

Aiding Independence Ltd

Aiding Independence

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Outstanding



Is the service responsive?

Outstanding



Is the service well-led?

Good



Overall summary

The inspection visit took place at the Aiding Independence office on 7 and 9 October. On the 12 October 2015 we spoke with relatives and visiting professional by telephone.

The service's office is based on the main road of Herne Bay town centre and offers support and care to people within the geographical areas of Herne Bay, Canterbury and surrounding areas. Aiding Independence is registered to provide personal care to people who have learning disabilities. The service provided a supported living service for people in their own homes. Some people lived

in their own in rented flats, others lived in shared houses. Each person had a tenancy agreement. Some people lived with their families. People were able to tell us about the care and support that they received.

There was a wide age range of people using the service and their needs varied greatly. For some people the routine was that staff would go into their homes in the morning to assist, support or guide them with their personal care and breakfast to help them get ready for the day. The staff then returned in the evening to offer assistance and support. For others, staff were available

Summary of findings

throughout the whole day. Staff supported some people to participate in activities in the community while other people were able to do this independently. The service worked to give people the care and support they wanted and needed to develop their skills and to reach their full potential and to be as independent as possible.

There was a registered manager working 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, and two directors, supported us throughout the inspection. The management team visions and values were imaginative and person-centred and made sure people were at the heart of the service. They were developed and reviewed with people and staff and were owned by all. The management team demonstrated strong values and a desire to learn about and implement best practice throughout the service. The management team made sure the staff were supported and guided to provide outstanding care and support to people enabling them to live fulfilled and meaningful lives. The ethos of the service was a 'hands off approach', so that people could be as independent as possible. Staff were positive about the support they received from their managers. They were encouraged to strive to improve. Staff were very motivated and proud of the service. One comment people, their relatives and professionals consistently said to us was, 'The service changes people's lives'.

Before people decided to use the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People and their relatives were fully involved in the assessment and had a say. Their opinions were taken seriously and acted on. The care and support needs of each person were different and unique and this was reflected throughout their care plans. People were involved in developing and writing their plans. They told staff what they needed and wanted. When people requested what could not be achieved there were boundaries in place so people knew what was attainable and achievable and what was not. This was explained to people in a way they could understand and accept.

People, relatives and professionals like care managers, who were involved with people, told us that they were very happy with the service provided. They said that the management team and staff were very proactive and they did not give up. If a plan did not work they looked at other innovative ways of supporting people to develop. The details in the care plans contained the information needed to support people in the way they preferred and suited them best and that they had chosen. People, relatives and staff said the communication between them and the office made sure that they were up to date with people's changing needs. They said that support and care was flexible depending on what people wanted and needed and any specific time.

People were supported to make choices and to take 'risks' in their daily lives. Potential risks to people were identified and assessed. There was guidance in place for staff on how to care for people effectively and safely and without restricting their activities or their lifestyles. Staff were able to tell us what they would do if an incident did occur, but in some cases, further detail was needed in the risk assessments so that staff had full written guidance of how to keep risks to a minimum.

Safeguarding procedures were in place to keep people safe from harm. People felt safe using the service; and if they had any concerns, they were confident these would be addressed quickly by the management team. The staff understood their responsibility to recognise and report safeguarding concerns and to use the whistle blowing procedures. They had received training in how to keep people safe and demonstrated a good understanding of what constituted abuse and how to report any concerns.

People were able to make decisions about their care and support. Staff had received training in the Mental Capacity Act 2005 and they were able to explain current guidance to support people to make decisions. They told us about the importance that everyone should be deemed to have capacity to make decisions about their lives. The Mental Capacity Act 2005 provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The registered manager told us about occasions when people had been referred to health and social care professionals to make big decisions about their care and support. Best interest meetings had been held to collectively decide what action should be taken to act in the person's best interest.

Summary of findings

Some people were able to take their medicines independently and required no support or intervention from staff. Other people did need support, prompting and supervision to take their medicines. People received their medicines safely and on time but the systems and records being used did not accurately record the medicines people were being supported or prompted to take. People were monitored for any side effects of their medicines and if there were any concerns their doctor was immediately contacted. The staff made appropriate referrals and worked jointly with health care professionals, such as community nurses, doctors and specialist services to ensure that people received the health care support they needed.

Staff supported, prompted and supervised people to prepare meals to make sure they had a range of nutritious food and drink. People told us that they had increased their cooking skills because of the support from staff. When people were at risk of not drinking enough this was monitored by staff on a daily basis to make sure they were drinking enough.

There were sufficient numbers of staff available to make sure people's needs were met. Staff had permanent regular schedules of calls so that people received care from a consistent team. People and staff had strong bonds and relationships. There was mutual respect and friendship. Staff were caring and treated people with dignity and respect. Staff responded on a daily basis to people's changing needs. People were able to express their opinions and views and they were encouraged and supported to have their voices heard within their local and wider community. They played an active role in the running of the service and the organisation. They were enabled to promote links within the community that improved their own lives and the lives of the wider community of people with disabilities. People took an active role in the District Partnership Group where there was involvement from local community services like the police and health professionals. There was also a weekly 'drop in' centre where everyone met up to chat, do activities and plan events. The 'drop in' service was also visited by other people who did not receive a service from Aiding Independence, everyone was welcomed.

Relatives told us that the staff arrived on time and stayed for the duration of their call. Staff supported people to go out during the day and in the evening to attend various activities in the local community. People were supported to go where ever they wanted to. The activities varied depending on what the person liked and enjoyed. People were coached, supported and encouraged to do things independently like travelling on public transport, shopping and visiting family and friends.

People were protected by robust recruitment procedures and new staff had induction training which included shadowing experienced staff, until they were competent to work on their own. Staff had core training and more specialist training, so they had the skills and knowledge to meet people's needs. The registered manager was looking at ways to develop the training systems to make sure staff were getting all the training that they needed. Staff fully understood their roles and responsibilities as well as the values of the service.

People and staff were supported by an out of hours on call system. They told us that the management staff were always responsive and any queries raised were sorted out promptly.

People, relatives and staff felt confident in complaining, but did not have any concerns. People had opportunities to provide feedback informally and formally. The feedback received had been positive.

The culture within the service was transparent, personalised and open. People, their relatives and staff could drop in at the office at any time to discuss any issues or concerns. There was a clear management structure in place and staff told us they were all part of the team. They said they felt comfortable talking to the management about their concerns and ideas for improvements. There were systems in place to monitor the safety and quality of the service being provided. The service looked at new ways of working to continuously improve.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not completely safe.

Risks to people were assessed and staff were able to tell us what action they took to reduce risks. However, full written guidance was not always available to make sure staff knew what action if the risks occurred. People were supported to take positive risks, enabling them to lead independent lives.

People received their medicines when they needed them and in a way that was safe but precise records were not kept of the medicines people had received.

Staff knew how to protect and keep people safe. They could identify the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of staff on duty to meet people's needs. Staff were recruited safely and completed induction training so that they had the skills and knowledge to look after people safely.

There was support from the management team outside of office hours and systems were in place to respond to emergencies.

Requires improvement



Is the service effective?

The service was effective.

People were asked about their preferences and choices and were supported to remain as independent as possible. The manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received care from staff that were trained to meet their individual needs. Staff arrived on time and spent the allocated time caring for and supporting people.

Staff supported or supervised people to make sure they had a range of nutritious food and drink.

People were supported to access appropriate health, social and medical support as soon as it was needed. People were supported to understand and take control of their health needs.

Good



Is the service caring?

The service was outstanding in providing caring staff to support people.

The management and staff had a strong, visible person centred culture and were exceptional at helping people to express their views so they could understand things from their points of view.

Outstanding



Summary of findings

People and relatives valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. As a result they felt really cared for and that they mattered.

The management team and staff were exceptional in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity.

Is the service responsive?

The responsiveness of the service was outstanding

People received consistent, personalised care, treatment and support. They were involved in identifying their needs, choices and preferences and how they would be met. This information was written in a care plan that described what staff had to do to make sure person centred care was provided.

People's care and support was reviewed, with their input, when their needs changed.

People took part in a wide range of activities which they had chosen. People were part of the community in which they lived and were supported to increase their skills and achieve their ambitions.

There was a complaints procedure in place, and people were encouraged to provide feedback and were supported to raise any concerns. Concerns and complaints were always taken seriously, explored thoroughly and responded to in good time.

Outstanding



Is the service well-led?

The service was well-led.

People, their family and other stakeholder's, including friends, were regularly involved with the service in a meaningful way, helping to drive continuous improvement. People's feedback about the way the service was led described it as 'consistently good'.

People, their relatives and staff had the opportunity to develop the service as there were regular meetings to discuss all aspects of the service. The staff had a clear understanding of their roles and what their responsibilities were. The management team was consistent, led by example and were available to staff for guidance and support.

Quality assurance arrangements were robust and the need to provide a quality service was understood by all staff. When required, processes were in place to enable managers to account for actions, behaviours and the performance of staff.

Good



Aiding Independence

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 07 and 09 and 12 October 2015 and was announced. The provider was given 48 hours' notice because the location provided a supported living service and we wanted to make sure we were able to speak with people who use the service and the staff who support them. On the 07 October 2015 we went to the service's office and looked at five care plans, five staff files, audits and other records. We spoke with the registered manager and the two directors and a person who used the service. We also visited one of the houses where support was provided and spoke with two people and two members of staff. On the 09 October 2015 we visited people's flats and a

house where support was provided. We spoke with three people and two members of staff at this time. We talked with people at the drop in centre, which is held every Friday, at the services office. On the 12 October 2015 we telephoned relatives and visiting professionals to ask them their opinion of the service.

One inspector completed the inspection. This was because the service only provided the regulated activity 'personal care' to a small number of people.

The service had not completed a Provider Information Return (PIR) as we had not yet asked them for one. The PIR 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. We reviewed information we received since the last inspection, including notifications. A notification is information about important events, which the provider is required to tell us about by law.

At the previous inspection on the 14 June 2013 there were no concerns.

Is the service safe?

Our findings

People told us that they felt safe and trusted the staff that supported them. Relatives said that staff supported people to take risks while they were kept as safe as possible. Relatives said staff looked after their relative as well as they would.

There were policies and procedures in place to make sure that people received their medicines safely. Staff had received training in how to give people their medicines. Staff made sure that people had a continuous supply of their medicines by supporting them to attend doctor's appointments and collect prescriptions from the pharmacy. People's medicines were stored safely in their homes and people's medicines were handled safely. People, relatives and staff said people received their medicines when they needed them. Some people took their medicines independently with no involvement from staff. The aim of the service was that people would be able to take their medicines as independently as possible with as little or no input from staff. People were working towards this, but in the meantime some people did need prompting or support and guidance from staff to take their medicines as prescribed by their doctor. Staff recorded when they gave people their medicines in the daily records or ticked a chart to indicate people had received their medicines, but this was not an accurate record of all of the medicines people had actually received. There was a risk that all medicines people had to take were not recorded.

We recommend that the registered manager seek advice and guidance from a reputable source and consults the Royal Pharmaceutical Guidelines about the recording of medicines.

Risks to people had been identified and assessed. People were involved in developing their risk assessments. The service used a 'traffic light' system to identify the level of risks for people when they undertook everyday activities. This was written in a picture format so that people could understand. People understood the 'traffic light' system and worked towards reducing risks while still living their lives in the way they wanted to. Some of the written guidelines lacked detail on what to do if an incident did happen. Some people were identified at being at risk from choking or exhibiting self-injurious behaviour. There was information and guidance available for each person to tell staff how to prevent this from happening or the signs to

look out for; but in some cases there were no written instructions to say what to do for people if they did start to choke or exhibit behaviours. We asked the staff what they would do. The staff knew people well and they were clear and knowledgeable about what to do if a person did start to choke or exhibit a behaviour. People were coached and reminded by staff about how to keep safe in their own homes. They were reminded to lock their doors and always be wary about visitors. They were reminded daily about not answering their doors to people they did not know. People we visited were very conscious about keeping themselves safe because they had had this coaching and guidance from staff.

We received feedback from a visiting professional who was involved with the service. They told us that their experience of working with the people and staff at Aiding Independence was a positive one. They had witnessed people being treated with respect and dignity and they told us about people were supported to take risks to enhance their lives and experiences.

Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents. For example, when a person was being supported to cook and was not used of using the cooker they caught their finger on the hob and sustained a small burn. The staff contacted the occupational therapist, who undertook an assessment and provided an application for the cooker to prevent this from happening again. The person went on to cook independently and there was no reoccurrence.

People told us that they felt safe. People looked comfortable with other people and staff. People said that if they were not happy with something they would report it to the registered manager, who would listen to them and take action to protect them. Staff explained how they would recognise and report abuse. Staff had received training in safeguarding adults. They were knowledgeable in recognising signs of potential abuse and how to report abuse within the service and to outside organisations. Staff explained that each person had a range of risk assessments and individual support plans that gave staff guidance on how to help keep people safe. Staff explained that they had built up good relationships with the people they supported and were able to tell when something was wrong. They told

Is the service safe?

us the signs of abuse may include unexplained mood swings, or other behaviour that was out of character. Staff told us they would not hesitate to report any concerns to the management team. The management team and staff were familiar with the process to follow if any abuse was suspected and knew about the local authority safeguarding protocols. The service had correctly reported suspected abuse. Staff were aware of the whistle blowing policy and said they would not hesitate to report any concerns to the management or other agencies. The service had systems in place to investigate and respond if any issues were raised and if any staff practice was questioned.

People were receiving care from adequate numbers of competent and skilled staff. The number of staff required for each visit was determined by the level of care and support each person needed. This varied at different times of the day and night. Some people required support throughout the day and others only required support for an hour in the morning and evening. Other people had staff available at night 'just in case'. No one had experienced any missed calls and people and relatives told us the staff were

always on time. The registered manager confirmed that no visits to people had been missed. The service had sufficient numbers of staff to meet people's needs and cover holidays and sickness absences. Staff told us if there was an unexpected absence, due to sickness or an emergency, then the directors or registered manager covered the short fall. There was an on-call system covered by the directors and the registered manager. People, relatives and staff said when they had contacted the service out of hours they had received a prompt reply. People told us that they could always rely on the staff coming when they requested additional calls.

Staff were recruited safely. All of the relevant checks had been completed before staff started work. This included an application form, evidence of a Disclosure and Barring Service (DBS) check having been undertaken, proof of the person's identity and evidence of their conduct in previous employments. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. They said that staff worked towards supporting people to be as independent as possible and focussed on people achieving their aspirations and to be whom they wanted to be. One relative said, “I wrapped X in cotton wool when they were living with me I did not realise what they could actually do for themselves. It has been amazing what they have achieved with the support and coaching from staff. They are now living in shared accommodation and they are so happy and independent”.

People and relatives said that staff had the skills and knowledge to give them the care and support that they needed. Visiting professionals told us that staff contacted them promptly if there were any concerns and acted on the advice or changes to people’s care and support. They said that the staff had worked with difficult situations but had not given up and persevered to reach positive outcomes for people. They said ‘most agencies would have given up, but they did not’.

Relatives said that the staff were well trained and the registered manager did not let new staff do anything until they had done a lot of shadowing and were fully confident and competent. There was a stable and consistent team of staff who knew people well and knew how they liked to receive their care and support. They had knowledge of people’s medical, physical and social needs. Staff were able to tell us about how they supported each person to ensure they received what they needed. Staff said, ‘We want people to develop skills and do as much as possible for themselves’.

Before staff started working at the service they had an interview. People using the service were involved in the interview process and could give input into whether they thought staff were suitable. New staff completed an induction training programme when they first started to work at the service. This involved spending time in the office with the registered manager and becoming familiar with how things were run and the policies and procedures of the service. Staff were introduced to people and the staff they would be working with. The registered manager matched new staff to people they thought they would connect with. The registered manager said, “We give it a trial period and if it does not work out we make changes”.

New staff shadowed senior members of staff, and they completed a probationary period before becoming a permanent staff. The registered manager said they did not let any new staff do anything unsupervised until they were totally confident in their skills and abilities. The registered manager assessed the competencies of the staff by observing their skills in people’s homes or at the ‘drop in’ centre which was held weekly at the office.

Staff told us that they felt supported by the registered manager and the directors. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. Staff had regular one to one meetings with the registered manager and they also had an annual appraisal. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively. There were regular meetings at the office when staff could discuss any issues, suggest different ways of doing things and raise ideas about how they could improve things for people.

Some staff had not completed all the training they needed to make sure they had the skills, knowledge and competencies to meet all people’s needs. Some staff had not completed infection control training and fire training provided by the company. However, they had attended training sessions with the local fire officer at people’s individual houses. People who used the service were involved in these training sessions and most had been trained in a variety of subjects to increase their skills, confidence and knowledge. Staff told us they felt supported and that the training they had completed was good. Staff were knowledgeable about the training they had received and they were able to tell us what training courses they had completed and others they planned to complete. The registered manager kept an overview of what training staff had undertaken and when ‘refresher training’ was due. Regular training updates were provided in subjects, such as, first aid and safeguarding people. The registered manager had identified the shortfalls in staff training and there were plans in place to make sure all staff received the training that they needed.

The staff knew people well and had knowledge about how people liked to receive their support and what activities

Is the service effective?

they enjoyed. Staff were able to tell us about how they cared for each person on a daily basis to ensure they received effective person-centred care and support. They were able to explain what they would do if people became upset. Some people who could not communicate fully using speech had specific technical communication aids, others used pictures and objects of reference. Staff understood people's wishes and needs and supported them in the way they wanted. People also had pictorial shopping cards. These were pictures of different foods which people could attach to their key rings before they went shopping to remind them of the food that they wanted to buy. Some people had been having a few problems travelling on public transport. They had discussed ways of dealing with this issue and, with staff support, had come up with a solution. One person was making small credit size cards to give to people so that they could show the bus driver when they got on the bus. They stated things like, 'Please speak slowly. I am hard of hearing. Thank you'. Please be patient I have a hidden disability. Thank you'. Please count my change for me. Thank you' and 'Please give me time to sit in case I fall down'. People thought this was a good idea and that it would help them.

Staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff had been trained about the MCA and put what they had learned into practice. Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and all of the people receiving support had capacity to make decisions. The registered manager was able to give examples of occasions when people had to make important decisions. When this happened information about the choices was presented in ways that people could clearly understand. People's representatives got together with them to decide if the decision was in the person's best interest.

People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and

did not work in isolation. People were supported to make their own and to attend medical appointments. People's health was monitored and care provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals. People had health action plans. These explained to people about the health and dental checks that were available to them and gave them a better understanding about how to keep healthy. The health action plans explained about the checks they would need, what would happen and how they would be supported and were presented in a way people understood.

People were supported to maintain a balanced diet. People planned their own menu each week and then went to the shops to buy the food they wanted and needed. Staff provided people with information about healthy eating and helped them to plan their meals and manage their budget to purchase a balance of healthy foods. When some people had first joined the service they were overweight and there was a risk that this was affecting their health. People had decided that they wanted to do something about this and had attended slimmer's world and weight watchers groups for support to reach a healthy weight. People we met had reached their target weights and were now maintaining this by eating a healthy well balanced diet. People also went to the gym or did regular other exercise to help them maintain their weight. People were very proud of their achievements and showed us before and after pictures. People had won awards at their slimming clubs. People were encouraged to be as independent as possible in preparing their meals. The amount of support and supervision people needed varied. People had been supported to cook the Sunday roasts and other meals for their house mates. People ate out in cafés and restaurants when they wanted to and when their budget allowed.



Is the service caring?

Our findings

People told us that they found the staff were very good and helped them do whatever they wanted. They said staff were very kind and always listened to what they had to say. One person said, “They treat me properly and if I am worried I just call the office and they sort everything out”. Another person said, “X (the registered manager) always sorts things out. I can talk to any of the staff who come. They help and understand me”.

Relatives told us they were very pleased and happy with the support their relatives received. Relatives said, “It’s like one big family. Everybody knows each other and lots of people meet up every Friday at the ‘drop-in’ at the office. It’s great”. “I feel at ease with the staff and the management team. They do not make any judgements about people; everyone is accepted for who they are. I cannot fault them”. “They go over and beyond the call of duty. They have spent extra time with X to make sure they were safe”. “I was so worried about what would happen to X if something happened to me. Aiding Independence staff have supported X to become independent. I didn’t think this would ever happen. They are now living in their own flat. They have been coached and supported to become as independent as possible. They can now go out on their own, cook, clean and generally look after themselves. It is a great relief to me and a whole new world for X”.

The service had a strong, visible person-centred culture. Staff had developed positive relationships with people. People had regular staff to support them and the staff were organised into teams to make sure that people received support from staff that knew them well. People received care and support from staff that knew and understood their history, likes, dislikes preferences, needs, hopes and goals. Relationships between people and staff were based on equality and mutual respect. Staff were able to talk in detail about people and people were able to talk in detail about the staff who supported them so each knew each other well. Staff knew how people preferred to be supported and what worked well for them and what did not. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff listened to what people said and responded to them in a way they could understand.

At the beginning of every week people were given a list of the staff who would be supporting them for the next seven

days. People said that they liked to know this as they knew who was coming to the door. People and their relatives said that staff were reliable and considerate and had spent time getting to know people. One relative commented, “Time keeping is excellent. The staff are reliable”. They said that staff were very patient and really supported people to achieve their goals and aspirations. Staff and their mix of skills were used innovatively to give them the time to develop positive and meaningful relationships with people. One person wanted to do activities like rock climbing and skating. They were supported by staff who were able to do these activities and who supported the person to take the risks involved and successfully do what they wanted.

Peoples’ diverse needs were considered throughout the care and support they received. Staff considered and respected people’s choices and preferences in all aspects of their care and support. People’s religious beliefs, sexuality, the language they used to communicate were respected and embraced by the staff who supported them. Staff went out of their way to support people to become part of the community and to be involved with like-minded people who they could relate to and learn from.

Staff were exceptional in promoting people to be independent and supporting people to remain independent. One staff member said, “Where I worked before staff did everything for people. People just sat around waiting. That doesn’t happen here, everyone is involved with everything”. Staff coached, encouraged and supported people to prepare their meals, do their chores, access community facilities and to try new activities. Assistive technology was sourced, supplied and used to help people retain or develop their independence. One person had a difficulty communicating by speech. The registered manager had involved the speech and language therapist and they had sourced a communication tool which could be downloaded into the person laptop to support them to communicate. The person and staff were being supported and trained by the speech and language team to use the tool effectively so everyone to communicate with each other.

When we visited people in their own houses and flats we found that staff respected people’s homes and the right for them to do things for themselves when they wanted to. Staff did not go into people’s homes unless there was someone in. When we went to one house the staff asked people if it was alright if they made a drink for the inspector



Is the service caring?

and waited for a response before doing so. Training and coaching sessions were carefully planned and carried out to enable people to try new things and develop new skills. For example, one person had been supported to use public transport on their own. At first the staff went with the person to the bus stop and on the bus and took them to an activity. The staff took pictures of the route and slowly withdrew from the bus ride. The person had the security of the pictures to know where they were and when to get off the bus. Initially someone met the person at the end of the journey. Over a period of time the person became more confident and independent and was now using the bus alone and attending an activity without any support.

People were involved in organising and developing skills of other people who used the service. The management team, with people using the service, were heavily involved in the District Partnership Board and held planning meetings at their office. This was led by a person who used the service. They, with the support of staff, organised talks and training sessions for people by professionals in the community. The local community police had given a session on bullying. A nurse came to discuss the importance of getting a flu jab and sexual health. There had been training on first aid and epilepsy. People told us that these sessions were really good and helped them to develop their knowledge and skills. They said that it helped know what to do in certain situations.



Is the service responsive?

Our findings

People told us that they were supported to lead independent lives and that they had the opportunities to do things that they wanted to and had chosen to do. People were involved in a wide range of interesting activities. Some people had a job. People volunteered and worked for an organisation called 'Tuck by Truck'. This was where they prepared packed lunches and delivered them to local offices. People were paid for delivering the lunches in the truck and they took turns to do this. People said that they really enjoyed going to 'Tuck by Truck', they said they had fun. The management team were mindful about how much people could earn so that it would not affect the benefits they received.

Other people worked in local supermarkets and some people went to college to study and had opportunities for life long learning. One person told us how they were looking forward to starting a Maths and English course. They said they were waiting to hear if they had a place. They and their support worker was going to visit the college next week to 'hurry them up a bit' as they were eager to get going. People were supported to do voluntary work with charities like the RSPCA and Oxfam. People were excited when telling us about the other activities they participated in. People went to discos and night clubs. A group of people had just returned from a holiday in Italy and were keen to share the photographs they had taken. People were supported to go on holiday twice a year. If people were happy to fly they went abroad, if not, they chose somewhere in the U.K. Peoples' interests and hobbies were discussed regularly and they were supported to take part in all sorts of activities and to try new things. People went horse riding, one person went to a drama and singing, other people went to the gym to help to keep fit and healthy. People had friends over to their homes whenever they wanted and sometimes they cooked for them. People could essentially do what they wanted to do and lived a fulfilling and active life.

Relatives said the care and support people received was developed and built around each person's specific needs. They said the service offered bespoke specialist care and support for a younger group of people with learning disabilities. People were at the centre and everything else revolved around them making sure they had everything that they needed to live independent and fulfilling lives.

People who were important to people, like members of their family and friends, were named in the care plan. This included their contact details and people were supported to keep in touch. Some people visited their families regularly and families also visited the people in their own homes. One relative told us, "X is so busy these days I have to book in advance to visit. It hard for me to believe that before X received care from Aiding Independence they hardly went out at all". Relatives were very complimentary about the support people received.

People received consistent, personalised care, treatment and support. People's care and support was planned proactively so the staff anticipated any changes needed. People were involved in all aspects of their care planning. Staff supported people to be involved in planning their care; they talked through with them how they wanted things done and where they thought they needed support. Staff supported people to set goals and targets when they planned their care. These were reviewed regularly in partnership with people. People and their relatives said that the care and support was flexible and changes could be made to accommodate people's wishes and specific needs.

The service usually received their referrals from the local social services team. When people first requested the service they had an assessment from the management team which identified their care and support needs. From this information an individual care plan was developed with people and their relatives, if appropriate, to give staff the guidance and information they needed to look after the person in the way that suited them best. Staff had to have full knowledge and understanding of the person and how to care for them before they were allowed to support them. The management team met with staff to discuss all aspects of the care and support and how the person and their relatives wanted it to be carried out.

The care plans were personal and gave a full picture of the person. There was step by step detail on how people preferred to be supported with their personal care, communication, behaviours, money, medicines, meals and activities. They contained all the information needed to make sure that people were receiving everything they needed in the way they preferred. People's plans were reviewed regularly or sooner if their needs changed and they were provided with support that met their needs and preferences. If they wanted to, people could bring their own



Is the service responsive?

care plans down to the office so they could be updated on the computer. Otherwise, they were updated by hand in people's homes and staff then made sure the changes were made on the computer system.

When some people first started the service they stayed at the 'training house'. Here, people's skills and potential were assessed. Person centred care plans were developed with people to decide what direction they wanted to take with their lives. People were supported, guided and coached to be as independent as possible. People who were previously dependent on others were now going out alone or with minimum support. They were taking care of their own personal needs, like washing, cooking, cleaning and taking their own medicines. They were doing the activities they wanted to do and living purposeful and meaningful lives. When people were finished at the 'training house' they decided if they would like to live in their own flat or share a home with others. One person had initially decided they wanted to be in a flat on their own but this had not worked. The situation was reviewed with the person, their relative, staff and care manager and the person went to live with others in a shared house. They were now settled and happy.

Professionals who had been involved in placing people with the service said it was 'focused on providing person-centred care and it achieved exceptional results'. Professionals said things like, "They change people's lives for the better" and "The management and staff are consistent and persistent. They do not give up".

A system to receive, record and investigate complaints was in place so it was easy to track complaints and resolutions. The complaints procedure was available to people and written in a format that people could understand. If a complaint was received this was recorded and responded to. There had been no complaint to the service in the last 12 months. People and relatives said that the registered manager and staff were approachable and said they would listen to them if they had any concerns. A relative said that communication was good and the management team and staff kept them informed of their relative's care at all times. They said they could ring up the office at any time and they would be listened to. If they had any concerns the registered manager took immediate action to address them. As a result they felt involved in their relative's care and knew about any concerns or issues. They told us they did not have any complaints but would not hesitate to talk to the registered manager or staff if they did.

Is the service well-led?

Our findings

The supported living service was managed by two directors and a registered manager. They registered with the Care Quality Commission in 2012. Their vision was to develop a service which was a tailored service to make a difference to people's lives. Their focus was providing personal care and support for people with learning disabilities. They said they wanted to make a difference by giving people choices, promoting independence and self-esteem by giving people the support and care to do this. Their values were for people to live the way they wanted to. Their aim and vision was a 'hands off approach'. Instead of staff doing everything for people they wanted people to do as much as possible for themselves. People, their relatives and staff agreed that these values were adhered to and they were always looking for different ways to develop and support people to live their lives as they wanted to and support them to reach their full potential.

People and their relatives were satisfied with the service. They told us that communication with the office was very good and this was one of the main reasons, they thought, the service ran smoothly. Our observations and discussions with people, relatives and staff showed that there was an open and positive culture between people, staff and management. People and their relatives thought the service was well led. They knew who the registered manager and who the directors were. They said the management team listened to what they said. If there were any issues these were dealt with quickly and efficiently. People, their relatives and staff felt confident to discuss any issues with the management team. New ideas were welcomed and issues or concerns were taken seriously and sorted out. Everyone told us that they could go to office at any time and the management team were always available to have a chat and discuss anything they wanted to. They also said that if the office was not open they could ring the member of the management team who was on call and someone was always available.

Staff said that they felt supported and valued by the management team and said that the whole staff team worked well together. One staff member said, "I wish I had come to work here years ago. It is so refreshing and rewarding to see what people can and do achieve". The management team demonstrated a good knowledge of the

all the people who used the service. They were able to talk in depth about all the people who received support from them and the staff team. When staff spoke about people, they were very clear about putting people first.

Staff were clear about their roles and responsibilities. They were able to describe these well. Each staff member received a copy of the service's policy and procedures when they first started to work at the service. The policies and procedure were to the point, easy to read and understandable. Staff confirmed that they had read the policies and procedures of the service and also had a 'staff handbook' to remind them about these.

The staffing structure ensured that staff knew who they were accountable to. Regular meetings were held with staff and the management to discuss any issues, concerns and any new ideas that might enhance people's lives. The registered manager telephoned or visited people and their relatives in their homes. Satisfaction surveys were sent to people, their relatives and other stake holders each year so they could comment on the quality of the service offered and on the service they received. The management team analysed these and if any areas for improvement were identified these were addressed immediately. In the last survey people had requested to have more day trips out together so they could meet up. The registered manager was dealing with this by suggesting that people discussed and organise days out when they came to the 'drop in' centre on a Friday, as this was a time when everyone could discuss their ideas together. The registered manager said that the service, would 'happily facilitate any ideas or plans for days out together'.

Every month there was a newsletter which was sent to people. This contained information about people's birthdays and what they had got up to in the past month. It also had feedback about people's holidays, where they went and what they had seen and done. The newsletter introduced new members of staff and new people who had joined the service.

The service had good links with the community including the local day centres, resource centres, churches the local community police and health teams. Members of the local police force had met with people to talk about personal safety issues like bullying. Members of the local health team had met and spoken with people about health related issues. People also used the local cafes, bars and clubs.

Is the service well-led?

The quality of the service was being regularly monitored by the management team, which included completing regular audits of care plans and risk assessments. They evaluated these audits and created action plans for improvement, if they were needed. These helped to ensure that a good standard of service was provided. The management had not identified that the medicines people were receiving needed closer monitoring and recording to make sure people were receiving their medicines as safely as possible.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager of the service was aware that they had to inform CQC of significant events in a timely way. There had been no reportable events at the service in the past 12 months.