

Real People Ltd

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The announced inspection took place on the 21, 23 and 24 March 2016.

Real People provides a service offering community support, supported living, community respite care and support in transition periods for young people and adults who have learning disabilities and other associated needs. The support provided aims to enable people to live as independently as possible.

At the time of our inspection the service was providing bespoke, flexible support packages to 26 people.

The offices of the service are situated on the ground floor and within easy reach of transportation services. They are also wheelchair accessible.

The service is required to and did have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager oversees the running of the whole service and is supported by a deputy manager and senior staff all of whom have the necessary training to support the people who use the service.

The service provided outstanding care and support to people that enabled them to live meaningful lives. The service had a strong, visible, person-centred culture which facilitated people and staff to build positive relationships. People and staff repeatedly reported how they felt a strong sense of being surrounded by family. Dignity and confidentiality was valued by staff and were observed to be respectful and caring towards people. Staff understood their roles in relation to encouraging people's independence whilst mitigating potential risks.

People were provided support in a person centred way by staff who clearly displayed good knowledge of the people they supported. People were helped to identify their own interests and pursue them with staff which had the same interests. Multiple weekly inclusion events took place to avoid social isolation and endorse people's well-being by creating a friendly community.

Staff had good knowledge of their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA). Management applied such measures appropriately. Medicines were prompted or administered and managed safely where necessary.

There were sufficient numbers of support staff to provide people a flexible and person centred service. People were supported by staff to maintain independence to meet their own nutritional needs. Staff and managers supported people to access healthcare services and worked with a range of health professionals to ensure good health of the people.

A robust recruitment process was in place and staff were recruited and employed upon completion of appropriate checks.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about their ability to make decisions. The service was flexible and responded positively to people's requests about their care and how it should be provided.

The service was well led and ran effectively using quality monitoring audits. A complaints procedure was in place and had been used appropriately by management. Systems were in place to make sure that people's views were gathered.

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.

There was enough staff to meet people's needs. Appropriate checks had been carried out to ensure a robust and effective recruitment process was in place.

People felt safe with the staff entering their homes. Support plans and risk assessments were in place to ensure peoples safety and autonomy.

Medicines were administered and managed safely.

Is the service effective?

Good ●

The service was effective.

Management and staff had good knowledge of legislative frameworks i.e. Mental Capacity Act 2005 to ensure people's rights were protected.

People were supported to access healthcare professionals when required.

Staff were supported to attended various training courses specific to people's needs. Staff were able to apply knowledge to support people effectively.

Is the service caring?

Outstanding ☆

The caring of the service was outstanding.

The service had a strong, visible person-centred culture where staff and people had developed positive relationships.

People and relatives consistently spoke highly of support workers who knew people well, their preferences for care and their personal histories.

People's needs and independence were identified and supported by staff who listened to people and respected privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were supported to identify and carry out their own person centred interests as well as form a community of friends within the service.

Care plans contained detailed information required to meet people's needs.

Complaints were investigated and acted upon appropriately.

Is the service well-led?

Good ●

The service was well-led.

Management were respected by staff that aligned themselves with the values of the service.

There were quality assurance systems in place to identify and make improvements to the service.

The service had an open culture and they gained people's views of the service to continually improve.

Real People Ltd

Detailed findings

Background to this inspection

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

We inspected Real People on the 21, 23 and 24 March 2016 this was their first inspection which was announced. We gave short notice of the inspection because the registered manager and staff were often out supporting people with daily activities. We needed to be sure that all the necessary people were available to speak to. The inspection was carried out by one inspector.

We spoke with five people, five people's relatives, the registered manager and seven members of staff. We observed interactions between staff and people. We looked at management records including samples of rotas, people's individual support records and associated risk assessments for five people. We looked at four staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People consistently told us they felt safe using the service. One person said, "I feel safe, we always meet all the new staff before they start at our 'Inclusion nights', so the people that come to our own homes aren't strangers." Another person said, "Real People don't tolerate bullying from anyone." Relatives told us how confident they were that their relatives were safe using the service. One relative stated, "I'm really happy to leave my child with them, it's a huge relief to know my daughter is always safe when she's with them, either in the day or on holiday" another said, "[registered manager's name] will always call and update me if need be and I know I can always call her if I'm worried. I know they're safe."

All staff were given training in safeguarding during their induction. Support workers knew how to keep people safe and protect them from harm. They were able to identify how people may be at risk of different types of harm or abuse within the community and told us they would report concerns to their managers or other agencies to keep people safe. The service had a policy for staff to follow on 'whistle blowing'. The registered manager told us they had experienced whistle blowing within a former work environment and felt comfortable following their policies and procedures and also conveying the importance of whistle blowing to staff. Staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. The service website also supplied clear and accessible contact details for Ask Sal, a helpline for people to call if they are suffering abuse or suspect a vulnerable adult is at risk.

Support workers were provided with current information in support plans which, was regularly reviewed in order to support people safely. People were given a 'Service User Guide' as part of their initial pre assessment welcome pack which included information on risk taking and risk management. It was clearly explained to people and relatives that an initial assessment and ongoing reviews would be undertaken. This was to ensure people were supported to assess risks around their informed choices and have the opportunity to think, act and make decisions before putting choice into action. Risk assessments and practical approaches to keep people safe had been discussed with people and their relatives and documented in support records to allow staff to manage risks appropriately. For example, in one person's support record we saw a road safety and transportation support plan and associated risks assessments. These helped enable the person, despite potential risks, to access a variety of places within the local and wider community safely. This documentation displayed how staff were to support the person and respect their freedom of choice. Where people had history of changes in mood and/or challenging behaviour, this was documented in their support plans with likely or known factors which may have been associated with these risks and how to manage them.

Risks at service level had also been identified by the registered manager and compiled into a document which was included in people's initial pre assessment welcome pack. The document detailed action plans in response to potential specific hazards to reassure people that service would continue to be provided as expected, despite risks such as floods, IT failures etc. within the office.

Staff were trained in first aid. If there was a medical emergency staff knew to call the emergency services. The registered manager and senior support worker told us how they support people by also supporting

people's main carers. They gave an example of how the registered manager had called an ambulance and travelled with the person's elderly next of kin to provide them with support in hospital. Whilst the other support worker contacted family members and continued to support the person and provide reassurance in their own home, minimise distress to keep the person and their relative as safe as possible.

The registered manager told us the importance of building relationships to make people feel safe. People were provided with a rolling rota so they knew they would be provided with consistent and safe support. Although the registered manager did not monitor missed or late calls they told us they had never had a missed call and if staff were for example 15 minutes late they would stay 15 minutes later to compensate. All people and relatives told us they had never had a missed call. One relative told us, "If they are going to be late they will always call and tell us why, but it rarely happens, never had a missed call." A support worker told us, "I make a point to arrive 10 minutes early and wait in my car so I'm always on time I wouldn't want people to worry no-one was coming." The registered manager told us staff wrote in people's diaries the hours supported daily but they would implement a system to monitor late and missed calls immediately to identify potential concerns in the future. The sample of rotas we looked at reflected sufficient staffing levels. Also, the registered manager told us that they always made sure there are enough staff when they go out or on holiday. One person told us, "We go away a lot and there's always enough staff. We went to Bath, we don't get stuck doing something we don't want to do, there's enough staff to split up and do what we want in smaller groups."

An effective system was in place for safe staff recruitment. One person said "I know [registered manager's name] wouldn't hire anyone that she wouldn't be comfortable leaving her own family with." The recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The registered manager told us, "The interviews are conducted by either myself or my senior staff. I trust my staff's judgement. They know how I expect people to be in this profession, kind, trustworthy and considerate." We were also told that all potential new staff were required to attend an 'Inclusion night' which take place every week. This enabled people to get to know new staff in a supported, safe environment to ensure people's wellbeing and include people in the recruitment process by gaining feedback.

The majority of people self-medicated. However, people that needed medicines administered, received them as prescribed by staff who had received training in medication administration and management. We found staff knowledgeable about people's medicines regardless of the fact that the majority of people only required prompting. The service carried out regular audits of the medication and addressed any errors to ensure people's medications were always managed safely. The registered manager gave an example of how they had liaised with GP services, social workers and advocacy services for a person new to using the service, who had not been taking their medications as prescribed. Additionally the registered manager stated that current medical history and medication lists are kept available in people's home in preparation for potential incidents that other health care professionals may need to know immediately.

Is the service effective?

Our findings

People and relatives told us their needs were consistently met by competent staff and spoke very highly of the service. One relative told us, "My daughter is fairly independent but lacked social skills, she is very vulnerable and needed people that understood her needs and could help her learn. All the staff know how to support my daughter and I to live a better life."

One person described the service as, "A very excellent service," another said, "They work around my schedule, if I'm at work and need to change my time with them they will and they help me visit my family and meet all my hospital appointments." The registered manager told us how they provide a flexible service to meet people's needs and during initial assessments they confirm with the local authorities that they continuously adapt the rota to meet the wants and needs of the individual people. For example people's allocated hours were not fixed daily times and were altered, with the agreement of all concerned, dependent on what appointments and activities people were attending. Therefore staff spent long periods of quality time with people to complete tasks and appointments during their allocated hours to ensure an effective person centred service.

Also, the registered manager told us, "I like to attend initial assessments with [Deputy Manager] so we can discuss which carers would be best for the person. We assess age, personalities and interests of support workers and the person. Depending on how many hours support provided, they generally have a minimum of three fixed support workers so that people are familiar with staff and enjoy spending time together." Although one person told us, "I have three people that support me mainly" observations revealed that the person was extremely familiar and comfortable interacting with many members of staff and had built positive caring relationships. The registered manager told us that all senior staff worked in the office as well as supported people in their homes and community which created more flexibility for the service. For example if a support workers car broke down a senior support worker stepped in to avoid missed calls without distressing the person as they already know senior support workers well.

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous person centred care. The deputy manager showed us how they monitor staff's training needs and ensure that they are completed adequately and within timeframes. Staff told us they had completed the Care Certificate and were supported to continue their development by enrolling on National Vocational Qualifications in Health and Social Care and completing training modules designed by the service to compliment the Care Certificate. The deputy manager also told us that training was undertaken in the office training room facility face to face. They were considering online training, however the service were conscious that although e-learning may be more time efficient, it may not be the best learning style to ensure their staff continue to provide high quality care. They felt the already established training forum for staff to learn together integrated with e-learning will be effective going forward. Staff told us how the person centred training aids them by applying knowledge specifically to the people they support. For example they support people with epilepsy and diabetes, Asperger's, anxiety and depression and have received training from external specialists for conditions.

Care workers told us that they felt supported in their role, and were provided with an induction, supervision meetings every three months and a yearly appraisal. Staff induction allowed new staff to get to know their role and the people they were supporting. Upon completion of their training staff then worked 'shadowing' more experienced staff. We saw records in staff files which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback. One support worker said, "I feel very supported." Another said, "I'm having my appraisal next week but if I needed more training or support I know I can ask [registered manager] whenever."

Spot checks of support workers practice were also undertaken every month for the first 3 months of employment after the induction period and twice a year thereafter. This was confirmed by the staff we spoke with and documentation within staff files. The registered manager and senior staff also provided hands on care. They told us that through direct feedback from people and observation of people's needs it supported them in striving to improve the service by communicating effectively. The registered manager told us if any shortfalls were identified, that they would address it through one to one supervision and training.

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.

People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions the registered manager ensured, where appropriate, advocates or their friends and family were involved. The registered manager gave us examples of people who had lasting power of attorney to make decisions on people's behalf for financial affairs and health and welfare. This meant that people's right to make the decisions they were able to, was upheld.

The staff had a clear understanding of people's rights in relation to staff entering people's own homes. Each person had been supported to agree a protocol for staff to follow when entering their own home. Staff told us how they help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and their families, and supported them with making choices. For example, after an incident where one person did not respond to the doorbell in the usual manner it was suggested by the service that a key safe be fitted. The service consulted with the person and their family and they decided that a key safe was the safest option to promote independence and minimise risks.

People were supported to maintain a balanced diet. Staff provided people with information about healthy eating and helped them to plan their meals and manage their budget to purchase a balance of healthy foods. One relative told us how staff had supported their relative to maintain a clean kitchen and support with safe food storage saying, "The staff have helped her take pride in her home and they put food labels on packaging to make sure [person's name] can see when the food is out of date." People were encouraged to be as independent as possible in preparing their meals. Another relative told us, "[Person's name] only used to come home to us for dinners but now she'll cook us a meal at her house, so we spend time at her house too." This meant that people were supported to be independent and maintain a healthy diet whilst socialising with friends and family around their meals.

Support workers understood what actions they were required to take when they were concerned about people's health and wellbeing. The registered manager provided support workers with wallet sized laminated medical information cards. These detailed people's immediate health needs which could be produced in emergency situations. For example, one person was prescribed and self-administered Warfarin, an anticoagulant which was important information to people providing care, treatment and support. One person told us, "They help me meet all my hospital appointments." Health appointments were recorded in people's diaries and the diary within the office which ensured appointments were met. The registered manager told us about one person with Diabetes who requires regular blood tests and said, "Health professionals set the guidance and we follow their guidance accurately, we support people to attend their appointments and advocate for them when appropriate."

Is the service caring?

Our findings

People and relatives consistently told us they were extremely pleased with the caring nature of staff and the service as a whole. One relative told us, "We used a lot of services before Real People and found they were in it for the wrong reasons. [Registered manager's name] and her staff really know how to look after people like family." Another said, "They oblige in every way they can. They are all like family, if [person's name] needs to be picked up from different places, they come, they go out of their way and make our lives so much easier." People told us, "Staff are kind, punctual, reliable and do the things that I want to do." Another said, "We are all one happy family, I have made lots of friends and have had little arguments but they [staff] make sure everyone [staff and people] respects each other and their differences." People told us they felt they were supported by a service that enabled them to live meaningful lives.

The service had a strong, visible person-centred culture where staff and people had developed positive relationships which maintained people's involvement. The staff were organised to ensure that people received support from a select number of staff that knew them well. Information regarding support of the person was communicated in daily dairies to each other. Staff told us this tool provided relatives and people with written documentation to remind themselves of events passed and ensured support workers did not duplicate activities and chores. Staff and their mix of skills were used innovatively to give them the time to develop positive and meaningful relationships with people. For example the deputy manager who was also a senior support worker had a keen interest in baking cakes and was regularly rostered to support a person who also enjoyed this interest. The person told us, "I made cakes with [deputy manager's name] yesterday, tastes delicious." Another person told us that they wanted to raise money for a children's charity by doing a sponsored swim. The person's support worker explained how they were supporting the person, by enjoying swimming together regularly, in order to practice. We saw the person and their support worker happily travelling together on their way to swimming. This showed that the service took care to match staff with the interests of people in order to enhance wellbeing and achieve their own goals whilst having fun.

People valued their relationships with support workers. People and relatives consistently spoke highly of support workers. Relatives and people described staff whom had gone the extra mile and understood how to support people to make a difference. One relative told us, "[Relative's name] was very in their shell, wouldn't look people in the eye. Now they go into a room with so much more confidence especially when surrounded by friends from Real People. They have given them something I couldn't." Two other relatives said, "We are much older now and can't go on holiday as much, so I'm so grateful [person's name] still gets to go away and have fun, they have been to Bath and are going to Minehead soon." and, "[Person's name] has behavioural problems but staff are trained well to manage their behaviour and they have been on three or four holidays with staff."

Staff knew people well, their preferences for care and their personal histories. One person currently in hospital rang the office to speak to various members of staff to update them on their progress. Staff acted professionally and with confidentiality in mind whilst it was clear to see positive relationships had been formed. Staff spoke of one individual and how when they first met they were very angry. The person communicated through the use of teddy bears and expressed their emotions through each of the bears. The

registered manager told us, "Over time we have worked with the person to express themselves which has impacted positively by helping them to understand their anger and manage it much more effectively." We saw the person interacting positively with multiple staff who all used the teddy bears as a communication tool. This demonstrated that staff understood how to care for and support people as individuals.

People's needs and independence were identified and supported. One relative told us, "They help [relatives name] with public transport, they've started getting on a bus to the Salvation Army, so they help her time keeping skills and check she's using the buses ok." The registered manager told us about the support they had given another person as a result of becoming unexpectedly homeless due to family disputes during the Christmas period. They made use of known available local resources and local authority contacts to provide the person with a home over Christmas. The person told us, "They helped me have a safe home and stay independent, I am really grateful, they are like family, [registered manager] looks after me." A health professional told us, "[Registered manager's name] is able to communicate well with service users, families, other professionals and her staff and they will persevere to try to get all support needed." The service advocated for people when appropriate to help people to be heard. They also supplied people with contacts of advocacy agencies (Mencap and Batias) within the initial pre assessment welcome pack. People had been supported to establish the necessary contact with advocacy services to ensure their voice was heard.

Staff listened to people and respected their differences. The registered manager was a Dignity in Care champion and stressed the importance they place on dignity and reducing feelings of vulnerability which people may have due to disability, illness or diversity. All staff had an identification badge they carried with them, however they did not display their badge when they supported people in the community, this was to promote equality and deter unwanted public attention. One person told us, "It doesn't matter if you're in a wheelchair, talk differently or whatever we're all treated the same." Relatives told us how staff interacted in a patient and respectful way, "They really go out of their way, [person's name] has little obsessions and they know exactly how to support her without belittling her, they sit and talk and take time." We observed staff were comfortable in displaying warmth and affection toward people whilst respecting people's personal space. We saw staff being discreet when discussing people's needs, moving to quiet areas of the office as required.

The registered manager told us, "We feel we are people's extended family, if there are problems within the families it impacts on our people and their behaviour, so we need to be supportive to the whole family." People's support plans detailed contingency plans in the event of death to a main carer. A user friendly phone was installed for one person living with their elderly relative. This tool was implemented so the person can learn to receive support and take guidance over the phone during potential distressing circumstances in the future.

Is the service responsive?

Our findings

People's needs choices and preferences had been considered which resulted in people receiving personalised care. Changes in circumstance were acted on quickly and the registered manager told us how care and support was reviewed periodically and when necessary, "If family circumstances change for example a parent's ill health we will collaborate with necessary people and services to change rotas and support plans so we can support people and their families as much as possible." Care and support was planned and reviewed with people and where applicable their families. One person told us, "My dad is always with me when we talk about the support I need and when we update my plan."

A relative shared their experience of reviewing support, "They [senior staff] come to the house now because we can't get out easily these days, we all discuss the future together and they ask what more they can do for [person's name]. They give me so much help not just my daughter." A health professional told us, "[Registered manager] and her staff work alongside service users in a manner that centres on them, and ensures that they fully understand and are fully involved in decisions about their care." One person's support had been reviewed with family and the person to introduce new but familiar support workers to their rota. This was occurring on a gradual basis, allowing the person to improve their social skills by interacting with different people.

Support workers had good insight into the support and needs of people. The registered manager's 30 years of experience included working as Head of Care for Learning Disabilities in community support and an Inclusion Worker for Learning Disabilities which gave them experience of identifying people's care and support needs. This resulted in detailed pre-assessments and support planning. One health professional told us that the service was responsive, "In my dealings with [registered manager's name], I have found them to be very conscientious in doing their utmost to get appropriate support for their service users from other services, including ourselves."

The service supported people's levels of independence and choice. One person told us how the service had provided respite services within their own home so their family could attend occasions that they chose not to attend.

The service also understood difficulties young people face when moving between services. One relative told us how the service responded to their relative's needs and impacted positively on their wellbeing, "It was such a big transition for [relative's name] to move into adult care, but they [staff] have built [relative's name] confidence and social skills over time and now [registered manager's name] is helping us to find the best supported living accommodation so [relative's name] can transition again to live as independently as possible with their friend." The registered manager told us how they communicated with the people, families and external services in order for the people to meet their aspirations with as much choice and control as possible.

People and relatives told us activities were incorporated into people's support plans which eradicated social isolation, maintained relationships and created a community within the service. "One person said I have

made a lot of friends since joining the service and the staff are like family." People told us they were supported by staff during the day to follow their interests. One support worker told us how they supported one person to regularly attend line dancing lessons. Another person told us, "I enjoy playing pool with [support worker's name]. The initial pre assessment welcome pack incorporated application forms for people to apply for items such as a concessionary bus pass and the Disabled Access Scheme (DAS) membership card which entitles people with disabilities to obtain one free ticket to local cinemas and theatres for the person providing support as a result of the disability. The registered manager told us how the service encouraged people to be supported within the community from the point of the pre-assessment.

A positive sense of community was felt when we asked people about the service. People and relatives also told us the service planned several nights a week to socialise with other people who use the service with the support of staff. The service had organised nights called 'Inclusion Nights' which the majority of people and staff attended every Tuesday night. The majority of people told us how they enjoyed Bingo on these nights and staff also told us, "Bingo and socialising in the community helps with people's social, numerical and monetary skills." In addition the people's choice on Thursday nights had been introduced for each person who attends to choose what they would like to do; either a meal out altogether, dancing at the local Blaze nightclub, bowling or a film night etc. Staff told us how people have learnt to support each other in different interests, which benefits everyone. One person excitedly told us, "We do Come Dine with Me nights. They [support workers] help us buy the food and prepare the meals and we take it in turns to host a dinner party." A relative stated, "They are celebrating Easter with a meal out, but they don't just celebrate festive things they have given my daughter a life, she has made a lot of friends, goes on holiday with them. I have met her friends she's made and they are lovely." All these activities endorsed people's well-being and independence was promoted.

In addition to socialising people were supported to take part in work opportunities. One support worker told us that they had communicated with colleagues about one person's change of behaviour and low mood. They spoke to the person and determined that they weren't enjoying spending time at their normal day centre designed to provide life and social skills for young people with disabilities. As a result the service supported the person to transition into a work environment to provide voluntary work within a children's service and a charity shop. Other people were supported to become members of 'People's Parliament' and local action groups [LAG] to discuss issues and provide input to improve services for young people and adults with learning disabilities. This showed the service responded to people's needs and helped them find purpose to enhance their wellbeing.

The registered manager had effective policies and procedures in place for receiving and dealing with complaints and concerns received. An easy read complaints procedure was provided in the initial pre assessment welcome pack which described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would notify the registered manager to address the issue. One person reported to us, "I had a problem which I reported to the manager but it was such a small issue and wasn't really anything, they dealt with it straight away." People consistently stated that they know they could speak to all staff if they needed to but have had no reason to complain. One person said, "They are all so friendly and approachable even the man who sorts out the invoices."

Is the service well-led?

Our findings

The service had a registered manager in place who was extremely well known and visible within the service. It was apparent, through observations and communications, that staff respected and the people had a fondness for the registered manager. People using the service, relatives, support workers and health care professionals all spoke very highly of the registered manager and the senior support team. People and relatives were supplied with clear contact details for the service and told us they knew who to contact if they needed to. They felt that the service was well-led and the service responded promptly in a professional and friendly manner. In turn they felt comfortable and would not hesitate to seek advice or further support when needed. One person told us, "We speak all the time; I have no complaints and cannot speak highly enough of them." The registered manager emphasised that they provide a needs led service and told us, "If you listen to people's needs it all falls into place." The deputy manager echoed these views and told us, "Keeping people happy and safe is our priority. We want to go above and beyond and for everyone to feel like we are extended family they can rely on."

The written ethos of the service was clear that the service would continue to evolve with the times and choices of all the people to maintain high quality person-centred care. The attitude adopted by the registered manager to support and provide equal opportunities to the people who use the service was reinforced by a robust induction process to recruit appropriate individuals with the same attitude. The registered manager clearly valued their staff and supported the continued learning of staff in subjects specific to the people that used the service. The registered manager told us, "I learn from my staff as much as they learn from me, new recruits bring fresh knowledge." Staff felt very supported by the registered manager and senior support team. One member of staff said, "I knew straight away in the interview I wanted to work for [registered manager's name], I never want to work anywhere else." Another said, "We are a family here, help each other to provide the best care."

The registered manager clearly stated the importance placed upon staff well-being and methods to ensure well-being throughout the workforce, "We risk assess our staff within their supervision and make sure their workload is not causing unnecessary stress. I believe if we try to accommodate staff needs as much as possible, sickness levels are reduced we can continue to provide high quality care, which is my main objective. I have no members of staff on long term sick."

The management maintained transparency with staff. Staff meeting minutes identified to us that management were keeping staff informed of current events and changes within the service in particular; changes to rotas to meet people's needs. One member of staff said, "This service is 100% well managed." Staff's opinion of management demonstrated a positive culture which was open and inclusive.

People and staff were actively involved in improving the service. People's views on the service were gathered by management not only through regular meetings with people using the service, but on a daily basis through their interactions with people and staff alike. The monthly monitoring and auditing of the service and responsiveness to concerns raised, displayed good leadership by management. Although annual quality audits were not undertaken, questionnaires and satisfaction surveys were distributed yearly to gain

feedback on the service from people and their relatives. Feedback from health professionals and stakeholders were gained through frequent interactions regarding service users however no feedback was documented. One health professional told us, "[Registered manager's name] has a lot of experience supporting people and understands local resources available, but also ensures that they ask if there are other options."

Action plans were not created from responses gained from yearly questionnaires however positive feedback was dominant within the responses. Numerous thank you and compliments cards were also displayed to us. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service. The registered manager told us they had implemented further routine quality monitoring systems to continually review and improve the quality of the service provided to people. For example, regular audits on people's support files and medication management. The deputy manager expressed keenness to deliver a high standard of care to people and told us, how robust quality monitoring is needed to keep the service under review and drive any improvements.