another member of staff said "I think it is important not to become too overfamiliar in people's homes and remember it is not for us to make decisions about how a service user chooses to run their home."

Care plans we saw incorporated dignity and respect throughout. For example one person's care plan for personal care stated 'Please ensure shower curtain is pulled around [person]'. Another person explained to us how staff respected their privacy when they were in their home. The person said, "They never tell me what to do and what I can and can't do, which is good for me. I don't like that, being treated like a child."

Letters of compliment were in abundance, praising staff and how they went that extra mile. One family member had written a letter to the provider thanking the staff team for facilitating a house move for their family member with minimal stress for the person, and now they had settled in really well. The family member was full of praise for the staff member.

Is the service responsive?

Our findings

People who used the service told us they felt the staff knew them well and they had formed positive relationships with them. The staff we spoke with displayed a vast knowledge about the people they supported and clearly enjoyed their work. One member of staff told us, "I love my job, it is so rewarding, being there for people." Another member of staff said, "I like the fact that we help people reach their personal goals no matter how big or small they are."

We asked other stakeholders if they felt the support from Options was meeting people's needs. One stakeholder fed back that they found Options to be a 'really good provider.'

We saw examples throughout the inspection which clearly evidenced the extent of person centred thinking that was incorporated in everything the organisation did. Person centred means to support the person in way which was meaningful for them, based on their individual choice, not the needs of the service. We looked at information provided by the service before the inspection on the PIR. It stated, "The support we provide is as individual as the person receiving it. Our mission is that every person lives life to the full. Our beliefs include that a fulfilled and meaningful life includes everyone having the power, authority and resources to control their own life."

We saw that people's care plans were written, presented and reviewed in way which was meaningful and represented each person's personality. For example, each person centred plan we saw was written in a colour scheme and font the individual had chosen. They contained photographs and images which the person could relate too. We saw that person centred plans, when possible, had been devised from an initial assessment process. The deputy chief executive told us, "We leave a blank person centred plan after our visit with people and their families, so they can fill this out, then we will use this information as the basis of their actual plan." This shows the service recognised how important it was for family to be involved and contribute with the person's permission. We saw that people who did not have family to support them were making use of advocacy services.

In another example of a person centred approach, we saw one person who used to enjoy writing poetry, however, due to a decline in the person's physical ability they were no longer able to write. We saw examples of where the staff had written for the person whilst they dictated. We saw that this had a positive effect on the person as they used this skill as a way of expressing themselves.

We saw that people were supported to attend a forum called 'Voices R Us' which was run by someone outside the organisation. This forum gave people the opportunity to discuss their individual stories as well as the support they received from Options. One person told us they had made some meaningful friendships attending this forum. They said, "It is nice for us to get together and know that we can speak our mind."

People were also involved in the recruitment process. We saw this had been completed in the staff files we reviewed, along with 'skill matching' forms each member of staff had completed to enable the person to see if they had anything in common with that staff member. We saw an example of a completed skill match

form, were the member of staff has said they enjoyed fishing and had been matched up to a person who wanted to go fishing. This example demonstrated that people who used the service had a say with regards to important decisions about their care.

We saw that activities were engaging, creative, and people using the service clearly enjoyed being a part of them.

We were able to speak to group of people at the time of inspection who were attending photography club. We asked them about the activities people using the service could access. One person told us, "There is loads always happening here. I love coming to this [photography club]. I never miss it because it gives me the chance to meet up with my friends and do something I actually enjoy." As well as the photography club we looked at photographs and newsletters which showed a plenty of fundraising events the service was involved in, as well as clubs and forums for people to attend, parties and day trips.

We were shown a magazine called 'Celebrating Fabulous Lives' which contained information about the organisation, what they do, and was also full of information about events which people had shared throughout the year. For example, we read about one person fulfilling a lifelong ambition and visiting New York. There was also the 'Cup of Sugar Festival', vintage tea parties, and football barbeques.

One person gave us an example of how the staff had helped them to find a family member who they had not seen for a long time and they managed to reconnect. The person told us this had a positive effect on them as the staff were supporting them to make sure they maintained that contact.

We saw how another person had been volunteering every week in the office at Options, helping with photocopying and computer work.

We saw an example of how one person's journey with Options had enabled them to now live a more independent life. This was because the person who had a background of being supported in a secure setting had been encouraged while out in the community to do things for themselves. We looked at this person's care plan over the last few years and saw how the staffing level's had decreased for them due to them having less incidents and showing an ability to manage small things on their own. We saw that staff would regularly document and celebrate this person's achievements. For example, supporting the person to manage their anxiety levels when out in the community.

Another example we saw was one person who loved animals to be supported to keep a pet that they could care for themselves. We looked at this person's person centred plan and this goal had been incorporated. We saw that this person was supported to purchase and care for their pets themselves. The effect this had on the person was that they felt empowered and responsible and we saw feedback collected from this person to corroborate this.

We saw another example of where one person had identified in their care plan review that they wanted to become more independent and travel to their chosen weekly activity independently. We saw that the staff had worked closely with that person, mapping routes for them and making sure they had a good level of road awareness. This person fed back in a care plan review that this type of support made them feel like anyone else and indicated they would like to find more activities they could do independently.

We asked a family member if they felt their relative was supported to pursue their interests. They told us, "There is no limit to what they [Options] will help [family member] achieve. They have the best social life of anyone I have ever known. There is always something going on."

We an example of how one person was supported to find voluntary employment as they had identified during a care plan review that this was 'important to them'. We saw from looking at records completed by staff that they had supported this person to make enquires for roles they may be interested in. This person found employment and we saw from a recent care plan review that this was working well for them. The person said they particularly enjoyed engaging with the local community and talking to them. This shows that the support staff were helping people to engage in activities.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We looked at the complaints records and noted all formal complaints had been responded to in accordance with the provider's policy. The deputy chief executive told us any concerns that people or their families had would be addressed immediately.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "Staff will always help." A family member told us, "I have never had cause to complain, but I would know how to." One relative gave us an example of when they had complained about a member of staff and the next day action was taken. Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint. Relatives we spoke with were also aware of the complaints procedure. One relative told us, "I'm always asked when I visit if everything all right. I am confident if I was concerned about anything at all, it would be handled very well like everything else."

Is the service well-led?

Our findings

There was a registered manager in post who was also the chief executive of the company.

Everyone we spoke with said they felt the organisation was well managed. One family member said, "Oh yes, they definitely get it right, they are great."

Information received from Options prior to the inspection stated, 'Options is fundamentally about creating the right culture in which to deliver person-centred support. From our Trustees to the newest staff member we emphasise the importance of supporting, empowering, and enabling the people we support.' We found from speaking to staff, this culture was very much imbedded in them from the start of their training. We saw the mission of the organisation was to 'support, empower and enable people with disabilities to live their lives to the full.' Our conversations with staff clearly evidenced this.

One member of staff told us, "It's such a lovely organisation to work for; you know they have people's best interests at heart." Another member of staff said, "It is not always easy, but the support you get from the office is amazing." "It's wonderful to support people to be all that they can be."

The organisation has been accredited with an Investors in People award. Some of the feedback from this accreditation was shared and stated that it was felt by the assessor that Options was 'one of the strongest value based organisations they had ever assessed.'

We also saw that Options had, in 2014, received the People First AAA award for caring and recognising people with disabilities as individuals and trying to remove barriers to inclusion. People with disabilities from People First came and inspected the service.

We saw the organisation held an annual 'staff awards' night, where staff were recognised and awarded for their contribution to people's lives. Most of the staff we spoke with had been working at Options for a long time and had no desire to work anywhere else. One staff member told us, "I go home with a smile on my face."

We found the registered manager and provider had successfully developed and maintained a culture of person-centred care, with a team of staff who were consistently focussed on improving the wellbeing and experiences of people who used the service to be focussed on ensuring people received a high level of attentive care.

The administration of all aspects of the service was well managed. During the inspection we asked for a variety of documents to be made available to us and these were promptly provided and well maintained. Policies and procedures were regularly reviewed. We found records to be well kept, easily accessible and accurate.

Team meetings were held regularly and were well organised on rotas so staff would be available to attend. The last team meeting was held in October 2016. We saw the minutes of these meetings. Meetings involving people who used the service took place every month; we were able to see minutes of these.

Monthly audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, moving and handling, and risk assessments. Where actions were identified, we saw evidence this was recorded and plans put in place to achieve any improvements required. We saw that one action had been recorded concerning food preparation and how more detail was needed in the person's notes. The audit contained an action plan which we saw was discussed with team leader. In addition to this, we also saw a quality assurance system with a dedicated role of 'Quality and Monitoring Lead' (QML). Each month, Team Leaders were required to submit copies of their work (supervisions, team meetings, rotas, shift support records) which was then reviewed by the QML to ensure that it remained of a high standard. We asked about feedback regarding the service. There was an emphasis on continually striving to improve the service. We saw example of '360 degree feedback' where staff had been given the opportunity to provide written comments about the management at Options. Some of these comments included, "They are just amazing." "Working with [managers name] is the best thing ever." "I know I can go to them [manager] anytime." "I am so proud to work here."

The provider monitored the effectiveness and quality of the service provided to people. This included feedback from people using the service, their relatives and from health and social care professionals in formal quality assurance questionnaires. Results of these surveys showed a very high level of satisfaction with the service, the activities, the staff and manager. We viewed the results for the most recent survey and saw that everyone had answered 'good' or 'very good' for each question. We saw that feedback forms were presented for people in an easy read format, if they required this facility. This helped them to complete the feedback forms unsupported. One person we spoke with told us this was very helpful. They said, "I always say I am happy because I am."

We saw that the board of Trustees were involved in meetings such as the 'Voices R Us' forum, and all of the minutes taken during the meeting are passed straight to the Trustees and Chief Executive for review and discussion and any appropriate action taken.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to CQC for any incidents or changes that affected the service.