

New Partnerships Ltd

New Partnerships Lynray and Peach Cottage

Inspection report

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Date of inspection visit:
14 January 2016
01 February 2016

Date of publication:
26 July 2016

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 January 2016 and was unannounced.

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

At our previous inspection of 30 January 2014, the service was found to be compliant with our then method of inspection.

New Partnerships Lynray and Peach Cottage is a care service providing accommodation and personal care for up to six younger adults with a learning disability, autistic spectrum disorder and/or associated complex needs. There were six people living at the service on the day of our inspection. The service consists of two houses with Lynray supporting three people and Lynray Annexe with its own kitchen supporting one person. Peach Cottage supports two people and the emphasis was placed upon people's skills and needs to determine in which house they wished to live.

People who used the service had their own en-suite bedrooms and quiet spaces, which they had been encouraged and supported to personalise. People had shared access to a kitchen, lounges and dining facilities. One person lived within part of the service where they had their own lounge and kitchen/diner. Their accommodation had been fully equipped to support and had taken into account their physical needs. Each person had their own support plan, individual to them, which had been written from an assessment and supported them to practice their independence skills. Each unit of the service had access to a garden area.

A strong feature was the time spent developing the service, using innovative and flexible ways to support people to move forward. Some people using the service had part-time employment. Staff had worked closely with people and their relatives to overcome loud and disruptive situations that they found to be disturbing. Clear explanations were given why the disruption would happen and staff were proactive in offering support in situations they knew would cause people distress. This way of working had produced good outcomes for people as they became understanding and accustomed to the disruptions and were better able to deal with them. For example, one person who was originally upset by the noise of fire alarming testing. Staff explained the importance of doing this and supported them by informing them when this would happen and involve them in the testing. The person had taken over the task of carrying out the weekly fire alarm test themselves once per week and ensured that the staff recorded this information.

The provider and manager have worked with people to constantly adapt and strive to ensure people who use the service have developed their skills and talents. For example, one person had developed their interest and skill so that they were playing in organised football matches on a weekly basis. This has supported their

fitness and organising skills to attend matches.

There were systems in place to protect people from the risk of harm or abuse. People lived in a safe environment that had been designed and adapted to meet their specific needs. Staff made sure risk assessments were developed to suite each individual in a way that minimised risks.

Each person's care plan was individualised and flexible staffing supported them to pursue their interests. Staff were skilled at analysing risk while encouraging people to stretch their potential and achieve as much independence as possible. This was based on the service philosophy, aims and objectives and mission statement. The provider, registered manager and team demonstrated passion and commitment to supporting people focus upon individual achievement.

Care records showed people's individual needs were continually reviewed and both they and their families were consulted appropriately and involved in these. Relatives confirmed their family members were also included in decisions and discussions about their care and treatment. Professionals we spoke with that supported people told us the service had a caring and strong person-centred culture.

Medicines were ordered, stored, administered or disposed of safely. Personalised support plans had been developed to ensure people received their medicines in line with their preferences.

Members of staff described how they worked together as a team to provided person-centred care. Saying that it was vital to write detailed notes, have time for handovers between shifts, attend training and supervision sessions. Staff also told us the registered manager had strong leadership qualities and led by example. They promoted an 'open door policy' and were visible within the service, making themselves accessible to all and they knew all of the people using the service well.

We observed staff treated people with respect and dignity and it was clear they knew people's needs well. Staff encouraged and ensured that people had time to speak to us and encouraged everyone to respect each-others view. This included letting people speak for themselves and to have time to be able to finish their sentences.

The manager and provider had developed a recruitment process so that staff were recruited in a safe way and were suitable to work with people at the service. An in-depth comprehensive induction with training was in place. Staff told us they felt well supported by the time taken with them and the detail given in the induction. There were enough staff on duty to meet people's health and welfare needs. The service did not use agency staff as there was a core of staff able to work additional hours if so required to meet people's needs. The manager expressed how important it was that staff knew the people using the service well in order to be able to support them.

People's individual programmes were designed to provide both familiar and new experiences for people and the opportunity to develop new skills. New experiences were introduced with people's consent and permission after they had been explained to them. People who used the service accessed a range of community facilities and completed activities within the service. People were encouraged to follow and develop social interests and to maintain and develop relationships with their families. This included regular outings with family members or visits to family member's homes.

People's nutritional needs had been assessed. They had access to a range of professionals in the community for advice, treatment and support. One person told us how they had lost weight in a controlled way and enjoyed using the gym regularly. Staff monitored people's health and wellbeing and had

responded quickly to any concerns.

The care plans had been written clearly involving people as far as possible to identify their needs and goals for achievement. Plans had been developed to provide guidance for staff to support in the positive management of behaviours that may challenge the service and others. Staff had received training with regard to the Mental Capacity Act 2005 and Deprivation of Liberty. This knowledge had been applied appropriately.

One person was able to tell us how, with the support of the service, they had explained how and when they required one to one support. They welcomed the support when travelling in the community but it was not required at their place of work. Through working together with the staff the local authority had supported this change in arrangements.

Staff had received training in dealing with concerns and complaints and knew how to report any concerns. There was a clear complaints procedure in place which was also available in pictorial format.

The registered manager used effective systems to continually monitor the quality of the service and had proposals for the on-going plans for improving the service people received. There was a system of audits, checks and analysis to identify shortfalls and to rectify them so the quality of care could continually be improved and developed.

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.

The provider had systems in place to identify manage and review risks.

There were sufficient numbers of staff, with the necessary competencies, skills and experience available at all times to meet the needs of the people who used the service.

The provider had an effective system to manage accidents and incidents and learn from these so they were less likely to happen again.

Medicines were properly managed.

Is the service effective?

Good ●

The service was providing effective care and support.

People's needs were assessed and received innovative care and support based on their needs and wishes from a team of skilled staff.

The service was meeting the requirements of the Deprivation of Liberties Safeguards [DoLS]. People were consulted and supported to be involved in decisions about their care and treatment.

Staff were skilled in meeting people's needs and received on-going support from the manager through regular supervision, staff meetings and training. Training was based on best practice and guidance, so staff were provided with the most current information to support them in their work.

People had been consulted upon their living environment in regards to people's choice and needs and they were provided positive living, learning and social experiences.

Arrangements were in place for people to receive appropriate healthcare when as required. Staff worked with healthcare professionals to ensure they could support people effectively

and understood their individual needs.

Is the service caring?

Good ●

The service was caring

Staff listened carefully to people and used recognised communication tools to check that they had understood their requests; reflecting people's sentences back to them and using single syllable words that would be more easily understood.

Staff knocked on doors and waited to be invited into a person's room and respected a people's choices to speak with them or not if they were otherwise occupied. People did speak with us at a convenient time to all concerned.

Relatives told us and we saw that staff were caring, respectful and considerate when supporting people who used the service.

Is the service responsive?

Good ●

The service was responsive.

The support provided was person-centred and based around people's individual needs and aspirations. People and their relatives were involved appropriately in planning and reviewing care plans.

Staff understood individual's complex communication needs and supported people skilfully to achieve their goals and increase independence.

The service had a complaints policy and procedure of which people, relatives and staff were aware of how to use.

Is the service well-led?

Good ●

The management of the service was good.

The provider and manager made themselves available to provide clear leadership which was based upon experience and good governance.

The culture of the organisation was based upon a statement of purpose which highlighted person-centred care and on-going development and learning.

There was a range of methods for people and staff to be included

in the development of the service and to express their views.

The staff were highly motivated, worked together as a team and were dedicated to providing person-centred care. National guidance in supporting people with a learning disability and autistic spectrum disorder was promoted.

The service worked in partnership with families and other organisations including specialist health and social care professionals.

New Partnerships Lynray and Peach Cottage

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 registered 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.

The inspection took place on 14 January 2016 and was unannounced. The inspection team consisted of one inspector. We spoke with relatives and professional staff supporting people at the service during January and February.

Before we carried out our inspection we reviewed the information we held on the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

We spoke with four people who used the service. We spoke with two relatives and two healthcare professionals who supported people at the service. We also spoke with the provider, the registered manager, the deputy manager and two members of staff. We examined two professional feedback forms completed by professionals who worked with people using the service. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed.

We looked at the care files for three people who used the service and reviewed how the service used the Mental Capacity Act 2005. We saw two staff recruitment files, supervision and training records, the staff rota, minutes of staff meetings and people's reviews. We also saw quality assurance audits, and maintenance and equipment records. We also reviewed records of complaints, accidents and incidents and medication administration documents. Other documents we looked at included documents relating to the management and running of the service.

Is the service safe?

Our findings

One person told us. "I feel safe here because I know the staff well." A relative told us. "It was a real worry when [my relative] went there, but they are safe and the staff ring me and send text messages regularly which I find reassuring. Another relative told us. "They are safe, we are kept informed; staff are open and honest with us." A professional told us. "The service carries out a thorough assessment and risk assessment which is regularly reviewed in line with people's changing needs, this is how they work at providing safety."

The manager had detailed policies and procedures in place to inform staff about safeguarding vulnerable people from harm or abuse and whistleblowing procedures. A member of staff told us. "We receive safeguard training as part of the induction when joining the service." The manager spoke with us about the safeguard policy and explained how they would make a safeguarding referral if the need arose, and how staff were trained to make a safeguarding referral themselves if they felt this appropriate.

The members of staff we spoke with told us they had received safeguarding training and received regular updates. They described to us the different types of abuse and the action they would take to report concerns to safeguard people.

The service had developed a clear and robust recruitment and selection processes to employ staff who were aware of the challenges and rewards of working with vulnerable people. We looked at the recruitment files for two staff and saw appropriate checks were completed before staff started work. Staff files seen contained evidence that pre-employment checks had been completed and included written references, evidence of the applicant's identity and Disclosure and Barring Service clearance (DBS). The manager had devised a number of questions to be used at the interview to determine the suitability to work at the service. The recruitment process also involved visiting the service and talking with some of the people who lived there.

Potential new staff are always invited to visit the houses, after their initial interview so that the people living at the service have the opportunity to be part of the recruitment process. The people are involved with training the staff and at this stage will tell people about how they like to be supported and talk to the candidates about their care plans and expectations.

There was sufficient numbers of staff on duty to meet people's needs and provide personalised care and support with activities. Staffing levels were determined and provided in line with the individually assessed needs of people. Some people were given one to one support. One person was supported by the service to negotiate a change to their one to one support. This was because they appreciated the support to get from and to work, but did not require the one to one support at their place of work. Changing the one to one arrangements were successfully negotiated between the local authority and service at the request of the person.

Additional staffing is provided to support people to attend medical appointments and we saw that this was included in advance in the rotas. This was also the case when supporting people to go on holiday, with the individual needs of each person being the prominent factor in determining staff arrangements.

The people who used the service, the manager and staff all felt there sufficient numbers of staff on duty to meet people's assessed needs and with activities. The manager supported by senior staff tried to plan ahead to ensure there were sufficient staff on duty and took into account people's health and personal appointments.

Individual assessments have been designed to keep people safe while promoting independence for example travel training. One person's progress had been setback and this had been examined with staff. A new plan of increased staff support was the outcome which will be kept under review to determine as the person feels better and more confident the support can be reduced which is the person's aim.

Each person's care file contained information about them and related to the person's assessment of need and plans to meet identified risks. These included: accessing the community, travel, taking medication and behaviours that may present as challenging. Risk assessments were developed with people and their representatives. The plans showed how people had been supported to reduce risks. These were reviewed and updated as needed and changes were discussed with the person involved. Relatives confirmed they were also involved in this process. One relative told us. "I have worked with the service every step of the way and I never felt excluded. I have a lot of experience of [my relative] and the staff were interested not to repeat and put into practice lessons from our experience which was for the benefit of [our relative]."

The manager arranges weekly meetings held at 8.30 on Monday mornings to review the past week and plan ahead for the following week with staff and people using the service appropriately. At this meeting risks are discussed and lessons learnt from analysis. New action plans are then drawn up and agreed as required. This constant reviewing process as well as designed to keep people safe while living their life as they wish is also an opportunity for feedback and positive compliments.

The provider, manager and senior staff met to discuss any accidents and incidents to learn and plan for the future. Information related to these incidents was analysed and actions planned were recorded with who and when it was to be done.

As well as individual care plans and risk assessments, each person also has to support their safety up to date missing person forms, emergency grab sheets and health action plans.

Medicines were stored securely. One person told us. "I take medicines at different time during the day." They explained that they felt reassured that staff made arrangements so that they could take their medicines at the allocated time when they were out of the service in the community. We saw medicines were well-managed and people received their medicines as prescribed. The manager explained the recording process and how medicines were ordered. We saw that all staff administering medicines had been trained to do so. The service had support by a local pharmacy, which dispensed people's medicines into a monitored dosage system. Records showed that a full audit of medicines, including people's Medication Administration Records [MARs], were audited each week. The two records we looked at were accurate and provided an audit trail of the medicines administered. Any unused or refused medicines were returned to the pharmacy. People's support plans gave information about the prescribed medicines including why they were to be taken and possible side effects. This information had been shared and explained to the people using the service.

Is the service effective?

Our findings

The relatives we spoke with said they had confidence in the staff team as they were kind and well trained. One relative told us. "It was not easy for my [relative] to move there, but they [the staff] do instil confidence from their kindness and enthusiasm to get things right. Our [relative] enjoys time here with us, but also looks forward to going back as there is so much to do." Another relative told us. "I am pleased with the service and they are effective because we are involved as are the professionals [our relative] have known for a long time. New people and professionals have also become involved." A professional informed us. "It is obvious from our involvement with the staff that they receive good training from the moment they join the service and support is on-going."

Each member of staff has a personal development plan to develop their skills and potential. The manager told us that they wanted staff to feel valued by developing their potential and this was more than a job. The provider and manager visit the houses regularly not to purely inspect but to role model and so that they know the people and staff at the service. It is considered that this is an effective approach to manage and support the activity of supporting people.

The manager explained to us how they would constantly strive to find new ways of working effectively with people to promote their personal growth and independence. They gave an example of how the service had made contact with the community to develop working and social opportunities for people who used the service. One person told us about the part-time work they did and what they enjoyed. Another person we meet, when they returned from their work, was supported to explain what they had done and activities they were looking forward to that evening and the coming weekend. People invited family and friends to dinner which was supported by the staff. People were also supported by the staff to clean the houses as they are their homes and time and effort has gone into making the environment homely.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and saw that this was the case. We saw evidence in the person support plan of best interest meetings and all concerned were aware of the content and outcome of the meeting.

Staff had received training in the MCA and they were clear about how consent should be sought to care and support prior to carrying out any support or care activities with people who used the service. A member of staff told us. "We start from the basis that everyone has capacity and if in doubt capacity assessments are completed and information recorded in the persons care file. If a decision needs to be made and the person is considered not to have capacity, a best interest meeting will be planned to discuss the situation." We saw there were records of assessments under MCA and best interest meetings had been held when people were

assessed as lacking capacity. People were involved as far as possible in all decisions about their care and treatment.

One person told us about a best interest meeting and said. "I am aware the staff have to gain my consent." They also told us about how staff had supported them on various occasions. They invited us to see their accommodation and were pleased it was an en-suite room and had decorated their room in the way they chose. They had taken up golf which they were finding challenging while enjoying this new pursuit.

Each person's room was personalised and reflected their personal taste. Staff told us people had been involved in choosing the colours of their environments and had been involved in shopping for soft furnishings. We saw that individual needs had been considered and adaptations made were needed to help promote their independence and safety. Rooms were personalised in line with individual's preferences, including photographs, pictures, personal belongings, electronic equipment and music instruments. We saw that each person had a weekly activity planner with planned events, which could be changed at short notice if the person felt this was appropriate. The planners are reviewed with the person weekly and the service staff are constantly on the outlook to find possible new experiences and challenges for people.

Family members were also involved to provide support and the service were aware that advocates could be involved should the need arise although that was not required at the moment. Other health care professionals and agencies were also involved where appropriate. A relative told us of their involvement in a meeting and how together a solution had been identified which had worked out and their relative was content with the outcome.

The service arranges with the person and with their permission regular family meetings which are different for all people using the service including the frequency to take account of the individual person's preference. A family provided information about when a person could become agitated and the put into place a traffic light system to support the person, the family and staff to recognise and know what to do in such circumstances.

The care files we looked at contained clear guidance for staff in how to meet people's assessed health needs. People were supported to attend health appointments, this included dentists, doctors and opticians. Each person had a personalised part of their care plan dedicated to maintaining their health. Staff worked closely with other professionals in order to effectively support people's health needs, for example with epilepsy liaison nurses. A professional told us that their advice had been sought appropriately by the service. Incidents are recorded and de-briefing support is offered to both people and staff from the management after difficult and stressful situations. The manager told us it was paramount to support people.

People's nutritional needs were assessed and people were encouraged to eat a healthy diet made up of the things they chose to eat. One person told us that they enjoyed shopping with the staff. The individual care records contained information about food preferences and the level of support each individual required. We saw that fruit and drinks were available in the service for people to enjoy as they chose. Food is sourced locally with the people playing as active a part in shopping and preparing meals as per their abilities and desires. One person has found it difficult to shop from memory and has worked with the staff to develop a list of things to buy and a reward for success includes a treat to be determined at the time at the bottom of the list.

The service stopped weighing people weekly at people's request and works with each individual to a plan that has been agreed with them individually. One person has lost weight since coming to the service which was their choice to improve their fitness especially when using the gym which is their choice. Another

person's care plan focus upon that they were under weighed when joining the service and their weigh has increased through staff support and an accurate care plan designed for this purpose. Visual food choices are available to help people select meals and we saw that there were healthy snacks available throughout the service.

The manager told us that they have established core staff teams for each person. This is taken into account when planning the rota to match interests of the people with the staff supporting them which helps to make activities purposeful and enjoyable.

We looked at training records and saw that staff had access to a range of training which included: risk assessment, first aid, safeguarding, fire safety, food hygiene, first aid, infection control and health and safety. New members of staff spoke highly about the level of induction, training and support invested in them to prepare them to work at the service. The manager explained that they liked staff to work in the various parts of the service at the commencement of their employment. Then an agreement would be reached to where they would work for most of the time. Besides training, staff would also 'shadow' more experienced staff, observing their practices, whilst having the opportunity to develop relationships with the people who used the service at the commencement of their employment. Shadowing is a term used to describe working with an experienced colleague while not on the staffing establishment but to work as an extra person until you become familiar with the role. A member of staff told us that they thought the training was extremely good.

People at the service enjoy arts and crafts and as their skills developed and they wanted to invite friends to enjoy these activities. The service worked with the people to develop a centre from converting an outside room for this purpose. This meant that if anyone did not want to arts and crafts they could enjoy the house to themselves while their colleagues enjoyed the activity in the designated centre.

All of the people had their own GP and had regular access as required to other professionals such as dentists and opticians. The manager has worked with other professionals particularly GP's to explain the difficulties one person has with accessing the GP surgery and hence having been aware the GP has done home visits.

Is the service caring?

Our findings

We observed staff were always present in communal areas and when people spent time in their private areas, staff were either with them or checked upon them regularly. One person, when approached by knocking on their door, invited staff to tell them what they wanted. They told staff they were not ready to speak with them or us at that time as they wanted to listen to some music having not been back at the service for very long. This was accepted by all concerned that it was the person's choice. We saw staff responded quickly to people's requests in a kind and caring way.

The accommodation of the service was chosen deliberately so that it could focus upon individualised care and support.

The service identifies with the person incentives and one person was able to explain their interest in animals especially dogs and wanted to become involved in that activity. The manager takes time weekly to talk with the person and support them while they enjoy fulfilling their incentive of dog walking with them.

We asked one person. "Did the service staff care about them?" They showed us some possessions which pleased them and explained the staff had helped them to purchase them. This was because the staff knew them well enough to know their interests and likes. The relatives we spoke with told us the service was caring and they thought the staff had knowledge, empathy and skill. A relative told us that they visited at various times and were always made very welcome.

The service arranges at the providers expense a Christmas party each year for the people using the service and also their families and staff. We saw pictures from the party of people enjoying themselves and in particular the 3 course meal. The manager views this as how the service cares and treats everyone equally with all people invited to join.

All the relatives we spoke with told us, the service recognised their past experience of caring for their relative and they were consulted about all aspects of their care and support needs and that their recommendations for the best way to work with their relative were taken into account during assessments and planning meetings. One relative told us. "Because the service cares so much, it has given us back some of our life. We feel so confident for our [relative] to be in their care that we can take a holiday." An external professional we spoke with informed us. "I consider the staff have got to know people very well and have developed positive relationships with them. The ability to care and support comes from the selection process and staff are focussed on providing individual personalised care."

The individual person-centred care plans and flexible staffing arrangements enabled people to be supported to live as independently as possible with the minimum of support. This was based on the philosophy of the organisation which was built upon the '6 Cs'. Those being care, compassion, competence, communication, courage and commitment. A member of staff told us that their training had covered the above and they were motivated to work in a way that was person-centred. They explained that this meant that. "You came to work expecting to do something but sometimes that changed." For example they had come to work once expecting and ready to go swimming but the person they were supporting had been so busy the day before they decided that they did not want to go swimming that day after all, they wanted to

rest which was a surprise as they enjoyed swimming. They said this was no bother. This was an example of ensuring the person's needs were met while their individual preferences were respected.

During our inspection we observed staff to be highly-motivated and to interact positively with the people who used the service. Staff discussed planned activities with people and confirmed what they wanted to do that evening and arrangements for dinner.

The care plans in place consisted of using a wide range of activities. As well as supporting people with their daily living skills such as making their choice of drinks, many activities were in the local community and also involved some people in voluntary and part-time work. The focus was person-centred and time had been taken to identify people's strengths and to work upon skills to increase independence skills and in turn, increasing the quality of the person's life. Within each plan we saw people had been supported to set their own goals and for these to be clearly defined. Time had been taken to consider how the goals would be achieved and identify any difficulties they faced in achieving their aspirations.

We saw that people had been encouraged to identify family, friends and others who were important to them. Care records contained detailed information for staff about how people wished to be treated and how they preferred to be supported, so their dignity was respected. The care records showed that people who used the service and their relatives were involved in assessments and plans of care. We saw that people had written and signed in their care plans at various places which showed that they had been developed with them and involved them in the decision making process.

All of the staff spoken with had a great deal of knowledge and an in depth understanding of each person who used the service. During discussion, staff were able to describe people's qualities and their achievements, celebrating their successes with them. The manager explained how the staff worked with people to recognise significant events in their lives and also those of close relatives, birthdays and anniversaries for example, so that they could contact them at those times.

At the request of the people using the service, once they had become aware of the three peak challenge. Planning is underway as is training for the people and staff to undertake this challenge

Is the service responsive?

Our findings

People received outstanding personalised support that was innovative and responsive to their individual needs. People were fully involved in the development and review of their care plans and, with their consent to be involved, so were their family members. All of the relatives we spoke with told us, how important that was to them. One relative told us, "We receive telephone calls and text messages and have been invited to all the meetings, in fact now our [relative] invites us themselves." Another relative told us, "The support plans are very person-centred; everything is shared with the family and it is appreciated the length the service goes too, to keep us involved." Another relative told us, "I can ring at any time if I am concerned and the reassuring thing is that whoever I speak with they know about [our relative]."

People consistently told us that, when they raised ideas or suggestions to staff, they were supported so that this could happen. They said there were meetings with the staff and from these ideas about gardening and cooking different meals had been put into action. This had obviously supported individuals in feeling valued and had enriched their quality of life. Relatives considered that staff were committed and had highly developed skills and understanding of the people, their histories, behaviours and aspirations. Although living closely together which gave companionship the service had specific care plans for each individual which put them at the heart of the service. The service arranged weekly handover meetings and also gave staff a handover and time to read up on care plans after days off and annual leave so that they were aware of events and any changes.

The care plans had information of how people had been consulted about their care and the way in which they chose to live their lives. The encouragement of people to be involved in the planning of their care by pro-active staff had focussed upon what was important to them. Needs were clearly identified such as assistance with washing and cleaning. While the plan also focussed upon people's skills and on-going development. For example how introducing to some leisure pursuits had developed interests in others, such as attending a gym originally and now the person also enjoyed swimming at the same venue. A visiting professional told us how staff worked in a flexible way to support people's interests in the evening, so that they could attend clubs and other entertainment. They had seen in time how this support had increased the person's quality of life.

The service used innovation and creativity to identify problems with people and how to work upon resolving them. People shared experiences with us and one was with regard to a person's desire to lose weight which actually became a healthier life-style. This meant weight was lost, activity increased at the gym and a new experience of swimming introduced as well as increased knowledge about food.

We saw records of how plans were put in place with people regarding visits to their relative's homes. Staff had supported these visits appropriately which were reviewed with the person and changes made as required along with travel arrangements, length of staff support and different days for visits. A relative told us, "The staff support us by phone during the visit should we not be clear on something or need advice and this all helps for it to go well." Another relative informed us how nice it was to be invited to events and parties at the service [their relative's house], by [their relative]. The service arranged three monthly reviews and

more regular updates as required at certain times involving the person and their families. Any changes were agreed and progress monitored.

Another relative said, "The service staff had an understanding of what it is like to be a parent and to let go of the most precious thing in your life [our relative]. They are supportive of us and we have seen our [relative] develop their skills and independence." They also explained to us that their relative since being at the service had developed many interests in the community. Hence when they visited them once per week, this had made the visits more enjoyable for all, as they could discuss these new experiences. They told us. "We are really pleased with how well they have done with their confidence building and enhanced way of life."

People who used the service told us, about how they felt fully included in the management and running of their home. They discussed any issues such as the maintenance of the service and supported staff to do things such as the gardening. In turn they welcomed support from the staff to assist them with cleaning and washing.

We saw that prior to attending an event in the community, people and staff carefully planned what they were going to do around the risk assessments that were in place. We saw examples of how people had discussed taking part in an activity and they planned this with the staff. A member of staff told us. "We are encouraged by the manager to consider how to make things happen and not that 'it is too difficult,' there are limits of course and we do not want to do a step too far but we always consider." Each house had a staff leader and part of their role was to identify and arrange staff training to support staff as a result of them closely working together and observing anything with which they could be supported. The manager set the example by working with the people and staff to be flexible with work patterns, in order to support people enjoy their desired activities. During our inspection we saw staff coming and going at different times to support people. We also noted how staff were greeted with friendly smiles. People and staff said goodbye and confirmed when they would next see each other.

We saw from listening to people and reading records that they had enjoyed interesting trips and holidays of their choosing and which fitted in with their specific interests. The success was down to careful planning and inter-reaction between the people using the service and the staff. One person told us, how happy they were with the balance of working in a job they enjoyed, which also gave them time for their hobby of taking dogs for a walk. From their expression it was plain to see the enjoyment of being with animals gave them. Some people had not been involved in work until they had come to the service and introducing these opportunities had taken a lot of time, research and careful planning by the staff and members of the community.

One person had been supported to purchase furniture of their choice. Carefully consideration of a wardrobe had helped the person to put their leisure clothes and work clothes in separate parts of the wardrobe. In turn this support with organisation had lead them to further divide clothes between putting clean washed clothing into appropriate parts of the wardrobe and clothes for washing into the laundry and not into the wardrobe. Supporting the person with this organisation had meant they were clear in the morning, what clothes were for work and hence were ready to leave on time rather than hunt for clothing.

We saw that the service supported people with all aspects of their lives. Each person had their own care plan which was person-centred and highlighted their skills as well as their needs and desires. This included making drinks and snacks to more elaborate meals. Steps taken were planned upon the success of smaller related steps from which the person had gained confidence. Staff made sure they were on hand to discuss and respond to events to which people were exposed to, sometimes for the first time as their independence and life experiences increased. We observed staff being calm, understanding and positive in their reactions

and conversations. Staff were skilled at talking with people to verbalise their thoughts and use positive experiences from the past to boost their confidence at the current time.

We reviewed people's care records and found each had a detailed assessment prior to coming to the service. The manager spoke with the people themselves, family members and professional staff to determine, if the service could meet people's needs. Once the assessment identified the service could meet the person's needs they were invited to visit the service to view it for themselves and to determine if they considered it suitable for them. Having assessed the needs of one person, the service had made alterations to the accommodation in order to better meet the needs of the person. The assessments identified people's likes and dislikes and clearly planned with the person goals that were important to them. Reviews of progress were held regularly or as required. The service also asked for families to provide an annual family feedback which would be discussed and any agreed alterations with the person implemented.

We saw that staff responded well to people's behavioural needs. The manager told us that staff discussed different situations with them, and when training needs were identified the service sought the appropriate training to support them. If the training was not available from within the service outside support was sought and arranged, such as increasing staffs knowledge of epilepsy.

The person-centred care plans contained very detailed information of how staff could best support people in all aspects of their identified care, based on the principles of positive behaviour support. A care plan documented ways to support people's identified assessed needs and provided clear information for the staff to follow. The manager told us, that following any incidents a de-brief session always took place to identify what had happened and what could be learnt from the situation.

Within each care plan there was a section entitled, 'All about me'. We saw that the individual person and their families had contributed to produce this document which provided staff with a history about the person, their current situation and aspirations for the future. We saw that this document and the risk assessments were reviewed on a regular basis. When changes had been identified, records were updated to reflect this. We also saw that staff recorded detailed daily notes and people were aware of their care plans and its contents. The staff we spoke with were able to describe people's life histories and demonstrated their in depth knowledge of the person.

The service had a complaints policy in place which was available for people to use. Each person who used the service had a copy of how to complain. The people we spoke with said they had no complaints, nor did their relatives who informed us they would report a complaint should one arise. The manager told they had not had a complaint for over a year, but told us how the service would respond should one occur. We asked why there were no complaints and they considered that the service worked upon any issues when first recognised and as a result this early positive intervention stopped the issues developing into a complaint. They also thought that staff inter-acting with people every day and the close relationship they had with people's relatives invited an open and honest atmosphere, which was paramount for the service to be, and remain, responsive.

Everyone we spoke with told us that they could raise complaints with the manager or senior staff and were confident they would be resolved. During our inspection a person raised a request with the manager and was content in the response that the manager did not know the answer at the time. They were confident the manager would find out and if possible would support them with the request.

Is the service well-led?

Our findings

A relative told us. "The provider listens and is open to ideas nothing appears to much trouble." Another relative told us. "The manager sets a great example is available, friendly knowledgeable and shows true leadership with passion to get it right for people." A member of staff spoke to us about the provider's philosophy of getting to know the person and not their condition and what they can do and their potential to be achieved. The manager with people's agreement used text messaging with families to communicate information which we understood was appreciated.

There was a positive culture within the service between the people and staff. During our inspection we saw people and staff respond warmly to the manager who had been involved with establishing the service with the provider from day one. Relatives considered these two people with strong business and care skills closely working closely together gave strength and consistency to the organisation. People who used the service spoke to the manager, provider and all staff by their first names. We observed throughout the day that people approached the manager to say hello to them or to share a joke and talk with them about events in their day. We learnt from people using the service, relatives and staff that the senior staff were committed and they voluntarily spent some of their own time supporting people with pursuits they enjoyed.

A professional told us. "This is an outstanding service." We asked why they thought it was outstanding. They said that the commitment the service showed to people. "Makes a huge difference to the quality of people's lives and just try imagine what it would be like without it." They also told us the team was well-led and communicated effectively with them and involved them at appropriate times over appropriate issues.

A member of staff considered the manager to be a role model they could call upon for support. They were impressed with the way the manager had developed the organisation while continued to seek the advice and knowledge of other professionals to continue to develop the service. They also considered that the manager had positive relationships with the people that used the service. Some people could speak fluently while others communicated with us both verbally while relying upon non-verbal communication including hand signals. In turn we saw that the care plans recognised and encouraged communication with people. We saw that people had written in their own care plans while others focussed upon a more pictorial style in order to support the person's communication.

The way the manager spoke with us and reflected their hopes and aspirations for the service demonstrated strong person-centred values and commitment to providing an excellent service for people. They told us. "I try to get the balance of spending time with people using the service and staff while not getting in the way." The manager and senior staff spent time working with staff, to provide a consistent presence, promoting core values and care skills. They used direct observation and regular meetings to help staff develop their practice. Staff told us that they found this approach non-threatening and due to the way the senior staff worked with them highly supportive. One staff member told us. "They practice what they preach, person-centred care."

The manager also explained to us that, in a bid to better the service given to people, they had studied

closely the regulations of the Health and Social Care Act 2008 and the Key Lines Of Enquiry (KLOE) used by the Care Quality Commission as a tool to inspect services. As a result they had consulted people, relatives, staff and professionals for their views upon how they meet the individual components of the KLOEs. They were open with us and showed how this information had been used in staff training and actions plans developed and implemented for the service to learn and improve. The manager analysed feedback forms from the staff every three months to ensure that knowledge was current and up to date. There was a staff bonus scheme in operation to support and encourage and this was based upon implementing support based upon the KLOE's. Supervision was organised every two months in advance for staff members and additional opportunities in between as required to discuss aspects of care and seek support. New staff received weekly supervision and all staff had a yearly appraisal. The management was based upon an open door style which was used by both the people that used the service and also the staff.

The service had a statement of purpose with clear values and vision for the future, which reflected the open and transparent culture we found. Staff were enthusiastic and shared this vision and were supported through training and clear leadership from the manager. The service worked closely with other organisations, including specialist health and social care professionals. The service promoted the values of involvement, fairness and supporting independence. The service also organised weekly activities meetings between the activities co-ordinator and senior staff to develop and monitor the service.

We saw that good quality assurance systems had been developed and were in place. Relatives we spoke with confirmed they had been involved in this process; they completed surveys sent out and attended regular review meetings. The relatives like the people using the service and visiting professionals considered they were appropriately involved in the well-being of the service. Professionals told us, that they were also invited into review meetings. A relative told us. "There is a momentum to strive for better to improve the service."

The manager carried out a programme of weekly and monthly audits and safety checks. Issues identified were recorded into action plans and delegated to staff appropriately to be resolved. The manager was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other agencies.

All the people we spoke with said they were listened to by the service staff and they had offered them choices through during the day of how they spent their time, if for any reason they did not wish to follow the activities that had been planned. A member of staff told us you can never assume, one person usually drinks tea but sometimes they like coffee, so you always check.

Staff were pleased, about how well team meetings were arranged and how well they were supported by the manager, saying they were inclusive and important information was discussed. The records we viewed showed that learning from accidents and incidents took place at these meetings. Copies of minutes were available for staff to see and to challenge if they felt that information had been recorded inaccurately.

During our inspection visit, the manager showed us a collection of thank you cards, positive comments and compliments about the way the service was managed. This included how by supporting the people using the service had in turn, helped their relatives. Staff told us they were able to raise any issues or concerns with the manager or senior staff. A member of staff told us that they enjoyed working at the service because they were valued and enjoyed working in such a constructive manner with people.

The manager considered they had a skilled and caring staff team who supported the people who used the service. They felt it was important to recruit the right person in the first instant who believed in the values of

person-centred care and wanting to support people. People using the service took part in the recruitment process and staff training. The manager had experience of challenges being overcome to meet people's needs and not to give up and looked for those qualities in their staff. In discussions with people who used the service, members of staff and the manager. We found that people were confident to challenge staff and the manager and each were respectful of each other's point of view. One person had asked the manager about some changes to the environment and additional equipment they thought would be useful. The manager promised they would look into this quickly but did not have the answer at that moment. This was accepted by the person as they trusted the manager would do this because they had looked into issues as promised in the past.

A fire safety policy and procedure was in place, which clearly outlined the action that should be taken in the event of a fire. Individual fire safety risk assessments had been carried out and care plans identified how people would be evacuated in the event of a fire.

One person had found the noise of testing fire alarms disturbing and upsetting. The staff explained the need to test the alarms and discussed options with them of a solution. In time the person took over the task of testing the alarms with the staff and checks that they have recorded the information. They also contact their relative each time this is done to inform them of their involvement.

The need for expert roles had been identified and developed within the service. In turn this had increased staffs knowledge once they were given time to research and then share these skills and knowledge with staff colleagues. Members of staff also considered that this was how they were acknowledged and valued within the service. To further support this the manager showed us the training plan which included support staff to achieve qualification to continue to ensure the service was developing and aware of best practice initiatives. A member of staff told us how much they enjoyed being at the service they were reluctant to use the phase coming to work, as they enjoyed being with the people and colleagues at Lynray and Peach Cottage.