

PBS4

# PBS4 Office

## Inspection report

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Date of inspection visit:  
16 March 2017  
24 March 2017

Date of publication:  
04 May 2017

## 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 inspection took place on 14 and 24 March 2017, was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in PBS4 provides personal care and support to people in their own homes. At the time of our inspection, the agency was providing a service for five people with a variety of care needs, including people living with a learning disability or who have autism spectrum disorder. The agency was managed from a centrally located office base in Southampton.

There was a registered manager at 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.

The registered manager was committed to ensuring that the service was inclusive and focussed on the needs of the people using the service. The service was governed by an independent board, which had representatives from people who used the service and relatives. This helped the service make sustainable and appropriate choices about how the business grew. The registered manager and enablement director played a prominent role in the day-to-day running of the service. There was a complaints policy in place, the registered manager investigated and relayed findings back to relevant parties in accordance to this policy.

Most people and their families were happy with the communication from the service. Family members told us they were kept informed about important events or incidents when they occurred. People told us the management of the service had stabilised and the level of communication with families had improved.

There were sufficient staff available to meet people's needs. New staff went through a robust recruitment process, which helped determine their suitability for the role. People and their families told us they were involved in selecting their own staff. The service was in the process of recruiting additional senior staff. Staff received a training programme, which was in line with nationally recognised standards and received additional training to support people's individual needs.

The registered manager monitored staff performance through support and supervision. Staff performance was measured against their knowledge and application of people's care plans. This helped the registered manager appraise staff's performance and set areas for improvement. Staff had received training in safeguarding and understood how to put this training into practice in order to help to keep people safe.

Risks to individuals, including those caused by heightened anxieties were assessed and managed effectively. Where people were involved in incidents, these were analysed to look for triggers and possible ways in which they could be prevented from reoccurring.

People's care plans were focused on building people's life skills. People and their relatives helped to

develop care plans and were involved when they needed to be updated. People and their families were able to leave feedback for staff, using the service's computer based daily recording system. This enabled the service to respond to any suggestions or changes required to people's care plans.

Staff followed legislation designed to protect people's rights. People were cared for with kindness and compassion by staff that understood the importance of obtaining consent and following legal guidelines where people were unable to consent.

People received their medicines as prescribed and safe systems were in place to manage medicines safely. The service had an emphasis on ensuring that 'when required' medicines were taken only when necessary to help ensure people's safety. Staff had worked with people to manage their anxieties and reduce the need to take these medicines as frequently.

People were encouraged to access healthcare services. The service focused on helping people to access doctors, dentists and other health professionals, even if they had previously been reluctant to do so. The service worked collaboratively with healthcare professions, which benefitted people's well-being.

Where people required support with their eating and drinking, staff were aware of the help people required. People were encouraged to participate in choosing their meals and the preparation of their food. Appropriate support was in place to encourage and guide people to follow appropriate dietary requirements to help keep them safe.

The registered manager monitored the quality of the service using a quality assurance system. This focused on whether the service was meeting the outcomes identified in people's care plans. The registered manager also invited an external company to assess the safety and quality of the service. They used this feedback to make improvements to the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Risks were managed by putting positive measures in place to avoid unnecessary restrictions for people.

Staff received training in safeguarding to help ensure people were protected from the risk of abuse.

There were enough staff available. The service followed safe recruitment processes and people were involved in selecting their staff.

People were supported to manage their medicines safely. The service worked in partnership with people and medical professionals to help ensure 'when required' medicines were administered only when necessary.

### Is the service effective?

Good ●

The service was effective.

Staff received training and supervision, enabling them to be effective in their role.

Staff followed legislation designed to protect people's rights.

People received effective support to meet their nutritional needs.

The service worked pro-actively with health professionals to encourage people to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People and families told us staff were kind and compassionate.

People were supported to explore their independence.

People and families were involved in developing their care plans and making important decisions.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised and included information about people's preferences and routines.

People were supported to explore their interests and increase their everyday living skills.

The service sought ways to obtain people and families' feedback about the service.

The service had a complaints policy in place where people and relatives could raise concerns.

### Is the service well-led?

Good ●

The service was well led.

There was a clear governance and management structure in place.

People and family members told us the culture put people at the centre of the service.

Quality assurance processes were in place to assess and monitor the quality of the service being provided.

# PBS4 Office

## **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, which took place on 14 and 24 March 2017, was completed by one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before the inspection, we reviewed information we held about the service including notifications we had been sent by the provider. A notification is information about important events, which the service is required to send us by law. We spoke with a relative of person who had experience of using the service, who contacted CQC prior to the inspection. We also spoke to two social workers and a health and social care professional with experience of working with the service.

As part of the inspection, we spoke with all seven people who used the service or their relatives. We also spoke with the provider's chair of the board, the registered manager, the enablement director and four staff members. We also visited and spoke with one person in their home.

We looked at care plans and associated records for five people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed support being delivered in a person's home.

This was the first inspection of the service since they were registered in December 2016.

# Is the service safe?

## Our findings

All but one family member told us they felt the service was safe. One family member told us, "[My relative] is well looked after and in a safe place." Another family member said, "[My relative] used to get really angry and frustrated, they do not do that anymore. I think it comes from feeling safe, having a good team around them and being in a much better place generally." A third family member reflected, "[My relative] used to need two staff with her at all times, now she only needs one."

Assessments were undertaken to identify any risks to people who received a service and the staff who supported them. These included risks around people's health and wellbeing in areas of; choking, behaviour that may injure themselves or others, communication, medicines and epilepsy. The service had a focus on using positive behaviour support when putting plans in place to reduce risks to people and staff. The Challenging Behaviour Foundation defines positive behaviour support approaches (PBS) as, 'an approach that is used to support behaviour change in person with a learning disability. PBS is based upon the principle that if you can teach someone a more effective and more acceptable behaviour than the challenging one, the challenging behaviour will reduce'. One person, who displayed behaviour that might cause injury to themselves or others had a risk assessment in place, which detailed the steps staff needed to employ if the person became anxious. The assessment detailed how staff should consider whether there may be a medical issue, before employing a set of strategies identified to redirect the person away from their anxieties. If the risk escalated then staff were instructed to employ agreed safe physical intervention and 'when required' (PRN) medicines in order to keep the person and staff safe. Records of incidents showed that in recent months the person had experienced a decrease in incidents where their anxieties escalated. The strategies staff employed were effective in supporting the person to remain calm.

Another person had a risk assessment associated with seizures experienced due to their epilepsy. The risk assessment detailed the different types of seizures the person experienced and their characteristics. This helped enable staff to identify whether seizures were within the person's normal pattern and appropriate action they should take. The risk assessment also detailed potential triggers around the person's environment which could contribute to bringing on a seizure. This helped staff to reduce these stimuli in the person's environment. Staff were also given guidance for the support the person needed if they did have a seizure and the assessment clearly identified when staff should call for medical assistance.

The registered manager showed us a system used to record and analyse incidents that occurred. The services behavioural consultant reviewed all incidents. This information would lead to a discussion about possible triggers to incident, concerns/risks, changes in behaviour and suggestions to reduce the likelihood of the incident reoccurring. People had individualised incident forms, which were adapted to enable staff to focus on areas of behaviour or the environment, which contributed to individual incidents. Occasions where one person became aggressive towards staff had significantly reduced after analysis of previous incidents. This analysis led to new guidance giving staff key words to use, which promoted effective communication with the person. This improved communication helped to reduce the instances where the person became frustrated and aggressive towards staff.

Staff had the knowledge to respond appropriately to people's concerns in order to keep them in a safe environment. The registered manager and all staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people or concerns had been raised to them. One member of staff told us, "Safeguarding is about keeping people safe, being open, reporting concerns and understanding that the person comes first."

Most families felt that the service safeguarded people well. One family member said, "There has been a marked reduction in safeguarding's since they [PBS4] took over and they are dealt with well." The registered manager showed us records of safeguarding investigations they had carried out in order to respond to concerns. The registered manager had investigated issues thoroughly and put measures in place in order to respond to feedback from local safeguarding teams to help keep people safe. For example, the registered manager had updated a person's risk assessment to clearly identify the action staff needed to take if the person became anxious. This was in response to an incident where staff did not follow the guidance, which the service had put in place.

All family members we spoke too felt there were sufficient staff available to meet people's needs. One family member told us, "We have never had an issue with staffing, there has always been enough." However, some people felt that the number of bank staff used over the Christmas period had had a negative effect on the consistency of the service, but most felt staffing levels and consistency had improved from January 2017 onwards. Bank staff are supplementary staff brought in to cover absence of permanent staff. One family member said, "At the time over Christmas there were a lot of bank staff. My relative got quite upset, but it certainly has improved." Another family member remarked, "Staffing has improved since the turn of the year, to a certain degree there will always be changes, but we are in a good place at the moment." A third family felt that improvements in staffing consistency were still required. They told us, "They still haven't got a proper team together." We looked over staffing levels, average allocations of staff per person and average working hours per staff member during the inspection. We found that people had consistent staff teams. In the absence of permanent staff, bank staff were used, but the service tried to allocate staff who had previously worked with people, who understood their needs.

The service followed safe recruitment processes, which helped to ensure that suitable staff was employed to work with people. Recruitment files included an application form with work history, references and right to work in the UK documentation. Staff also had a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

People were involved in the selection of their staff. One person told us, "I get to choose who works with me." A family member said, "My relative gets to choose their staff and meet them before they start working. The registered manager had developed a system where they worked with people and family members to identify key skills and characteristics in staff which were effective when working with the person. The registered manager then used these characteristics to design a bespoke set of interview questions for each person. They told us, "We have a values based interview, which helps us identify the people with the right ethos to work with our clients (people)." After the interview process new staff were introduced to people to see if they were compatible. One family member commented, "There is a very good system in place where my relative gets to help identify ideal staff and they get meet the new staff to see if they like them."

There were safe systems in place to help people manage their medicines. People's care plans clearly defined which medicines people took, the reasons they took them, any possible side effects and the level of support people required to ensure they took their medicines as prescribed.

Family members told us the service had worked in partnership with doctors to reduce their relative's need



for medicines prescribed for anxiety. One relative told us, "I have been pushing to reduce the medicines my relative takes for the past few years. PBS4 have helped achieve this by creating a stable environment where they are settled."

Where people were prescribed medicines on a 'when required' basis, people's care plans provided staff with a structured guide of other interventions they were to try to support people with their anxieties, before using prescribed medicines as last resort to keep people safe. One family member reflected, "They [staff] do not use medicines as the first port of call. That is a good thing. They try to use ways that are supportive and less severe, like giving them space or distracting them with another activity. It's much better than being medicated all the time."

# Is the service effective?

## Our findings

All but one family member we spoke with felt staff were competent and received training appropriate to their role. Family member's comments included, "Staff have received a lot of specialist training to work with my relative. They are very skilled", "There has been really positive support around [my relatives] seizures. Staff handle it very well and are immensely well trained", "The quality of the staff is unbelievable", and, "The staff have been exceptional".

Staff training was a mixture of classroom based and online training and was in line with the standards of the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. Classroom based training included: positive behaviour support, safeguarding, epilepsy, first aid and the Mental Capacity Act (2005). Staff had received additional training in autism and in supporting people who display behaviour that may injure themselves or others. This training taught staff management and intervention techniques to cope with escalating behaviour in a safe way.

Staff received an induction to working with people to help them understand their needs. The induction consisted of meeting senior managers in the organisation, reading and reviewing people's care plans and working with more experienced staff before undertaking duties unsupervised. A family told us they felt that staff received an induction, which was appropriate to working with their relative. They said, "Staff get the shadowing [working alongside experienced staff] they need before going on their own."

Staff received ongoing support and supervision, which helped them to remain effective in their role. The registered manager told us that they carried out role specific supervisions with staff. They said, "Staff performance is measured against a set of outcomes related to their job role. This gives a clear indicator of performance and areas for development". Supervisions focused on staff's understanding and performance in relation to following the objectives in people's care plans. The registered manager also carried out observed supervisions, where they would observe and assess staff's performance and behaviours whilst working with people.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to independently manage their medicines, consent to family members accessing daily records, or agree the amount of television they watched, in order to encourage them with other activities. Where necessary, best interest's decisions had been made following involvement of external professionals and people who knew the person well. The registered manager told us about a best interest meeting around a person's television usage. They said, "Now the team have begun working on agreed times when [the person's] television is not available by using a timer switch. When their television is

not on, they will find other activities to do and enjoy spending time with direct support. As this involved restricting when they could watch television, we involved his parents and the community learning disability team in this decision. This is helping [the person] break from their autistic ritualistic behaviours and enjoy a wider range of activities".

Staff sought consent from people using a range of communication strategies before providing support. Staff told us they referred back to guidance in people's care plans around how people make and communicate choices. Some people were able to communicate their choices verbally, whilst others used other communication strategies such as Picture Exchange Communication System (PECS). PECS is a system, which helps people with limited communication abilities to communicate using pictures.

The service had a very firm commitment to limit any physical intervention necessary to keep people safe to a minimum. Clear plans were in place to give staff guidelines about strategies to use before these interventions were required. Most people's records showed that staff had reduced the need for these interventions in comparison to previous care placements people had lived in.

People's families told us staff supported their relatives to follow a balanced diet that promoted their health and wellbeing. People were encouraged to participate in the planning and cooking of their meals. Staff encouraged people, where possible, to become independent in some aspects of their nutrition. One person had recently cooked a meal for themselves for the first time after encouragement from staff. Another person had been encouraged to follow a healthy diet, which promoted gradual weight loss. The person's family member told us, "One of their carers (staff) is a chef. [My relative] has never eaten so well. They eat things they have never eaten at home like salads. They have lost about four stone, which was well needed and they are much healthier as a result."

One person needed their fluid intake monitored due to a medical condition. The person had a history of consuming large amounts of liquid, which was detrimental to their health. Staff worked with them to develop a timetable for drinks, to structure their fluid intake to a safe amount. Staff prompted the person to refer to the timetable if they became anxious about having a drink. This enabled the person to have an understanding of when their next planned drink was due and reduced their anxieties around their fluid intake.

People were encouraged to access healthcare and supported to overcome anxieties related to accessing these services. There were many examples where staff had supported people to access healthcare services they had previously been reluctant or unable to engage in. One person accessed dental care after staff worked in partnership with the hospital to make arrangements to reduce the person's anxieties about the treatment. The person's family member told us, "It's amazing; doctors and dentists have always been our worst nightmare. They [staff] did so much in the lead up in preparation, from changing the bedtime routine to working together with the hospital, it was remarkable." The person was able to have dental treatment they required which helped to promote their oral health. Another person had anxieties around receiving immunisations, which were required to maintain their health. Staff worked with the person and community nurses to help the person understand the procedure and what would be involved. The person gradually became more comfortable with receiving the immunisations and successfully received the injections they required. PBS4's enablement director told us, "PBS4's positive behaviour support consultant worked closely with [the person's] support team to create a desensitization programme. In December 2016, [the person] successfully received Tetanus, Diphtheria, and Polio vaccinations. [The person] still needs to have a further injection of Meningitis and this is being approached using the same process."

## Is the service caring?

### Our findings

People and their relatives told us that staff were caring, kind and considerate of their needs. One person told us, "The staff are good." Family members comments included, "We are really grateful to the staff, they take the time to understand", "It's a great job that they [staff] do", and, "The girls [staff] do a great job."

People and their families told us they were involved in developing their care plans. One person told us about how the staff had been working with them to develop guidelines around their routines and preferences. They were able to show us how their input developed their care plan. They said, "I wrote this [care plan] myself. The staff helped me with it." Family members confirmed they had been involved in developing care plans for their relatives. One family member remarked, "PBS4 allow us to be very involved in our relative's life and plans", whilst another family member reflected, "PBS4 have kept us as family members involved all the way. For that, I give them credit."

Staff were knowledgeable about how changes in daily routines affected people. Many of the staff had worked with the same people for a long time and told us it was important to keep a consistent approach when supporting them. We were asked to provide a picture of the inspector visiting one person's home, so the person would be familiar with their face when they visited. Upon visiting, the inspector's picture was displayed on the person's daily planner and they appeared comfortable in the knowledge they were expecting the visit. A staff member said, "You can't eliminate the unexpected, that is unrealistic. What you can do is put some order in place so people can understand their day better and what is happening around them."

People maintained relationships that were important to them. Family members told us that staff supported people to maintain contact either through visits or regular correspondence. One family member said, "The girls [staff] have done really well. My relative came to our house to visit. It was a real achievement." Another family member commented, "They support my relative to (video call) us every week." Important figures in people's lives were identified in their care plans, along with the support people required from staff to facilitate these important links with loved ones.

People were supported with their independence. Areas in people's daily lives where they would like to be independent were clearly identified in their care plans and staff were encouraged to work with people to develop their independent skills. One person's family member told us, "I think they are promoting their independence, supporting them to do cleaning around the house, putting rubbish out and washing out. That kind of thing is very good. [My relative] also puts clothes in the washer dryer." One person was in the process of becoming more independent with some aspects of managing their medicines. They were working with staff and doctors to gradually become more confident in their medicines routine. Another person had recently started to look for a job. It would be their first job. The registered manager told us that the person was benefiting from a stable environment where they now felt confident enough to broaden their horizons.

People were treated with dignity and respect by staff. Staff told us they were respectful of people's home and were careful to avoid cluttering rooms with care documentation, as it would make people's houses look

like care environments. Staff told us they were guests in people's homes and respected their privacy by ensuring they knocked on front doors at the start of work as opposed to entering unannounced. Staff supported people away from public or communal areas if they required personal care, which also helped to promote their privacy and dignity. A member of staff told us, "Some people are really sensitive to changes in staff so these need to be handled carefully."

## Is the service responsive?

### Our findings

People's care plans instructed staff on how to support people to manage their anxieties in their everyday living. People's care plans included input from the service's positive behaviour support consultant, who worked with staff to develop strategies to help people remain calm. One family member told us, "They have a behaviour specialist who is working to identify what the problems are and ways staff can help to overcome them. My relative does not like transitions and staff are working to overcome the issues this causes." Another family member commented, "They have a behavioural lady who helps create plans and put them in place. For example, my relative loves this particular film. However, staff noticed that one particular part triggered them to become anxious. Now staff pause the film before the specific part and support my relative to transition to another activity, it's been really positive."

People's care plans detailed their communication needs. Some people were able to communicate verbally whilst other people required the use of communication aids to make their needs known. In one person's care plan it clearly set out the particular tone of voice which staff were required to use when communicating with the person. This was to help prevent them becoming anxious. Further instruction to staff detailed how they were to use key words when phrasing things as the person reacted anxiously if they heard certain words. Another person was not able to communicate verbally and communicated through a picture board that detailed events in their day. The person could become anxious around new people and unpredictable events. Staff supported the person to use this picture board to reassure them about the structure of their day.

People's care plans were personalised and detailed information about their daily routines and preferences. Most people and family members we spoke with felt care plans were effective in meeting people's needs. One person told us, "I have a very good support plan." Care plans included information about what 'a good and bad day' might look like for a person. This information included possible things that caused anxieties and strategies staff could use to support the person to have more 'good days'. In one person's care plan, it detailed how staff could support the person by offering personal space and reassure them using visual aids, which promoted their communication and choice. In another person's care plan, staff were instructed to support the person through their morning routine using visual prompts. This helped the person participate and engage in their personal care routine. The person had previously been reluctant to engage in their personal care routines and therefore found it difficult to participate in wider community based activities due to time restraints.

People and their family members were involved in reviewing and updating care plans. If appropriate to do so, people and family members could access the service's computer system, using a secure portal. This gave them access to daily notes that staff had made about people's health and wellbeing. People and families were able to leave feedback and suggestions for staff if there were any issues or they felt staff could try a different approach. One family member told us, "There is the website we log into where you can look at the daily records and leave feedback for the staff. It's very useful." Another family member said, "If we have any concerns, we can log onto the website and log on to access the daily records." A third family member commented, "If I have any issues. Then I will go to (senior staff). They will always deal with it quickly."

The registered manager held regular periodic reviews with people and their family members. These reviews reflected on the events and progress since the previous review and enabled people to set new goals to work towards. One family member told us, "There are reviews which we go to where new targets and goals are set." Another family member commented, "If I notice something then I will tell PBS4 and we can change it. They understand how to work in partnership with people."

All but one person or relative we spoke with felt the provider was proactive in supporting people to follow their interests and increase their life skills. One family member said, "They [PBS4] are always looking for ways to improve my relative's life and new things for them to access." Another family member commented, "They encourage [my relative] to do things inside and outside the home, PBS4 have people on call that can come to help if they are in the community if staff need some additional help during an activity or event."

People were encouraged to participate in the upkeep of their homes by being supported in everyday living skills such as cooking and cleaning. Staff supported people to build their involvement up gradually, giving them tasks that were manageable and achievable to help people gain confidence in areas they were completing. As people became more confident, staff encouraged this by taking a more 'hands off approach'. A member of staff told us, "At the end of the day, we are not here to do things for people; we help to encourage people to have the skills to do things for themselves."

People took part in a range of social and leisure activities, which promoted their social skills and wellbeing. These included attending educational classes, music therapy groups, joining leisure classes, attending pop music concerts and utilising local leisure facilities. One family member felt their relative did not have a robust activities provision in place. They told us, "Staff have got stuck in a routine; their routine. They don't have the imagination or know how to engage [my relative] in structured activities." We spoke to the registered manager about these concerns. They showed us plans staff had been working towards to decrease the person's anxieties around using transport and accessing the community. Records showed that the person had regularly accessed local shops and parks and had attended a leisure class in the community. A member of staff said, "It's really small steps at the moment [with the person], we are just getting to know them and starting to build trust, it's going to be a gradual journey, but I'm sure we are on the right track."

Although one family member felt the service did not keep them updated with incidents involving their relative, all other family members we spoke with were satisfied with the level of communication they received from the service. Family member comments included, "They [PBS4] are always at the end of the phone", "They [PBS4] always ring if something happens", and, "[The registered manager] always keeps me in the loop". However, one family member did tell us, "Supervisory staff are sometimes difficult to get hold of, but I can always contact the registered manager". A social worker commented, "Organisation is reactive rather than proactive and often quite disorganised". The registered manager took on-board this feedback and showed us plans that were in place to streamline office functions to make the service more efficient.

There was a policy and system in place to deal appropriately with complaints. People and their relatives told us that they knew how to complain to the provider and felt comfortable doing so. One person told us, "If there was anything I didn't like I would speak to him (the registered manager). He's alright and would sort it out." A family member told us they felt the senior staff were responsive for dealing with complaints, they said, "There have been some failures in communication. We were not informed about an incident with our relative. We called the registered manager to make a complaint and he came to visit and responded very quickly. He put things right straight away. Otherwise they [PBS4] have been first class." Records of complaints made to the service showed the registered manager investigated concerns and had been open with people and families when mistakes had been made.

## Is the service well-led?

### Our findings

The vast majority of people and relatives we spoke to told us that the culture put people at the heart of the service within PBS4. One family member remarked, "It's been really good. My relative has been to other placements that have always broken down. PBS4 have a good understanding of [my relative]. They gear everything towards them." Another family member commented, "I have the highest respect for PBS4 and what they are trying to achieve. It's just a case of making sure what they say will happen, actually happens, and they keep checking and reminding staff what they need to do." A social worker with experience of working with the service told us, "My experience of the registered manager was someone who was very experienced, very approachable and very person centred." The registered manager told us, "We call the staff 'enablement assistants' because we want staff to enable people to do and achieve things as individuals, not do things for them".

With the exception of one person's relative, people and their family members felt PBS4 had a clear management structure and was well led. One family member reflected, "The two people in charge have been excellent." A second family member remarked, "The structure of the organisation is good." The provider had a governance board. The registered manager and enablement director also were members of the board. The board included representatives from people who used the service and a parent. The registered manager told us, "Having an independent and diverse board give us a sense check to ensure we are making sustainable decisions". The chair of the board told us about examples of how they had supported the registered manager to make decisions about the provider's policies, procedures and growth of the business.

The service had just appointed a new operations manager, whose role was to oversee the daily running of the service. The operations manager had two senior staff who supervised staff that supported people. Family members told us that some senior staff had left towards the end of 2016. They felt this had had a negative effect on the communication between the service and families, and the consistency of staff. One family member told us, "Since starting, three [house] managers [senior staff] have left." The registered manager told us they were recruiting an additional senior member of staff. In the interim, the registered manager and the enablement director had taken a more prominent role in the day-to-day management of the service. People's families felt these changes had benefited people in receiving a better quality service. One family member said, "The change in management has been positive." Another relative remarked, "A team leader came in to put some order in place and he was quite good." A health and social care professional commented, "Things at this service have improved dramatically. I have no doubt at all that this is down to the refined and reorganised management of the service, a more stable staff team and a care package/programme structured to cater for [person's] needs."

The service held regular events where family members could get together. Family members told us how the service facilitated a monthly coffee morning for families of people who used the service. Comments included, "We go to a coffee morning held by the company with other parents. It's been really beneficial and acts as a great support", and, "We go to coffee mornings at PBS4. It has helped us learn a lot more about PBS4". This acted as a support network for relatives and gave them the opportunity to feed back to the



registered manager about the service. The service had also provided guides around positive behaviour support which were available to download from their website. These guides gave family members practical tips in adopting strategies to support their relatives used by staff.

The service participated in a range of professional networks, which involved sharing best practice and promoting wider awareness of people living with learning disabilities. The service was part of a network of providers who regularly met to discuss best practice in delivering positive behaviour support. The registered manager also told us they had arranged to give a talk to a local school to raise awareness about people living with learning disabilities in the community, following an incident where pupils had shown a lack of understanding about the issues.

The registered manager monitored the quality of the service through quality assurance tools. They completed a monthly audit, which measured the effectiveness of staff support in meeting the identified goals in people's care plans. The results were taken from daily recordings, incident reports, and conversations with staff, observations of staff and conversations with families. The results were discussed in team meetings, where successes and opportunities to improve were discussed. This enabled the registered manager to constantly assess and review the quality of support being provided and share updates with the staff team.

The service had also commissioned an external company to carry out a 'quality check report'. The registered manager told us this was like a 'mini inspection'. The 'quality check report' involved visiting people's homes and looking to see whether the service provided was; safe, effective, caring, responsive and well led. The registered manager used the findings of the report to implement changes from the recommendations made. In one example, the 'quality check report', highlighted communication between staff and families could be improved. The registered manager used this feedback to implement a system where people's relatives were updated after staff team meetings. This helped to ensure relatives were kept informed about new support guidance and issues relating to their family members care and wellbeing.