

Getta Life

Getta Life Limited

Inspection report


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Ratings

Overall rating for this service	Outstanding 
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?	Outstanding 

Summary of findings

Overall summary

The inspection took place on 8 June 2016 and was announced. We gave the provider 48 hours' notice that we would be conducting the inspection. This was because we were visiting their office and it ensured that there would be people there who we could speak to. People who used the service and staff visited the office whilst we were there which allowed us to gain their views of the service.

There was a registered manager in post. 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 service provides support for 22 people living in their own homes who have physical or learning disabilities. Some of the people supported by the service chose to live together whereas others chose to live on their own.

People were always at the heart of the service and support was provided in line with research based best practice. The provider's philosophy, vision and values were understood and shared across the staff team. People's right to lead a fulfilling life was promoted and encouraged by all staff, at all times.

Staff received training in the provider's values and philosophy, which included listening skills. The provider and management team exemplified the philosophy in their interactions with people, which set the standard for staff to follow.

People and relatives were delighted with the kindness and thoughtfulness of staff, which exceeded their expectations of how they would be cared for and supported. People felt valued by care staff, which empowered them to speak freely and confidently about how they wanted to live their lives and the support they would like from staff. Care staff respected people's individuality and encouraged them to live the lives they wanted.

People were encouraged and supported to live with meaning and purpose every day. Care staff valued people's experience and opinions and encouraged them to take pride in their lifetime's achievements.

People were involved in planning their care with the support of people important to them. This ensured the support they received matched their individual needs, abilities and preferences, from their personal perspective. Care staff showed insight and understanding in caring for people, because they understood people's individual motivations and responses. Staff were attentive to how people were feeling and were proactive in implementing individual strategies to promote enjoyment and happiness. Staff ensured people obtained advice and support from healthcare professionals to minimise the risks of poor health.

Staff took time to understand people's life stories and supported and encouraged people to celebrate important personal and national events. People were supported maintain their personal interests and hobbies.

People who used the service, their relatives and healthcare professionals were encouraged to share their opinions and the provider used their views to continually improve the service.

The provider was innovative and creative and constantly strived to improve the quality of people's lives, by working in partnership with experts in supporting people with disabilities. Planned improvements were focused on improving people's quality of life.

All staff and people who used the service were involved in monitoring the quality of the service, which included regular checks of people's care plans, medicine administration and staff practices. Accidents, incidents, falls and complaints were investigated and action was taken to minimise the risks of a re-occurrence.

There were enough staff, who worked flexibly in order to meet people's physical and social needs. The registered manager checked staff's suitability to deliver personal care during the recruitment process. The premises and equipment were regularly checked to ensure risks to people's safety were minimised. People's medicines were managed, stored and administered safely.

Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. Staff understood the risks to people's individual health and wellbeing, which were clearly recorded in people's care plans.

Staff received a wide range of training that matched people's needs effectively. Staff were encouraged to reflect on their practice and to develop their skills and knowledge, which improved people's experience of care.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having capacity, records showed that their advocates or families and healthcare professionals were involved in making decisions in their best interests.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat a nutritious diet and have enough to drink according to their needs.

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.

Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The registered manager checked staff's suitability for their role before they started working at the service and staff worked flexibly to ensure that people's needs were met. Medicines were stored, administered and managed safely.

Is the service effective?

Good ●

The service was effective.

People were cared for and supported by staff who had relevant training and skills. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to eat a balanced diet and assistance was provided when necessary. People were referred to healthcare services when their health needs changed.

Is the service caring?

Outstanding ☆

The service was very caring.

People and relatives were delighted by the kindness and compassion shown to them by the staff team. Staff went the 'extra mile' to ensure people led the lives they wanted to and positive friendships had formed between people and the staff team. Care staff valued people's experience and opinions and encouraged them to take pride in their lifetime's achievements. People were encouraged and supported to live with meaning and purpose every day. Care staff respected people's individuality and encouraged them to maintain their independence to live the lives they wanted.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning their care and support. People's preferences, likes and dislikes were understood by the staff from the person's point of view. People were supported to maintain relationships that were important to them and to engage with their local community. People's views

were regularly sought, listened to and used to drive improvement in the quality of service. No complaints had been made about the service. Concerns were listened to, taken seriously and responded to promptly.

Is the service well-led?

The service was very well led.

The provider's philosophy, vision and values were shared by all staff, which resulted in a culture that valued people's individual experiences and abilities. The provider worked with other specialist services and organisations to ensure people were at the heart of the service. People, their relatives and healthcare professionals were encouraged to share their opinions about the quality of the service and support was always provided in line with research based best practice. There was excellent leadership and continuous improvement at the service.

Outstanding 

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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.

The inspection took place on 8 June 2016 and was announced. We gave the provider 48 hours' notice that we would be conducting the inspection. This was because we were visiting their office and it ensured that there would be people there who we could speak to. The inspection was undertaken by one inspector.

The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Prior to the inspection we sent a questionnaire to eight health and social care professionals to gain their feedback on the service. We met with four people who used the service and five relatives. We spoke with the registered manager and four members of care staff.

The registered manager invited people who used the service and staff to visit the provider's office to share their experiences with us. Many of the people we spoke with were not able to tell us in detail about their care and support because of their complex needs and limited speech. However, people communicated with us through simple speech, gestures and signs and we observed how staff engaged with people throughout our visit.

We reviewed five people's care plans and daily records to see how their care and treatment was planned.

We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to make sure actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

People told us they felt safe receiving support from the service because they trusted the staff. We saw people were relaxed with staff and responded by smiling when staff spoke with them. A relative told us, "[Name] has built a high level of trust with their staff team."

People were protected from the risks of abuse as they were supported by staff who understood how to keep them safe. Care staff attended training in safeguarding and whistleblowing and understood the provider's policies and procedures for raising concerns. Care staff told us, "If I had any concerns for a person I would follow our procedure and tell a manager. I haven't needed to. I can also call safeguarding directly." Another staff member told us, "We are told if we see anything of concern, no matter how big or small, tell the manager." Records showed the registered manager understood their responsibility to refer any allegations of abuse to the local safeguarding team. This meant that people were protected and potential abuse was correctly investigated. A relative told us they had no concerns about the safety of people who used the service and went on to say, "I have complete faith in the staff, they are absolutely fantastic."

The registered manager assessed risks related to people's individual health and wellbeing. Where risks were identified, people's care plans described the actions care staff should take to minimise the risks. The registered manager explained how the service supported people to take positive risks, they said, "Risks are a part of everyday life, we want the people we support to have fulfilling lives and not to automatically write off an activity because it might be risky." They went on to explain that the staff team often discussed ways to encourage and support people to try new experiences and consider ways for this to be done safely. A staff member told us, "When I started here I was shocked by the activities people do, sailing, quad biking, horse riding, but I soon understood that we can't stop people from living their lives, we just assess the risk and make it as safe as possible." A relative told us about how Getta Life supported people to have new opportunities by supporting them to take positive risks which was in contrast to how their relative had previously been supported. They said, "Risk assessments have been the bane of our life! Risks should enable you to be able to do things. Getta Life enable [Name] to take positive risks to achieve her goals."

Care staff recorded accidents and incidents in people's daily records and in the daily handover book. These included details of actions taken to ensure all staff were aware and took action to minimise the risks of the incidents happening again. Records of accidents and incidents were detailed and included any investigations that had been made into the cause along with any actions taken. A relative told us their family member had fallen a few times. They explained how staff had supported the person to obtain specialist equipment from an orthopaedic surgeon to help reduce the risk of further falls happening. Records included information of these referrals and appointments.

Team leaders regularly reviewed people's risk assessments to ensure any necessary changes in their care and support were included in the person's updated care plan. When risks had changed or new ones were identified different ways to manage the risk were discussed with the person to help make a plan that was agreed by the individual. Staff we spoke with had a good understanding of how to manage the current risks related to people's care and support.

People and relatives told us there was always enough staff to provide the care and support they needed. The registered manager analysed people's needs and abilities to determine how many staff were needed on each shift and care staff were allocated to each household, according to their skills and experience. Relatives told us that people were supported by a consistent staff team so that they were always supported by people they knew well. One relative told us, "It takes [Name] time to get used to anyone new on their team; they are never supported by people they don't know."

The provider's recruitment procedures minimised the risk to people's safety. Records showed new staff completed an application and interview process which included checks on their skills, experience, and behaviours to ensure they would fit well with the current team and the ethos of the service by the registered manager. The registered manager checked staff's identity and right to work, obtained references from their previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

The provider assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed the provider had implemented a system of regular checks of the office, the fire alarm and essential supplies such as the water, gas and electricity. Care staff were involved in checking equipment, such as hoists, slings, wheelchairs and walking frames, were safe and fit for people to use. We saw records where staff had identified that items in the home needed repairing or replacing. Staff referred this to the appropriate people to ensure that people's homes remained safe and suitable for their needs.

The provider's policy and emergency procedures were known and understood by people and staff. Care staff told us they had completed training in fire safety and knew what to do in the event of an emergency. Personal emergency evacuation plans (PEEP) for each person who used the service and contingency plans were in place in case there was a reason why a person could not return to their home. The PEEP's were kept in the individual person's home and staff told us that they were easily accessible.

People told us they received their medicines when they needed them. A member of care staff told us there were clear procedures for medicines that were administered 'when required', such as pain relief. These are medicines that are prescribed to treat short term or intermittent medical conditions or symptoms and are not taken regularly. They told us the written protocols guided their practice. A relative told us, "[Name] is on quite a lot of medications, it is all logged. It is recorded like it would be in a hospital. If they (staff) think something is not right they get in touch with the doctor or consultant psychiatrist."

Medicines were managed and administered safely. Only trained staff administered medicines. Care staff told us their training gave them the knowledge and skills they needed to be confident in administering medicines. Staff told us, and records confirmed that regular competency checks were made to ensure people were giving medicines in line with training. Medicines were stored safely in locked cupboards. Each person's Medication Administration Record (MAR) included their photograph, the name of each medicine, the frequency and time of day it should be taken, which minimised the risks of errors.

The MARs we looked at were signed and up to date and included when people declined to take their medicines. Staff kept an on-going record of how much medicine was administered and how much was left, to make sure medicines were always available when people needed them. Records showed that team leaders regularly checked that medicines were stored, administered and disposed of safely. We saw no gaps or errors on MAR sheets which showed that medicines that had been given had been recorded correctly. A team leader explained that if they identified an error they would speak with the team member to help them understand what mistake had been made and they would not be able to administer medications until their competencies had been checked. The team leader went on to explain that if they were deemed not to be

competent then the person would have to attend the medication training again.

Is the service effective?

Our findings

People and relatives told us they were cared for and supported effectively, according to their needs. One person had fed back on a survey, "Staff do everything I want, I couldn't think of anything [to improve]." A relative told us, "Getta Life pride themselves on the training and support for their staff. It's only by doing this that they are able to support people as they need." Another relative explained that training was personalised to meet the needs of people receiving support, they said, "Quite often in the training they have family members talk about individual needs, I've been included two or three times."

People received care from staff who had the skills and knowledge to meet their needs effectively. The induction programme for staff included observing experienced staff, reading people's care plans and getting to know people. Care staff told us understanding people's individual needs and abilities was the most important aspect of delivering high quality person centred care. A member of care staff told us when they started work they were given time to 'shadow' (work alongside) experienced care staff and read care plans. This ensured they got to know the person they would be supporting and they understood the person's needs. They explained this process was not rushed and they were only included on the rota once they felt confident in their knowledge and skills.

The registered manager told us that all new staff were required to complete the Care Certificate during their induction period. The Care Certificate was launched in April 2015 and replaced the previous Common Induction Standards (in social care) and the National Minimum Training Standards (in health). The Care Certificate helps new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care.

Staff attended training in areas that were relevant to people's needs, such as moving and handling, food hygiene, communication and supporting people with post-traumatic stress disorder (PTSD). The registered manager explained that staff had their practice observed by team leaders to check that care was being provided in a safe way. They went on to explain that this helped to identify if staff needed additional training to refresh their knowledge.

All care staff had either completed or were in the process of completing a level two, recognised qualification in health and social care. Care staff were confident that training was available to ensure they could support people effectively, whatever their need. One member of care staff told us, "We have a lot of training and we refresh it regularly. We're always told that you can't perform a task that you've not been trained to do. I can ask for more training if I ever need it." The registered manager explained how they arranged training to meet the needs of staff and people who used the service. For example, they had tailored training after it was recognised that some members of staff applied stereotypical gender roles to others. Training was then arranged for all staff about gender and breaking down gender roles. A staff member told us this had a positive impact on the team morale and encouraged open discussions which led to better "Unity in the team."

Care staff were supported to deliver effective and personalised care. Care staff told us they had regular opportunities to discuss their practice and any concerns at one-to-one meetings. A staff member told us, "The different style of supervisions are good because it doesn't feel like you're repeating the same thing." Another staff member explained they had asked their manager for support to help the team to work more effectively together. As a result of this, the frequency of team meetings had increased which ensured information was shared more easily. This sharing of information benefited the people who used the service because all staff had full knowledge of the care needed. The member of staff explained, "When we are happy working together it is easier for the people we support to be happy." Care staff attended annual appraisal meetings, to discuss their personal development.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in the community is called Community Deprivation of Liberty Safeguards (Community DoLS).

No-one had a Community DoLS in place at the time of our inspection however the provider knew the principles under which Community DoLS applications to Court of Protection should be made. The registered manager understood their responsibilities under the Act.

Care plans we looked at assured us the registered manager had completed checks on whether people could make their own decisions or whether decisions would need to be made in their best interests. These were documented in risk assessments for people's understanding and memory. Best interest meetings were held with staff, family members and other health and social care professionals when a decision needed to be made. Records of these meetings were kept which detailed the options discussed and the outcome. One such meeting was held when a person had required an operation to improve their eyesight. Family members and professionals were consulted and it was agreed that it was in the person's interest to have the operation. Records showed people, or their legal representatives, had signed to say they consented to how they were cared for. This showed that the registered manager followed the correct procedures when decisions were made for people who did not have the capacity.

All care staff had received training in the MCA and DoLS. We saw care staff followed the code of conduct of the Act and were aware of what decisions people had the ability to make for themselves. This demonstrated to us that staff understood the principles of the MCA. Staff we spoke with explained what the MCA was and how this applied to their work. One member of staff explained, "Capacity isn't a yes or no answer; people we support are able to make some decisions but not others. [Name] has capacity to tell you what they want to do, if they want to go somewhere, what they want to wear but they can't consent to medical treatment. Capacity can change daily too. If they're ill they might not be able to make the same decisions they could when they are well. That's why it's important you know the person, you know if something is unusual." This showed that staff had understood and had put the training they had received into practice.

People were supported to eat and drink enough and received a nutritious diet. One relative told us, "Staff are very good at supporting [Name] to have a balanced diet. Over recent years [Name] has become more adventurous with what they will eat and I think this is from staff saying, 'Shall we try a bit of this as well?' "Staff told us each person had a choice of what meals they wanted to eat. People were encouraged to make

their own meals with support from staff when needed. In one person's care plan it was recorded, "[Name] enjoys planning menus for the week and going shopping for ingredients." We spoke with the relatives of this person who confirmed they regularly planned and prepared their own meals. Relatives also told us that if people did not want to prepare their own meals or were physically unable to, staff members would prepare meals for the person. Relatives told us that people were always offered food that they liked and were given choices.

If people required assistance to eat this was detailed in their care plan. For example, one person's care plan stated 'I can't always see what's on my plate; sometimes I need you to tell me. My food needs to be cut up small and I may need to tell me where it is on my plate mid meal.' Care plans contained sufficient detail to enable staff to support people. This included details of specialist equipment such as plate guards or coloured plates which would provide a contrast to enable a person to see the food easier. Staff demonstrated their knowledge of the support people needed which corresponded with the information in their care plans.

Staff told us, and this was confirmed in people's care records, that people were supported to maintain their health and were referred to healthcare professionals when needed. These included referrals to GPs, dieticians and Speech and Language Therapists (SALT). Care staff told us that information was passed on verbally to staff by a team leader and the information was recorded in people's daily notes. Staff shared information about people's health needs, appointments with healthcare professionals and the advice the professionals had given. For example, staff identified when people had not eaten well, when they had chosen to not have their medicines and how staff should support and monitor people's health.

Relatives told us staff were always observant and proactive and sought advice when people showed signs of ill health. One relative explained how their family member had spent a period of time in hospital and due to the unfamiliar setting their health had deteriorated. The relative explained they spoke with the registered manager who arranged a meeting with the Consultant who agreed for the person to return to their home. They further explained, "They (Getta Life Staff) arranged for a hospital bed to be placed into the lounge on the same day. [Name]'s health improved from the next day. It is because of their care [Name] survived." The registered manager explained that during this time period they arranged for additional staff to meet the person's increased care and support needs.

Is the service caring?

Our findings

People and relatives told us the care and support they received exceeded their expectations. They told us they were surprised and delighted at the high level of kindness, thoughtfulness and compassion always shown by staff. People told us they thought staff were very caring and they had formed close relationships with them. Relatives told us that by developing lasting and meaningful relationships, this made a positive difference in people's lives. A relative told us, "Their (staff) values are very special and they feel very privileged to be looking after [Name]. It's not a job or a burden to them, it's something very special." The registered manager explained, "We really care for the people and the staff. It is important to have good support. If staff feel well supported they can plan good care for the people they support."

Recent feedback from relatives from service satisfaction surveys included comments about the caring nature of the service. One comment stated "[Name]'s support staff are lovely people, they always have their best interests at heart. They treat [Name] as a friend. They have always made me and my family feel welcome when we visit. I couldn't ask for a better team." Another relative wrote, "The staff work with [Name] with commitment. There is friendship, support and integrity. [Name] is obviously full of trust and confidence in them to be able to be herself and feel safe and secure within their care."

Care staff and the management team told us that the people they supported were at the heart of everything that the service did. From our observations of staff interacting with people and feedback from relatives it was clear that this was the case.

The registered manager was passionate about improving people's lives and gave us many examples of how she achieved this. She told us that the service hosted an 'Oscar Night' to celebrate the achievements of the people who used the service. People received awards for things they had accomplished over the previous year. Some people received awards for activities they had participated in whilst others had received awards that recognised their personal development. The registered manager said, "It's important to take time to reflect and to show that we care and have thought about what others contribute. People are most happy about themselves when they are properly seen, valued, esteemed and liked." The Oscar night was held at an external venue and friends and family were invited to celebrate with people and staff. People showed us photographs of the evening and expressed how much they had enjoyed it. Relatives provided positive feedback about the evening which included, "It was fantastic, inspiring, moving, wonderful. It gives me hope that people's lives can be improved." Staff told us, "It was a fantastic night, everyone had such a good time and it was good to be able to show people how much we admire them and how lucky we are to support them."

The registered manager explained they were currently in the process of planning another celebration evening with a theme of "This is your Life" because people had really enjoyed the 'Oscar Night'. Each team were responsible for creating a book which detailed each person's life history and included their photographs and memories. These books were being created in partnership with family and friends and when completed another evening would be held to present each person with theirs so that memories could be shared.

Relatives told us care staff always went above and beyond their expectations to promote people's independence. One relative told us, "[Name] is definitely a valued member of their local community. They volunteer in a local charity shop and when [Name] goes to church they have coffee with the parishioners, they are always involved." The relative explained that this involvement been gradual and was supported by Getta Life staff. They went on to state that previously the person would have been anxious in crowds but with reassurance and commitment from staff they had "blossomed" this meant the level of support they required had been reduced.

The registered manager and care staff had decorated the service's office and training rooms with portraits of the people they supported. The registered manager explained that everyone who worked in the service knew the people they supported really well and that the photographs "Are just another way we keep the people at the centre of everything we do."

Care staff told us their training helped them understand people's behaviour and needs, so that they could support them in a caring and empathetic way. For example, we saw that care staff were always observant and proactive in minimising people's anxiety. During these times we saw care staff holding people's hands, with a positive, calming effect and heard care staff encouraging people to remember happy times and supporting them to look forward to future events. Staff had an excellent understanding of what was important to people. For one person this was that they enjoyed holding pieces of cardboard and paper. When they were speaking to us staff provided them with paper which they appreciated. This demonstrated that it was important to care staff that people they supported felt happy and were comfortable in their surroundings.

Care staff told us care plans were invaluable in getting to know and understand people in order to provide personalised care. A member of care staff told us, "I can read the care plan to understand the person." People and relatives told us care staff understood and always respected what was important to them. This ensured people always received support in their preferred way. Care staff supported people to maintain their preferred routines and make choices about how they were supported to live a meaningful life. Two people who used the service had formed a relationship and now lived together as a couple at the service. The registered manager explained how this had been a learning point for all staff because initially staff had considered that their relationship was platonic. However after spending time with the couple it was, "Clear to all that they were telling us, 'We are in a relationship.'" The registered manager told us that the couple were involved in care planning meetings with the staff team during which time their wishes and goals in respect of their relationship were discussed. They were involved in decisions about how the staff team was to support them in relation to this. Following this staff and family had supported the couple to plan and arrange a celebration of their relationship at their local church. When we met the two couple they showed us photographs of their ceremony and expressed pride and happiness that their relationship was recognised as being meaningful to them.

A relative told us that when they were initially approached about arranging a celebration they were unsure because they did not understand how two people who were not able to communicate verbally were able to have a meaningful, romantic relationship. They went on to say "I thought they needed to speak the words or write it but they [Staff] are with them so much they noticed and understood they wanted to be together. I see now that they care very strongly about each other. Just because they can't verbalise it they still have their own feelings." The relative told us that as more friends and relatives recognised their relationship the people demonstrated pride and happiness. This showed us that staff used their knowledge of the people they supported to help them to make choices and about their relationships.

The registered manager told us that on the day of the relationship celebration both people showed

excitement and happiness that people friends and family had taken time to celebrate their relationship with them. The registered manager explained how one partner spent time during the day going between their partner and their mother "as if to reassure them that they were the two most important women in their life. "This demonstrated how staff supported people to maintain relationships that were valued.

People were encouraged to build and maintain relationships with friends and family. One relative told us that they often spoke to their family member by Skype. They also told us when their family member went on holiday the staff supported them to send text messages to their relative about what they had been doing.

People told us they planned their care with support from their relatives and staff. One relative explained that every six months people important to their family member met and discussed what had gone well for the person and also any new goals that they wanted to set. The relative went on to explain that their relative was involved in this and was encouraged to share their views during the review. A health professional wrote in response to a questionnaire we sent them, "They are inclusive in their thinking growth and development and celebrate people's successes and achievements. I have been involved in some of their person centred planning sessions and they are the most detailed, positive and inclusive that I have ever participated in." Another health professional commented, "Getta Life provide a truly person centred service that works hard to help people achieve their goals and live a full and valued life. They are very skilled and involve families in the life of the people they support whilst maintaining the right of the individual to make their own choices and take risks."

People's care plans were written from the person's perspective, so staff understood their needs and abilities from the individual's point of view. The care plans included a life history for each person and details about their preferences, likes, dislikes and people who were important to them. Staff explained that people were involved in planning their care and regular meetings were arranged to review the plan. Staff explained that the format of the review meetings were dependent on the individual's preferences. One person preferred to have care workers meet at their house whilst another preferred to review it with staff whilst they were in the car, a third person preferred to have a day out with care workers and review the care plan as part of this event. The registered manager explained that they wanted people to be involved in planning their care but for this to be done meaningfully it had to be arranged in a way that the person could take responsibility for. The registered manager went on to explain that this prevented the reviews from being a 'token exercise'. These arrangements showed that it was very important to staff and the registered manager that people were involved in planning their care.

Care plans focussed on people's strengths were as well as what they needed support with. This enabled staff to provide personalised care that was not task focused. Staff used this knowledge to promote people's independence. One member of staff talked to us about how prior to being supported by Getta Life, a person had lived in a residential care setting and did not have links with the community. They explained how this person has now developed friendships with many people in the local community and they often visited each other which gave them a sense of purpose. The staff member told us that this was a big achievement for the person. They went on to say "[Name] is recognised as their own person in the community, people say hello and [Name] has roles at the church they attend. They are seen as their own person and not as a disability." The registered manager told us people close to those who received support often became advocates to support the person to receive care that reflects their preferences and supported them to be in control of their own lives.

Care staff spoken with had an excellent understanding of people's different communication needs and it was evident they had taken time to get to know people well, to promote effective communication. This information was also included in people's care plans. For example, one person's care plan explained how

staff should observe their facial expressions, make eye contact, speak slowly and offer choices. We saw care staff took these actions during our inspection, to ensure effective communication with the person. A relative confirmed this and told us, "Before [Person] moved to (received support from) Getta Life the registered manager visited them regularly. This allowed her to gain an understanding of [Person's] needs and how best to communicate. This wasn't rushed and it really helped us feel assured that they cared and wanted to understand [Name]. Gradually Getta Life staff were introduced and began to support [Name]. They understood [Name] well."

People told us, and relatives confirmed that staff always offered them choices and asked for consent prior to providing any care or support to a person. For those people who were unable to communicate verbally, staff maintained eye contact and observed the person's facial expression and body language, to gain an understanding of whether they consented to support. We observed this when a member of care staff asked a person if they wanted to leave a room. The member of staff waited for the person to indicate that they were ready to leave before assisting them. This showed that staff respected people's choices and supported them to make decisions about support they received.

People and relatives told us care staff always treated them with respect and always promoted their dignity. A member of care staff told us, "We care strongly about the people we support, we're lucky we become a big family but you never forget that we are here to help them. We are guests in their house. If they say they don't want to do something you respect that." Another member of staff explained, "If I support someone with personal care I do it in the way they want, if they want a shower they have a shower, if they want a bath we do that. It is always done in privacy with doors shut." A relative told us, "I've never had any concerns that Getta Life don't respect [Name's] dignity, care plans include details of how they want to be supported and staff understand what to do."

A relative told us that a person was proud of living in their own home independently. Staff explained that to respect this they always waited to be invited into the person's home and their care plan included instructions given by the person for staff to follow, for instance to take their shoes off before entering. This demonstrated that staff respected that they were working in a person's private home and respected the person's wishes.

During their initial assessment, people were asked whether they had any specific cultural or religious needs. There was a dedicated page in the care plan to record these and people were supported to maintain the traditions of their faith. Staff told us how they supported one person to attend a Caribbean group following a suggestion from a social worker. The member of staff went on to explain the person had developed strong friendships with other people in the group and enjoyed attending events with them which promoted and respected their culture.

Is the service responsive?

Our findings

The registered manager and staff were flexible and responsive to people's individual needs and preferences. People told us they chose how they spent their time, for example what time they got up and went to bed, and were supported to maintain their interests and preferred pastimes. One person told us they were going to Church after they had spoken to us whilst another planned to go to a café for coffee. Staff told us, "We are guided by the people we support; if they want to go out we go where they want. Sometimes people would rather have a day at home so we do that instead."

A relative told us, "I can't speak highly enough about how they (staff) involve people. When [Name] moved there they were not used to socialising with people. We had been told [Name] could never live in the community. The staff have been brilliant, they've gradually introduced [Name] to different experiences and activities and now they are always busy doing things! [Name] even goes to college!" This reflected the values of the service which were that with the right support, everyone had the potential to grow and to "achieve exceptional things."

One person showed us digital photographs of activities they had taken part in, this included holidays, celebrations with family, horse riding and photographs of time spent with friends. Care staff had supported the person to choose photographs to print which were on display in their home. We noticed this person smiled a lot whilst showing us the photographs and became excited as the care staff recalled memories of the events.

People's care plans included a social history record, which outlined people's previous lives, family, and experiences. This provided valuable information for staff to know and understand how people might choose to live their life now, dependent upon their hobbies, interests and cultural and religious preferences. In the PIR the registered manager told us about how one person's interest had changed following the onset of dementia. They explained this person had previously enjoyed attending wrestling matches but now they believed the wrestlers were fighting and this caused them to feel anxious. Care workers had recognised this change in the person's behaviour and now they chose different, more suitable, activities. This showed that people were supported to take part in activities that they enjoyed and that the activities varied if a person's preferences changed.

In our questionnaire prior to visiting the service, healthcare professionals told us that staff always acted on advice they had provided and included this in their care plans. For example, we saw in a person's care plan that information was included from a speech and language therapist after a person was referred with difficulties eating. The information following the assessment had been included in the plan and clear instructions were written for staff to follow, for example "Soft food, moist, chopped to the size of a pea or blended."

The provider's complaints policy was shared with people, their relatives and staff. People told us they had nothing to complain about, but they felt comfortable to raise any issues with the staff, should the need for this arise. For people who could not express concerns verbally, information was included in their care plans

to highlight any behaviour a person may display if they were unhappy to signify that something was wrong. Records showed us no-one had made a complaint, but we saw relatives had sent thank you cards with complimentary messages to the staff and manager. One message thanked staff for the care they had given to a person at the end of their life.

Every six months the provider sent surveys to staff, people who used the service, relatives and health and social care professionals. This was to obtain their feedback on their views of the service provided. The registered manager stated, "We always ask for feedback because we always want to improve." A relative told us that they could, "Pick up the phone at any time to speak to the manager. They're always happy to speak to us."

Is the service well-led?

Our findings

The provider's vision and values were person-centred and put people at the heart of the service. It was clear that all staff working at the service shared this vision and were passionate about the support they provided to people who used the service. Relatives we spoke with told us that the provider and registered manager led by example and that the values and ethos of the organisation were, "Embraced by everyone who works there" A staff member told us that they supported people, "To live a happy, fulfilling life." They went on to say, "We love the people we support, it's genuine. People do live a good life; the changes in people are noticeable. People are glowing and blooming, it becomes a beautiful garden of people growing."

Staff told us they worked in an open and inclusive environment, where they were encouraged to ask questions. One member of staff told us, "We are always told to question things, 'Why are things done this way?' 'How do we know we are getting it right?' It makes us stop and think, you learn not to assume. There is nothing you can't ask or question with your manager." The registered manager always promoted an open culture by encouraging staff and people to raise any issues of concern with them, which they always acted on. Relatives, staff and a healthcare professional told us the registered manager was approachable and supportive and that they operated an open and listening culture.

People were always encouraged to share their opinions informally by phoning, emailing or writing to the registered manager or provider. The provider made sure people knew their views were listened to. One relative said, "The communication is very good, I'm phoned instantly if there are any problems and we are always kept up to date about future plans for [Name] and the service."

People told us that the registered manager was friendly and "always available." Relatives told us "I speak to (registered manager) regularly, I can phone her any time I want and she always makes time to talk to me." Another relative told us "The registered manager wants us to be involved in [Name]'s care, she encourages us to phone about any concerns or suggestions. Nothing is too much trouble." We observed that people who used the service and staff were comfortable talking with the registered manager and that the interactions were warm and compassionate. We heard phone calls were made to and from relatives during our inspection visit, this demonstrated that people felt confident to contact the registered manager to discuss the care received.

Care staff were very well supported and time and training was invested to ensure they supported people in the best way possible. Care staff told us they received the training and development they needed to be confident in their role and felt well informed about the service, their responsibilities and areas for improvement. A member of staff said, "Working here, the sky's the limit! Getta Life is for everyone, not only the service users. They help everyone's dreams come true. They appreciate us all and say 'thank you for your work,' and they're able to see the exceptional in everyone."

The registered manager told us that everyone worked in a supervisory role at the service completed a diploma in counselling. They stated that this was done because the provider believed strongly that the most

important thing a manager can do is to listen. They said, "If you don't listen to what you're being told you can't support someone."

The registered manager explained in the PIR that the provider's team managers had gone on a two day 'retreat' where they had worked with two consultants in order to develop leadership goals. They said, "We are now working to support them to achieve these." For example one staff member had said that they wanted to obtain a management qualification and this was now in progress. A less experienced manager had stated that they wanted to develop their people management skills. The registered manager explained that in response to this, the person had worked with the provider's director to develop ways that they would feel more confident within their role.

One member of care staff told us they had been supported to undertake a degree in supporting people with disabilities and the service had funded part of the cost. This further developed the staff member's skills and in turn they shared the information received on the course with other staff. Staff told us that they felt very valued by the organisation.

Staff training entitled, "Being with me" was planned. This was based on a mindful approach to how staff interact and spend time with the people they support. The registered manager told us, "This will help people to be more reflective so understand and consider the person's past, what works for them and how to really be in the moment with them. We are hoping this will refresh staff where they have been working with someone for a long time and to help them to develop increased emotional connections with the person they support. It will help staff to really focus on the person being supported and to be able to notice even more about being with the person." This supported the service value of 'Everyone is valuable and has a contribution to make.' Everyone can tell us what they want and need, we need to get better at hearing what people are saying to us or showing." This demonstrated that the provider's vision and values for person centred care were embraced by all, in order to drive improvement for the people who used the service.

The provider's emphasis was on continually striving to improve by implementing innovative systems and practices. It was very important to the provider that the service remained small which meant they knew everyone personally. In the PIR the registered manager described how it was important to the organisation to remain person centred. They went on to explain how they had been approached to expand and offer support to a greater number of people but that this went against the provider's values. It was agreed that rather than growing their organisation they would mentor a new business with similar values. The PIR stated "We have offered free mentoring and support to this organisation for two and a half years they now have enough work to be viable and by the end of 2016 will have moved out of Getta Life's support."

The registered manager told us that after the initial organisation moved on from this scheme, they would evaluate the process and consider offering the same opportunity to other people working in Getta Life. They told us that the provider aimed to develop new organisations with the same values in order to demonstrate an effective model for well led, person centred organisations. This was admired by relatives who told us, "I wish everyone could experience the care provided by Getta Life." And, "They [Getta Life] don't want to grow too big, they would lose what makes them special, but they are helping new businesses to work like they do. That's what we need. More good services." This showed that the registered manager and the provider sought innovative ways to drive a high quality service.

People and relatives told us they were extremely happy with the quality of the service and their views were always listened to. One relative told us, "They (Getta Life) are very open; they encourage us to ask questions. Getta Life is the best company for supporting people, it is excellent." Another relative told us, "The care my [Name] received is perfect, we couldn't dream of better." A third relative "There is nothing they could

improve. They do everything you wish for." The registered manager explained, and relatives confirmed, that family members were included in the interview panel for new staff. This gave them the opportunity to help select a suitable person who would work well with their relative.

The provider consistently monitored the quality of the service through regular visits, during which they visited people in their home and spent time listening to what people and visitors had to say about the service, as well as checking records. This included time spent with people who were not able to express themselves verbally. The registered manager told us. "[The provider] is very hands on and knows people as well as the carers." This enabled them to assess and see for themselves whether, for example an individual obtained a good quality outcome from any everyday event or interaction with staff.

The registered manager's quality assurance system included asking people, relatives, staff and healthcare professionals about their experience of the service. The questionnaires asked what people thought of the quality of food, their care, the staff, the premises, the management and their daily living experience. We saw that in the most recent survey everyone responded positively and was very complimentary of the service. No significant suggestions for improvements had been made.

The provider took action to improve the quality of the service based on the results of the surveys and from other feedback. For example, one relative explained to us how their family member was afraid of being locked in a room. They informed the provider of this fear who took steps to alleviate the person's fears and to make them comfortable in their home. The relative went on to say "Nothing was too much trouble for them. Their only concern was that [Name] was happy." This demonstrated that the quality assurance systems in place were effective and when it was identified a process could be improved the registered manager made changes in a timely manner.

All of the staff team were involved in monitoring the quality of the service through regular audit checks which included, people's care plans, the premises, equipment, food and medicines. Where gaps or omissions were identified in recording staff were informed and this was corrected. Staff were reminded of the importance of keeping good records at group and one-to-one supervision meetings.

The registered manager's role included checking that staff monitored and reported their findings to make sure appropriate action was taken when necessary and to minimise the risk of a re-occurrence. Records showed, for example, accidents and incidents were analysed by the registered manager. They considered the individual involved, the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring individuals to healthcare professionals, refresher training for staff and sharing information with relatives, the local safeguarding team and CQC.

The registered manager learnt from their experiences and took action to improve. When issues arose they investigated the issue and shared their learning across the service. For example, the registered manager had recently reviewed and updated their policy for safeguarding adults after it was identified during a quality assurance visit by the local commissioner that it would need renewing. The updated policy and procedures were shared with all staff. The provider's policies and procedures relating to safety were implemented consistently and effectively. This benefited people because it meant that up to date best practice and legislation underpinned the care provided.

People were encouraged to build and maintain links with their community by taking part in local events and by inviting people and organisations to visit the office and people's homes. One relative told us, "There used to be such stigma about people with disabilities, it was awful. Getta Life are part of breaking down those preconceptions. The staff support people to take roles in the community that they are interested in." A

member of staff explained, "You can't force relationships. We help people to attend activities and groups they are interested in, church, theatre, women's groups. Naturally some people form friendships. It just happens naturally. As the friendships grow then people will choose to see each other outside of the activities."

In the questionnaire we sent prior to our inspection one health care professional wrote, "Getta Life support some very complex people to live in the community, many of whom have previously lived in hospital settings. They have succeeded in enabling people to live in their own homes and to manage their own life and support when many people have thought this to be impossible... Getta Life invest time and effort in developing the skills and understanding of their staff, their retention and commitment of staff prove the value of their approach. I believe that what (Registered manager) and [Name] have achieved with Getta Life is remarkable, their values and beliefs are clear to see in all of the support that is provided and is echoed by their staff in all that they do." This demonstrated that people, relatives and professionals believed that a high level of care was provided.

The provider sought feedback about the quality of the service from other agencies, for example, from Age UK, this demonstrated team work and partnership working. The registered manager explained how they had contacted the charity because as some people who use the service have become older and different needs had become apparent, for example diagnosis of dementia. The registered manager went on to say that as a person's needs changed it was important that the service remained adaptable and by linking with other organisations this helped them to promote best practice. By reviewing the needs of the people they supported and ensuring staff received appropriate training to meet these needs it ensured that people had continuity of care and did not have to move to a different service as their needs changed.

The registered manager followed guidance from specialists in the field of supporting people with disabilities, such as the Social Care Institute of Excellence. The registered manager adopted recognised tools and methods to ensure people received care in accordance with current best practice. For example, they used recognised assessment tools to understand if people with limited mobility were at risk of developing pressure sores and followed guidance to reduce these risks.

The registered manager told us that they had produced a training DVD to be used by other services and partnership agencies as part of Transforming Care. This is a national plan of action for people with learning disabilities and/or autism who have mental health conditions or behaviour that is challenging. Transforming Care aims to ensure that more people live in the community with fewer people spending long periods in hospital. This was an excellent example of how Getta Live strives to improve the quality of care provided to people nationally as well as to people that they support.

The registered manager showed us two of their other DVD's and a book they written which included people's experiences with Getta Life and how their approach to providing person centred care encouraged people to reach their potential. They explained that two people who used the service enjoyed visiting universities and conferences to share their experiences of the support they received also. Developing this role helped the people to gain a sense of identity as educators which also helped other organisations to evaluate what they recognised as high quality care. The registered manager explained that it was important for the people they supported to help develop other people's understanding that, "A person with a disability is still a person who has hopes, dreams and the right to live a life that is fulfilling."

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the on-going improvements they planned, to ensure they maintained the high

standard of service provided, with excellent outcomes for people who used the service.

The information we held about the service showed a continuous history of meeting the regulations since registering with us.