CCT Community Enablement Team Ltd

CCT Community Enablement Team

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of the service on 16 and 17 November 2017. CCT Community Enablement Team is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older and younger disabled adults. Not everyone using CCT Community Enablement Team receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

A registered manager was present during the inspection. 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.

CCT Community Enablement Team currently supports 37 people, 18 of which receive some element of support with their personal care. Our inspection and the findings within this report refer only to the 18 people who receive support with personal care. This is the service's first inspection under its current registration.

People were protected against the risks of experiencing avoidable harm. Staff could identify the potential signs of abuse and knew who to report any concerns to. Regular assessments of the risks to people's safety were carried out and care plans put in place to enable staff to support people safely. People were supported by an appropriate number of staff who were punctual and stayed for the agreed amount of time. Safe recruitment procedures were in place. People received minimal support with their medicines, but where support was offered, staff did so safely. Assessments of the environment people lived in where carried out to ensure they were safe. Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. People were supported by staff who had completed a detailed induction and training programme and had their performance regularly reviewed. Staff felt supported by the registered manager. People received minimal support with their meals but where staff support was needed this was done so effectively. The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice, however clearer documentation was required to

ensure all decisions made clearly evidenced that they were in each person's best interest.

People felt staff were caring, treated them with respect and dignity and listened to what they had to say. Staff took the time to talk with people and showed a genuine interest in building positive relationships. Staff were knowledgeable about their needs and people were involved with making decisions about their care. People's diverse needs were respected. People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates.

People led active and fulfilling lives with the support and dedicated staff. People and their relatives were involved with agreeing the level of care and support people would receive when they started to use the service. Care records contained detailed, person centred guidance that enabled staff to respond to people's individual preferences. People were treated equally, without discrimination and systems were in place to support people who had communication needs. People felt able to make a complaint and were confident it would be dealt with appropriately.

The service was well led by a dedicated, enthusiastic and caring registered manager who was well liked and respected by all. The provider's aims and values were respected by staff who in turn provided people with high quality care and support that helped them to improve their lives. The registered manager had a dedicated team of experienced staff who enjoyed working at the service and who carried out their roles with the shared purpose of improving the lives of the people they supported. Representatives of the provider played an active role in driving improvements at the service. There was an open and transparent approach to the service with people and their relative's views actively requested and acted on. People felt their views mattered. The registered manager and the provider continually looked to improve the service provided and expanded their knowledge by attending locally run forums. Quality assurance processes were in place and these were effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected against the risks of experiencing avoidable harm. Staff could identify the potential signs of abuse and knew who to report any concerns to.

Regular assessments of the risks to people's safety were carried out and care plans put in place to enable staff to support people safely.

People were supported by an appropriate number of staff who were punctual and stayed for the agreed amount of time. Safe recruitment procedures were in place.

People received minimal support with their medicines, but where support was offered, staff did so safely.

Assessments of the environment people lived in where carried out to ensure they were safe. Accidents and incidents were regularly reviewed, assessed and investigated by the registered manager.

Is the service effective?

Good

The service was effective.

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines.

People were supported by staff who had completed a detailed induction and training programme and had their performance regularly reviewed. Staff felt supported by the registered manager.

People received minimal support with their meals but where staff support was needed this was done so effectively.

The registered manager had built effective relationships with external health and social care organisations and people's health was regularly monitored.

People were supported to make choices for themselves and where unable to, the appropriate legal guidelines were followed. Documentation needed to be clearer in stating how a decision was made for people who were unable to make a decision for themselves.

Is the service caring?

Good

The service was caring.

People felt staff were caring, treated them with respect and dignity and listened to what they had to say.

Staff took the time to talk with people and showed a genuine interest in building positive relationships.

Staff were knowledgeable about their needs and people were involved with making decisions about their care. People's diverse needs were respected.

People were encouraged to lead as independent a life as possible. People were provided with information about how they could access independent advocates.

Is the service responsive?

Good

The service was responsive.

People led active and fulfilling lives with the support of dedicated staff.

People and their relatives were involved with agreeing the level of care and support people would receive when they started to use the service.

Care records contained detailed, person centred guidance that enabled staff to respond to people's individual preferences. People were treated equally, without discrimination and systems were in place to support people who had communication needs.

People felt able to make a complaint and were confident it would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

The service was well led by a dedicated, enthusiastic and caring registered manager who was well liked and respected by all.

The provider's aims and values were respected by staff who in turn provided people with high quality care and support that helped them to improve their lives.

The registered manager had a dedicated team of experienced staff who enjoyed at the service and who carried out their roles with a shared purpose of improving the lives of the people they supported.

Representatives of the provider played an active role in driving improvements at the service.

There was an open and transparent approach to the service with people and their relative's views actively requested and acted on. People felt their views mattered.

The registered manager and the provider continually looked to improve the service provided and expanded their knowledge by attending locally run forums. Quality assurance processes were in place and these were effective.

CCT Community Enablement Team

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 16 and 17 November 2017 and was announced. We gave the service 4 days' notice of the inspection site visits because some of the people using it could not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. Inspection site visit activity took place on 16 November 2017. It included visiting people within their homes and also meeting people on pre-arranged visits at the activities they were taking part in within their local communities. We visited the office location on 17 November 2017 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of an inspector and an Expert by Experience on the 16 November 2017. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the 17 November 2017 the inspector continued the inspection at the provider's office.
Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted County Council commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.
During the inspection we spoke with six people who used the service, four members of the support staff, two

new members of staff who were completing their induction, the quality assurance and training manager, specialist provision lead, registered manager and a representative of the provider. We also received feedback from one healthcare professional.

We looked at all or parts of the records relating to five people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were supported by staff who understood how to protect people from avoidable harm and to keep them safe. People felt safe when staff were in their home or were supporting them with accessing the community. One person said, "Yes I feel safe with them. Another person said, "I trust them in my home."

People were provided with the information they needed to keep themselves safe. Many of the people who used the service lived with family members, those that did not, felt able and confident to report any concerns they had. One person said, "I'd just ring (the manager) and talk to her."

The risk of people experiencing avoidable harm or abuse was reduced because processes were in place to protect them. A safeguarding policy was in place. This policy was in place to ensure people were protected from abuse, neglect and harassment. Staff had received safeguarding adults training. They spoke knowledgeably about how they ensured people were protected. This included detailed investigations and timely reporting of incidents to relevant authorities such as the Local Authority safeguarding adults team and CQC, where risks to people's safety and wellbeing had been identified. One staff member said, "I would have no concerns with reporting anything I thought was wrong."

Where risks to people's health and safety had been identified through assessment, regular reviews were carried out to ensure people received the care and support needed to reduce this risk. These assessments were completed for high risk areas such as personal care, medicines and eating and drinking. The registered manager ensured all required tasks to reduce these risks were carried out by staff by regularly checking people's daily records to see whether staff had signed to say the tasks had been completed. This was a requirement of the provider. These tasks included supporting people with known risks such as eating slowly to avoid choking and with their personal care. The registered manager told us by staff signing they had completed the required tasks each day, meant the risk of something being missed was reduced, which ensured people were protected from avoidable harm.

We noted that individualised environment assessments were also carried out. This included assessments of people's equipment such electric bath chairs, used to support people with accessing their bath safely. Clear guidance was in place for staff to ensure they used this equipment safely. The registered manager told us bespoke training was also carried out in people's homes to ensure that when specialised equipment was used to support people, staff used the actual equipment that was in place for each person. They told us this had been successful in improving staff awareness and reducing the risk of people coming to avoidable harm.

Robust recruitment procedures were in place that ensured the risk of people receiving care and support from unsuitable staff was reduced. We reviewed three staff files and records. Criminal record checks had been carried out and proof of identity and references had been requested before staff commenced working with people. The recruitment process also ensured sufficiently qualified and skilled staff were in place to support people both within their own homes and out in the community. New staff were introduced to people before commencing their role and during the recruitment process clearly identified the skills and

experience that were needed to secure employment within the service. The registered manager told us the recruitment process was tailored to ensure the needs of people could be met. One person who used the service told us they felt they had right staff members in place to support them. They also said, "They know everything about me, they keep me safe and secure. They know about my health. They're concerned about me."

Regular monitoring of staff arrival and departure times were carried out by the registered manager to ensure that people received the allocated time for each call. Staff told us they had enough time to get to and from each call. One staff member told us part of their role was to take a person out during the week to a variety of activities and then to support them within their home until their relatives returned. They told us on occasions due to unavoidable circumstances relatives have been late returning, but they assured us they would never leave the person alone. The staff member also said, "Yes, it can occasionally mean that I am there in my own time, but I'd never leave [name] on their own. It just wouldn't cross my mind."

People's care records were detailed and relevant to people's current health needs. This ensured that when people required a visit to their hospital or other health or social care service, they had clear and up to date information that would enable those services to provide people with the care and support they needed quickly. We noted for people who had communication needs there was also information included about how to effectively communicate with the person or how to identify if they were in pain.

Care records contained guidance for staff on how to support people who may present behaviour others may find challenging. A person who used the service told us they appreciated the staff were there to support them and to keep them safe, but also to offer support if they presented behaviours that may challenge others. They said they tried to model their own behaviour of that of the staff who supported them. A member of staff told us restraint was never used and distractions techniques were sufficient to diffuse these behaviours. They said, "I know the people I support really well and normally just a few agreed words or phrases does the trick."

We noted in each care plan that we reviewed that less restrictive options were always considered to ensure that people were free to lead their lives with as much freedom as possible. A staff member told us they would never stop a person doing what they wanted to do, if they had capacity to make that decision, even if it was in their opinion not in their best interest. We visited a person who smoked heavily. They told us they knew it was bad for their health and with staff support had managed to reduce some of the cigarettes in favour of a nicotine substitute. They told us they welcomed the non-judgemental support of the staff.

People told us they received their prescribed medicines when they needed them. Some of these people were able to manage and administer their own medicines, others required some support from staff. One person said, "I take my own tablets but they see that I've taken them." Another person said, "They ask if I've taken my meds, they check and fill out the folder."

Each person's care records contained guidance for staff on how they wished to be supported with medicines, how they liked to take them and whether they had any allergies. When staff supported people with their medicines their actions were recorded on medicine administration records (MARs). The MARs we looked at contained recorded evidence of whether the staff member had prompted or supervised a person to take their medicines or whether they had actually administered them. When a person had refused to take their medicines this was recorded. We noted the format of the MARs had a complex recording system which could make it difficult for new staff to record what support was given with each medicine. We discussed this with the registered manager and the representative of the provider and they agreed with our findings and advised they would simplify the form.

Staff responsible for supporting people with their medicines had completed appropriate training and competency checks were carried out to ensure they continued to support people safely and in line with current best practice guidance.

Staff had completed infection control training and training to ensure food was prepared hygienically and safely. This helped them to reduce the risk of the spread of infection within people's homes and also ensured when people needed support with preparing meals, they were able to do so safely. An infection control lead was not currently in place, however the registered manager agreed it would be beneficial to ensure that staff knowledge and expertise in this area was regularly reviewed to ensure it continued to meet current best practice guidelines.

The registered manager carried out regular reviews of the accidents and incidents that occurred either within people's home or when out in the community. These reviews enabled the registered manager to identify any themes or trends which would enable them to put preventative measures in place to reduce the risk of reoccurrence. Serious incidents were reported to the provider and where needed actions were put in place to address any immediate concerns for people's safety. Where amendments to staff practice were needed these were discussed during supervisions or team meetings.

Good

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. The registered manager was aware of the National Institute for Health and Care Excellence guidelines and could explain how they were used to support people effectively. Where people had specific health needs, such as being visually impaired, up to date professional guidance was provided for staff to enable them to support the person. We also saw advice was provided for staff on the side effects of the medicines people were taking and the action staff should take if people started to show these symptoms.

People's care records contained clear guidance on how to support people with a wide variety of health needs. One person we spoke with told us they had confidence in the staff and trusted them to observe their health and any deterioration in behaviours. They also said, "I've told them if they see any changes in me, just let my GP know, I trust them." The staff we spoke with were all knowledgeable about how to support people's assessed needs effectively. They were able to explain how they supported a variety of people, with varying health conditions and they were able to do so in detail. This included people who had a learning or physical disability. One staff member explained how they were supporting a person to reduce the amount they smoked and told us the person, at their request, had been provided with professional advice on how to reduce the amount they smoked.

Technology had not yet been used to deliver people's care but the representative of the provider told us this was an area that was regularly discussed at senior management meetings. They told us they were always open to new ideas and would welcome any innovative approach to improve further still, people's experience. The registered manager told us they had used office resources to support a person who wished to develop their computer skills. They had arranged time for them to come into the office to learn how to use a variety of computer programs and the internet. The aim was to promote this person's independence and aid them in potentially finding new activities to take part, or to ultimately to find employment.

People were supported by staff that knew how to care for and support them. People told us they felt the staff knew them well and understood how to ensure they received effective support that met their needs. One person said. "They know me, they know what I like." Another person said, "They know everything about me, they keep me safe and secure. They know about my health. They're concerned about me."

Staff received a comprehensive induction, training programme and on-going professional development such as diplomas (previously known as NVQs) in adult social care. This was designed to equip the staff with the skills needed to support people effectively. All staff, prior to working alone with people had to complete the Care Certificate induction programme. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Once completed and the staff had been assessed as fully understanding the requirements of their role, staff were then able to work alone where required. Staff performance was continually assessed throughout their first 12 months of employment with any drop in the quality of their work addressed during regular supervision. The staff we spoke with all felt well trained and

felt supported by the registered manager and the provider.

We noted training had been completed in areas designed to support people who had a learning disability. Autism awareness training had been completed and the staff we spoke with felt able to support people effectively. We noted training in physical intervention had not been completed. The registered manager told us the people staff supported were low risk and did not display threatening and physical behaviours to the staff or to others. They told us the provider had made the decision tonot equip staff with physical intervention training as they wanted all staff to use verbal and non-physical distraction techniques. They told us they had full confidence in this decision. The staff we spoke with agreed with this decision and felt they had skills needed to support people effectively in this area.

Due to the type of service provided people received minimal support with food preparation as this was primarily carried out by relatives that people lived with. Care records did contain guidance for staff on how to support people with making healthy food and drink choices when out on activities. People's food likes and dislikes were also recorded. One staff member told us they found the information within the care records useful when supporting people. They told us this included ensuring people ate slowly and in small amounts to reduce the risk of choking. We were told by the registered manager that people did not currently have any cultural or religious needs that affected the types of food that people could eat, but, if they did start supporting someone that did, then care records would be updated and staff informed.

The registered manager had ensured that positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment. To enable a smooth transition between health and social care services and to reduce the impact on people, care records contained detailed information which explained how people communicated, their personal preferences with regards to how they liked their healthcare to be provided and any known risks that other agencies should be aware of. One healthcare professional who had been involved with the care of one person supported by the service described staff as 'proactive, responsive and person centred'.

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. We checked whether the service was working within the principles of the MCA.

Where people lacked the ability to consent to decisions about their care, their care records contained assessments to ensure decisions that were made adhered to the principles of the MCA. When a person was unable to consent to a decision, mental capacity assessments were completed. These included decisions such as supporting people with their medicines and personal care. We noted best interest documentation was not always recorded in people's care records when a particular decision had made for people. This documentation is important as the views of the people who have contributed to the decision, normally the person's relative or appointee, are recorded, to ensure that as wide a range of views are considered before a final decision is made. The registered manager told us they would address this.

The staff we spoke with were confident that they ensured people were able to make their own choices and they respected their and acted on their views. One person who used the service agreed and described staff as, "Very responsive to my needs and wishes." Another person told us the staff understood what they wanted and supported them in the way they chose.

Good

Is the service caring?

Our findings

People had formed positive relationships with staff. It was clear from our observations and from what people told us that they got on well and enjoyed each other's company. One person said, "They're all really nice to me. They talk nicely to me, they don't shout." Another person said, They're very nice and caring and I can chat to them." A third person said, "They are A1 for me!"

People had varying communication needs, some were able to communicate verbally and others needed the support of Makaton and picture communication exchange systems (PECS). These communication systems use signs, symbols and pictures as a way of communicating with people with a learning disability such as autism spectrum disorder, also known as ASD. We spoke with the specialist provision lead who showed us a pictorial system they were using to help a person with understanding how maintain their privacy and modesty. This process was in its infancy and was being further developed to support a wider range of people from across the service

Staff were provided with the information they needed to communicate effectively with people and to enable them to engage with people in meaningful conversation. Staff told us they had formed positive relationships with the people they supported and felt they had the skills and the knowledge to communicate with people. We noted some information was provided for people in an easy read format. For example, a person who had attended a meeting with a staff member and their social worker had the minutes of the meeting given to them in an easy read format to ensure they were aware of what had been agreed. We also saw following a meeting with the registered manager, an easy read letter had been given to another person to advise them of what had been agreed about an issue that was affecting them and others. The actions they and staff would be taking were included within the letter. This approach ensured people were provided with the information they needed, in a format they could understand and they were not discriminated against as a result of their learning disability.

Staff were respectful of people's opinions and choices. People told us they felt their views mattered. One person told us they felt listened to and when problems arose, the staff would calmly work through the issue to find solutions.

The majority of the people supported by the service relied upon relatives to act on their behalf when decisions were made about their care. Others were able to make informed decisions themselves and felt comfortable in doing so. However, the registered manager understood the importance of ensuring people had the opportunity to have an independent person to speak on their behalf if they wished them to. Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The people and staff we spoke with told us during each visit the staff had time to sit and to talk with them. One person said, "They really look after me, it takes the worry out of things, when I'm having a bad day, I feel

like I can talk to them." The staff we spoke with told us they had plenty of time to complete their daily tasks at each call, but also to spend time with people. One staff member told us they enjoyed taking a person out for a coffee and we observed them discussing this during our visit to this person's home.

The representative of the provider told us a business decision had been made that they would not provide any calls that lasted less than one hour. They told us an hour long call enabled staff to support people with personal care but also to spend time with them. Some people had limited interactions with their local community and therefore the daily visits by the staff took on added importance. This approach ensured people were protected from the risk of social isolation but also ensured people were treated with respect and dignity by staff, who were not distracted by time constraints on what they could do for people.

People were treated with dignity and respect. One person said, "They treat me with dignity." They also confirmed staff were gentle when supporting them with personal care. They also said, "I really do appreciate having them as they do things that I can't." Staff had received dignity awareness training and they spoke respectfully about the people they supported. They could explain how they ensured people's privacy was respected when supporting them with personal care within their home.

People's care records were treated respectfully within the provider's office. People's care records were handled respectfully ensuring the information within them was treated confidentially. Records were stored in locked cabinets away from communal areas to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act. They told us should the provider's computer system fail, then people's records were retrievable by a backup system provided by an external organisation tasked with managing the provider's computer systems.

We asked the registered manager whether people had personal preferences that needed to be taken into account when scheduling staff rotas. They told us that people who had preferences for certain staff members, or where it was clear staff had the specific skills needed to communicate effectively with people then this would always be accommodated. They also said that if people started to use the service who had specific cultural or religious needs that needed specific staff in place to support them, then this would be accommodated wherever possible.

Good

Is the service responsive?

Our findings

Before people started to use the service an assessment was carried out to ensure people could receive the support they needed. They, or where relevant an appropriate relative, were consulted and then agreed care plans were put in place detailing how they would like staff to support them or their family members. These care plans included information about people's specific health needs such as the assistance needed with mobilising, medicines and personal care. Other more personalised information was also included, such as people's preferred daily routine both within their own home and when out in the community. These records were reviewed on an on-going basis with people and where relevant their relatives.

People felt involved with the on-going planning of their care. One person said, "They [staff] are very honest, they talk you through the process, make you think things through." Their personal preferences, life history and background were discussed with them and/or their relatives to ensure that staff had the information needed to support people but also to develop and maintain meaningful relationships. The staff we spoke with were able to describe, in detail, each person's personal interests and preferences. The information also included assessments of people's ability to carry out day to day tasks for themselves and individualised assessments of people's independence were also in place. The registered manager told us the provider's aim was to ensure that they and their staff contributed to people leading fulfilling and happy lives. All of the people we spoke with and visited praised the approach of the staff.

People supported by the service had a mental or physical disability. Staff could explain how they ensured that people were not discriminated against and the provider ensured all people were treated equally and had the same access to relevant information as more able people. The registered manager was aware of the Accessible Information Standard which ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. For example, easy read documentation was provided following meetings held with people who had communication needs. The registered manager told us they were in the process of reviewing how people's care plans were recorded. They acknowledged that whilst some people were able to understand their care plans in a fully written format, others would benefit from a more innovative approach such as the use of pictures, photographs, larger font and reduced written content. They told us this would be an on-going matter discussed during staff and senior management meetings.

People's care records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. The registered manager told us one person had specific religious views and staff supported them with this. We spoke with a staff member who supported this person and they spoke knowledgeably about their needs and the support they wanted. No other person had specific needs in this area but if they did they the registered manager told us they would ensure that sufficient support was given.

People felt able to lead their lives in the way they wanted and were supported by staff to access activities both within their own home and within their local community. One person who liked gardening told us staff had supported them to make "raised flower beds" at their home. Another person told us they were

supported with their interests. The person also said the staff were flexible and, "if I'm feeling anxious, they don't make me go out, we can go another day. They know I don't like the bus, so we go in their car."

We visited and spoke with people whilst they were taking part in activities in the community. This included a farm and community day centre. Both people told us they received the support they needed to access these facilities and that they were happy with the support they received from staff.

Efforts were made to support people with building positive relationships with other people who used the service. Events were often put on inside the provider's office to bring people together and to help office staff get to know people better. The next event planned is a 'Christmas Fuddle Day'. This is an event where people get together to have a party, listen to festive music and to meet others. Additionally, people were supported to use the facilities within the office to expand their knowledge to gain skills needed to find employment. One person had been offered the chance to assist with basic office duties such as filing records and the registered manager told us that this had been successful and they were continuing to support this person to develop their skills further.

People told us they felt confident to raise a complaint if they needed to and that it would be acted on. One person told us they found the complaints process, "efficient and trouble free" and also felt "empowered" by the process. Another person told us they would speak with the registered manager if they had a concern with a member of staff. They also told us they "felt listened to". Staff were able to explain what they would do if a complaint was made to them.

Records showed the registered manager was aware of their responsibilities to ensure that when a formal complaint was made, a response was sent to the complainant in good time, outlining what they had done to investigate the issue and where appropriate, what action they would be taking. Learning from complaints made, formed a regular part of senior management meetings and where needed discussions were held with staff to ensure they were aware of improvements that were needed.

Due to the type of service provided end of life care was not provided. However, the representative of the provider and the registered manager told us they were in the process of arranging end of life training for their quality assurance and training manager, who then, in turn, would provide training to the staff. It was felt that although staff did not currently provide support in this area, staff would benefit from the training.

Good

Is the service well-led?

Our findings

People spoke highly about the quality of the service they received. They praised the communication between them, the staff who supported them and the staff based in the office. People told us this resulted in feeling informed about their care. One person told us the effective communication between them and the staff meant they were always aware who was coming to their home and they liked to mark the staff member's name down on their calendar. The person told us this made them feel valued and that their feelings mattered.

One of the key aims and values of the provider was to ensure that people felt valued and were empowered and supported to lead their lives in the way wanted to. The registered manager and representative of the provider told us during new staff induction, these aims and many others were explained to staff to ensure that they understood what the service stood for and how they were expected to contribute to its success. The positive feedback from all of the people we spoke with showed that the service was meeting their aims and objectives well, with people receiving a high quality service.

The staff we spoke with told us they enjoyed their job and felt a valued member of the staff team. One staff member told us they first came into contact with the service whilst in their previous job. They were so impressed by the approach of the service that they decided to come and work for them. All of the staff felt they were treated fairly and there was an open and transparent culture at the service. Staff particularly welcomed the flexible nature of the training provided for them as this had been adapted to fit around their personal lives. Some of the staff members were also carers for their own children who had a learning disability and they praised the flexible and understanding approach of the provider in ensuring there was a good work/life balance.

People were supported by staff who felt valued, their opinions were respected and they understood how to identify and act on poor practice. A whistleblowing policy was in place. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

People felt able to give their views and comments about the quality of the service provided and were confident that their opinions would be acted on. People were provided with a questionnaire to regularly obtain their views. We saw where there were areas for development these had been communicated effectively with people which ensured an open and honest service was provided. Points raised during these questionnaires were also discussed during senior management meetings and a structured approach to clearly assigned responsibilities was in place to address the points raised. It was acknowledged that the current format for the questionnaires, in mainly written word, was not supportive of people with communication needs. The representative of the provider told us this would be amended in time for when the next surveys were sent out.

Staff felt empowered to raise any concerns they may have about people's care or to raise areas where they felt the service could be developed or improved. The staff we spoke with praised the open and welcoming

approach of both the registered manager and the provider. We were informed that staff meetings were difficult to plan for due to the nature of the role for staff, it was not easy to get staff together. Therefore an innovative approach to team meetings had been developed. An electronic team meeting was in place. The agenda and any comments people had were then put together in a electronic document and then staff were able to give their views and they were reviewed by the registered manager and the provider. This enabled all staff to be involved with team meetings and gave the registered manager and the provider wider feedback from staff.

The service is managed by an enthusiastic, hardworking, caring and dedicated registered manager. They had a clear understanding of their role and responsibilities. They had the processes in place to meet the requirements of a registered manager with the CQC and other agencies, such as the county council safeguarding team. The manager had also ensured that the CQC were notified of any issues that could affect the running of the service or people who used the service.

The registered manager had the experience needed to manage the service effectively. They had the support of the provider to ensure that people received a high standard of person centred care and support. The registered manager was aware of the provider's business plan and aims of the service and this was regularly discussed with them to ensure they had the systems in place to meet these aims. Regular reviews of the performance of the registered manager and the service as a whole were carried out by provider. The registered manager and their staff were held accountable for the decisions they made and the quality of the service provided for people. The registered manager received the support they needed from the provider. The representative of the provider, the nominated individual, was a visible presence at the service. Staff knew who they were and they also carried out some of the training for new members of staff. The nominated individual told us this enabled them to have a day to day understanding of things that were working well at the service and the areas that needed improving and developing.

People and staff spoke highly of the registered manager. One person described them as "approachable" another person described them as "a good'un". Staff praised the registered manager. They told us they were someone they felt able to discuss their role with and felt their they listened to and respected their views. This positive feedback was reflective of the fact of the registered manager being nominated for an award at the Regional Care Awards 2017.

The registered manager was keen to continuously improve the lives of people within the service and they and the provider welcomed guidance, advice and support from the County Council as well as other registered managers working locally in similar roles. They both attended regular forums in order to gain ideas on how to improve their service. There was a strive for continued development and this was reflective in two recent changes made to the service. The representative of the provider told us they had recently moved offices to enable a more cohesive and inclusive service to be provided both for the people they supported and the staff. The additional space meant people were able to visit the office more freely and staff could now also receive in-house training at the provider's office. Additionally, staff without previous experience of supporting people living with autism had been invited to attend a 'parent/carer' training course to support them in increasing their awareness of the pressure parents and carers face when caring for a person with autism. The representative of the provider told us these along with other initiatives in the future would further improve the day to day experience of both the people they support and their staff.

Quality assurance systems were in place to help drive improvement at the service. The responsibility for carrying out these audits, was shared amongst senior staff who all reported directly to the provider. Representatives of the provider also carried out regular reviews of the service and these were used to drive continuous improvement at the home. Actions from these audits were reviewed to ensure they had been

completed.