

Your Life Care and Support Limited

Your Life Care and Support

Inspection report

14 Beechdale Road
Durham
County Durham
DH1 2AT

Date of inspection visit:
19 January 2016
20 January 2016
25 January 2016
27 January 2016

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 19, 20, 25, 26 January 2016 and was announced.

The service had not previously been inspected.

The service provides personal care to people in their own homes. This includes providing support to a group of people with learning difficulties in their own flats where they can live independently overnight, providing 24 hour support to people living on their own and support to people who require daily support through regular visits by staff to their homes. The service at the time of our inspection provided support to 17 people.

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. At this service, the registered manager and the registered provider are the same person.

We found staff underwent a number of checks before they were allowed to start working in the service so that people were protected against the risk of unsuitable people caring for them.

Risks in the service and to individual people had been identified and actions put in place to mitigate risks. Staff had been allocated responsibility to ensure the risks were managed and up to date.

The registered provider maintained a record of accidents and reviewed the accidents to look for patterns or trends where action could be taken to prevent a re-occurrence.

People had been assessed to check if they were able to administer their own medicines. Plans had been put in place to ensure people were given the required support to take their medicines according to their individual needs.

We found staff knew about people's backgrounds and were familiar with their likes and dislikes. They enabled people to participate in the inspection, for example they explained to people what the inspector

was doing whilst asking other people if they would like to speak to us.

We found choice was a key component of the service. Staff interacted with people in a manner that gave people choices and proactively looked for choices for people.

The service had responded to the needs and wishes of people in relation to their preferred activities. We saw the staff rota had been arranged so staff could accommodate people's outings. This meant the registered provider put the needs of people first and their needs were being met by a registered provider who saw them as the priority.

The registered provider had introduced a quarterly review so people were involved to review the positive aspects of their lives and the things they had achieved. People showed us they were happy about these reviews.

We saw the registered manager had offered and provided support to improve people's living conditions to offer more independence by going the extra mile and applying for grants.

The registered manager was aware of national initiatives to improve services and had reviewed the service in line with the initiatives. They demonstrated the service was meeting the initiatives and wanted to continuously improve the service.

The registered manager attended the local disability forum where local initiatives had been discussed. These had been passed onto the service staff and included to improve the service.

We found the service had conducted a quality audit and the registered manager had responded to the feedback. People were able to tell us how the registered manager had responded to the feedback.

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.

We found staff underwent a number of checks before they were allowed to start working in the service.

Risks in the service and to individual people had been identified and actions put in place to mitigate risks. Staff had been allocated responsibility to ensure the risks were managed and up to date.

Plans had been put in place to ensure people were given the required support to take their medicines according to their individual needs. Each person had been assessed to check if they were able to administer their own medicines

Is the service effective?

Good ●

The service was effective.

Staff had received regular training to support them in their roles. The registered manager had asked managers in the service to observe the impact of learning on the behaviour of staff.

We found staff received an induction to the service which had been adapted to include the requirements of the Care Certificate.

Staff were aware of people's trigger points and understood what actions they needed to take to prevent people's behaviour from escalating to that which challenged the service.

Is the service caring?

Good ●

The service was caring.

We found the staff approach was one of enabling people to achieve and be as independent as possible. We observed staff have an easy rapport with people and people trusted and confided in staff.

We found the principles of advocacy were embedded in the

service and staff used advocates to check issues out for people.

We observed staff talking to people and providing explanations information to support people's wishes and feelings.

Is the service responsive?

Good ●

The service was responsive.

We found choice was a key component of the service. Staff were versed in giving people choices and proactively looked for choices for people to improve their quality of life.

Although the registered provider did not supply the tenancies to people who lived in flats in Seaham they acted as a link between the people living in the flats and the landlord to ensure their tenancies were safe and repairs carried out. To this end the registered provider had a place a weekly maintenance sheet which documented any repairs needed and ensured people's tenancies were of the highest standards.

The registered provider had implemented a detailed policy in place entitled 'Recording the Wishes of the Service User' to ensure people were involved in their care planning. The policy described how people were involved in their care planning using a signature or mark to demonstrate they agree with their plans, or for example if a person has neurological condition where their capacity may be affected their signatures need to be witnessed or an advocate is used to support them.

Is the service well-led?

Good ●

The service was well led.

The registered manager was aware of national initiatives to improve services and deliver optimum best practice. They demonstrated they had reviewed their service and the service was meeting the requirements of the new initiatives.

The registered manager attended the local disability forum with a view to learning about examples of good practice and local initiatives to support people. We found the issues raised in the local forum had been implemented in the service.

We found the service had conducted a quality audit and the registered manager had responded to the feedback. The registered manager had collated the feedback and sent it out to people who use the service to tell them what everyone thought

of the service. People were able to tell us how the registered manager had responded to the feedback.

In line with the Learning Disabilities National Plan - Building the Right Support published in July 2015 we found the service had supported people to develop meaningful lives living in the community.

Your Life Care and Support

Detailed findings

Background to this inspection

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

This inspection took place on 19, 20, 25, 26 January 2016 and was announced. The registered provider was given 24 hours' notice because the location provides a small domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector. During our inspection we spoke to seven people who used the service, four relatives and three professionals. We spoke with the registered manager who was also the registered provider, three team leaders and five staff.

We reviewed five people's care records including care plans, risk assessments, and health records. We also carried out observations of people and their interactions with staff.

Prior to the inspection we reviewed the information we held about the service. No concerns had been raised with us about the service by the local authority safeguarding team or commissioning teams. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used the content of the PIR to inform our inspection and to ask questions of the registered provider.



Our findings

We found staff had been trained in safeguarding and were aware they needed to report any concerns to their manager. One staff member said, "I would tell [manager's name] and then [registered manager]. We saw staff had safeguarding as an item on their team meeting agenda and there had been no concerns raised. People told us they felt safe being supported by Your Life Care and Support. We asked one person if they felt safe being supported by the service and they said "It's good here." One community professional who responded to our survey all told us people who used the service were safe from abuse and harm from the staff employed by the service.

We saw the registered provider had in place a whistleblowing policy and staff told us they were aware of this policy. The registered manager told us there were no ongoing disciplinary procedures or investigations into whistleblowing. Whistleblowing is a means of staff raising concerns about the service they work at.

The registered provider had in place current public liability and employer's liability insurance. The registered provider maintained a record of accidents and reviewed the accidents to look for patterns or trends where action could be taken to prevent a re-occurrence. This meant people were being kept safe and the registered manager was proactive in preventing accidents from being repeated..

We found the registered provider took a human rights approach in their service delivery. For example in one policy we found, 'Your Life Care and Support Ltd seeks to maintain and to continuously improve our service users' quality of life guided by recognised research and national guidance. This statement reflects our approach to Positive and Proactive care to limit restrictive interventions which may compromise the service user's Human Rights'. We found the provider had embedded this statement in the service and used national and local initiatives to improve people's quality of life. For example they had a focus on health with people having separate health care files and the registered manager had engaged the team leaders in reviewing the service based on the national Health Charter to ensure people's health needs were addressed and their lives improved.

People had weekly plans in place to have contact with their relatives and the arrangements were supported by staff, this included a weekly contact for one person to visit their father, and for another person this was a weekly visit to their family home. Another person told us about how the staff were helping gain access to their family. This meant the registered provider supported people's human rights and in particular supported Article 8, the right to respect for private and family life, home and correspondence

We found where risks had been identified by commissioners these had been addressed by the service and risk assessments had been put in place. One person showed us where a member of staff would be should they want a bath just in case they had a seizure. The service also had in place a permission form which gave them permission to enter a person's accommodation if they failed to answer the door after ten minutes. We found the service protected people from sustained injuries or unsafe situations in their own home. One community professional told us the service takes positive risks with people which resulted in positive outcomes for people using the service. This demonstrated the registered provider ensured policies regarding the protection of people's rights, such as the right to a private life, were incorporated into care practices.

People's mental health had also been risk assessed and staff were given guidance as to what action was required to mitigate risk should they witness deterioration in a person's mental health.

One part of the service had a vehicle. Vehicle safety checks were carried allocated to a member of staff and we found these were regularly carried out to keep people safe.

Whilst some people lived independently in a block of flats staff continued to carry out fire safety checks to ensure the flats were safe and people learned what to look for to keep themselves safe whilst living independently. The registered manager told us if any faults were found with the building these were passed on to the landlord. We saw a record of what repairs were required had been passed to the landlord and the dates they had been completed.

In the same place in each person's file we saw a list of contacts, for example doctors, dentists and family members which meant staff had easy access in an emergency to services and family support.

We found the administration of people's medicines was person centred and saw different arrangements were in place for each person according to their needs and capacity. One person prepared their own medicines and took them in front of staff and staff signed a MAR chart. Another person was able to take their own medicines and the staff member explained, "[Person] is sensible with their medication and can take it independently". We saw staff were given guidance for PRN medicines. PRN medicines are those which are taken as and when the person needs them.

We looked at the selection and recruitment policy and the recruitment records for three members of staff. We saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS), checks were carried out and two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates and driving licences. We also saw application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. During our inspection interviews were being carried out. We discussed with the registered manager their findings during the interview and found they were clear about the type of experience staff should have to work at Your Life Care and Support.

The registered manager expressed their awareness of employment law but also told us it was important staff were the right fit to care for people with complex needs and to this end they showed prospective staff around their working environments to test out if they were suitable to work with people. On one of our inspection days we saw staff interviews were being held and witnessed a candidate being shown around the premises where they were applying to work.

We found there were enough people on duty. One team leader explained the areas of the rota which needed

to be covered each week and said, "The rotas are arranged around each person's needs." They gave us an example of how one person had particular wishes around travel and showed us how they put the rota together to ensure the person's needs could be met. Staff had been given training and guidance in lone working to keep them safe. One staff member said, "We like people to check in when they come back so we know they are safe."



Our findings

One person said, "Staff help me every day to make my tea." Another person told us how staff ' "Come in very day to help me cook."

The registered provider had in place a staff handbook which gave staff a comprehensive guide to a range of issues including their probationary period, use of personal mobiles at work and food hygiene. The handbook confirmed food preparation was a part of a staff member's duties and they would be required to undertake a food hygiene course. We saw staff had undertaken the course and people told us about staff supporting them. One staff member told us they tried to support people to eat healthily in keeping with the Health Charter. The Health Charter is a set of standards designed to support social care providers to improve the health of people with learning disabilities. One person invited the inspector and a staff member to have a drink with them and this was accepted by the staff member on duty in line with the guidance in the staff handbook.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered provider had in place a policy on decision making, consent and capacity which reflected the principles of the MCA; for example the policy stated, 'YLCS recognise that people with an intellectual disability or serious and enduring mental health issues should be presumed to be capable of making their own decisions in the absence of evidence to the contrary' and 'All service users should be supported to make their own decisions within the full limits of the personal capability'. The policy then described how this should be achieved and where people do not have the capacity any decisions should be made in their best interests. We found the registered provider had implemented this policy. We saw there were capacity assessments on file and best interests decisions made. One member of staff told us they could not presume a person did not have capacity as the person had demonstrated understanding after overhearing a conversation. We found the staff had been trained in the MCA and showed us a leaflet they had in the home to remind them of the act's purpose and principles.

We found people had given their consent to the care provided by Your Life Care and Support. Where people

were unable to give their consent due to their capacity we found the registered provider had ensured consent was obtained to deliver the service in line with the registered provider's policy.

The registered provider had in place a quality standard on staff training. The standard stated, 'We will produce a Staff Training & Development Programme that is based upon the 'Care Certificate 2015' and requirements of the aims and objectives of our service and the needs of our service users'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The certificate has been introduced to give staff new to caring an opportunity to learn. We saw the registered provider had integrated the Care Certificate into the staff induction programme. New staff confirmed to us they had undertaken the induction programme. We saw completed induction documentation in staff recruitment files.

The registered manager showed us a training matrix which listed staff and which course they had completed. Course dates were recorded and the dates for renewal were in place. Staff had completed courses in health and safety, principles of person centred care, safe handling of medicines, equality, diversity and human rights. One member of staff told us, "In the time I have worked with Your Life Care and Support I have received the training I needed to help me fulfil my role and to develop my career."

A discussion between the team leaders took place on staff training in their meeting in September 2015 regarding training needs of staff. The registered manager had spoken to the team leaders about e-learning and asked them to observe staff that were implementing the e-learning in their day to day practice. This meant the registered provider was making the link between training by e-learning and staff competences.

The registered provider held quarterly meetings for team managers to meet, share ideas and raise issues. All of the team managers had either completed or were in the process of completing NVQ level five. This meant the team managers for each section of the service were being trained at a management level. The registered manager told us this was his method of ensuring staff had a continuous development programme.

Staff had supervision meetings with their line manager on a bi-monthly basis. A supervision meeting occurs between a staff member and their line manager to discuss their progress, look at their training needs and discuss any concerns they might have. We found the meetings were recorded and actions put in place to ensure staff were supported, for example training needs were identified.

One part of the service showed us how they had tried to pull together a document on the person's activities to act as a memory bank for the person. Using digital photography they had devised an electronic photo bank so the person had a store of memories.

Although the registered provider did not supply the tenancies to people who lived in flats in Seaham they acted as a link between the people living in the flats and the landlord to ensure their tenancies were safe and repairs carried out. To this end the registered provider had in place a weekly maintenance sheet which documented any repairs needed. This meant people's tenancies were maintained to the highest possible standards.

Each team had its own meeting. We reviewed the minutes of the meetings in September and October 2015. The staff discussed the progress of what was working well with each person.

The registered provider had in place a policy statement on restraint which showed the registered provider considered restraint as a last resort. Staff spoke to us about one person and demonstrated they recognised

situations where a person's behaviour could become challenging. They told us they used diversionary tactics and gave the person choice to empower them and ensure their day was structured with activities they could choose. Staff also spoke with us about the unpredictability of one person's behaviour and described a situation to us where the person's wishes at that point in time could not be reasonably met. They told us about the actions they had taken to prevent the situation from escalating. Staff demonstrated to us they knew the person's triggers and were able to manage the situation.

We spoke with one professional about the impact the service had on a person's development. They explained that whilst the person experienced development delays but they had always made progress. They told us staff had supported the person to make progress in their behaviour and this had led to the person being proud of themselves.



Our findings

One person spoke about the staff and said, "They are excellent, have good personalities, I have no complaints. They really help you." Another person said, "Staff are brilliant." A relative told us staff arrive on time and are polite and respectful and said the staff were, "Very caring". One person told us, "You could not ask for better staff". Another person said, "The staff are lovely."

We found the staff approach was one of enabling people to achieve and be as independent as possible. The registered manager told us they wanted to optimise people's chances. We observed staff had an easy rapport with people and people trusted and confided in staff. One staff member told us one person prior to receiving the service had been told they would not live independently. The person responded to us with, "Yes and I am now doing it."

The principles of advocacy were embedded in the service. Staff described how family members and professionals were advocates for people who used the service. They told us if they considered doing something different with a person without capacity they, "Would run it past" other people in the person's life. We also saw the service had acted as an advocate for a person whose financial support had been withdrawn. A letter on file from a funding agency stated, 'Following my recent conversation with your support worker we have decided to reinstate your direct payments'. This mean the service had acted on the behalf of a person to ensure they accessed funding to meet their needs. Another person confirmed the registered manager had supported them to complete benefit forms and they had got the right benefits. We spoke to one family member who said they no longer felt the need to be an advocate for the person as the service now knew them well and they were confident they could support the person.

The service maintained people's confidentiality. In staff job descriptions and the staff handbook confidentiality featured and guidance was given to staff about the standards required. We saw records were stored appropriately and any information about people was locked away. We observed conversations with people were not carried out in the communal areas of the flats but contained in people's homes.

We found staff promoted people's independence. One person told us that 'Staff took the time to listen to them' and gave them time to speak. One person told us how staff help them to be independent. They said, "They (the staff) come into the kitchen and show us how to cook a meal, then then help us make the meal and the next time they let us do it but help if we get stuck.' Another person told us about a list of household tasks the service had put in place with them so they got used to looking after their own accommodation. We saw staff supported and helped people choose household items for their flats including for example a set of

glasses for the kitchen. People were pleased with their purchases as they created their homes.

One person told us how they had brought personal items from their previous accommodation and told us how staff had helped them move in and set things up. They told us they, "Liked their flat" and were, "Very happy with the staff."

We found the staff protected people's privacy and dignity. One relative said, "Yes they close the door." Other staff maintained a discreet distance when a person had a shower.

A number of people had been engaged by the staff in discussing a holiday. Staff found by putting everyone's care hours together there would be enough hours to cover a week and take a group of people on holiday. People spoke enthusiastically about their holiday in a caravan in 2015 and told us of their activities and how they enjoyed their time away. One person said, "We had a good laugh." They also told us they were in the process of arranging their holiday for 2016 as staff had agreed to do the same. We saw people had gathered holiday brochures so they could be involved in the planning of their next trip which was likely to be a coach trip. This meant staff demonstrated they cared about people sufficiently to rearrange their hours to have taken people on holiday, and people had an event to look forward to which improved their wellbeing.

The registered provider had a policy in place entitled 'Recording the Wishes of the Service User'. The policy described how service users can be involved in their care planning using a mark to demonstrate they agree with their plans. The policy also stated if a person has neurological condition where their capacity may be affected their signatures needed to be witnessed, or an advocate is used to support them. We saw people had been involved in their care planning and signing their care plan documents. One member of staff told us a person had queried what they were doing, the staff member explained about updating care plans and they gave the person the opportunity to sign them. The person had signed their plans making their mark. The member of staff told us this was progress for that person.

Staff supported people to speak to us and advised us the best way to approach people. We found staff knew about people's backgrounds and were familiar with their likes and dislikes. They enabled people to participate in the inspection, for example they explained to people what the inspector was doing whilst asking other people if they would speak to us. The registered manager talked to us about one person who they described as 'fiercely independent' and they could see that changes in the person's environment would improve their lifestyle. They told us they had to approach the person sensitively to support and maximise their independence. We found this had been successful and the person told us about they were happy with the changes.

We observed staff having meaningful contacts with people during the day either through planned activities or conversations. Staff knocked on people's doors and waited to be invited in. We found staff respected people's personal spaces.

When we visited a person in their accommodation they began to talk about their relatives. We observed the staff member listen and sensitively reframe the person's thoughts and feelings into a context which provided an explanation for the circumstances. The member of staff then spoke of actions which were being taken to support the person. The conversation continued with what the person liked to do and changes in their lifestyle. The member of staff provided the person with an explanation and suggested what they might like to do to help themselves. This meant the staff member listened to what the person wanted, provided explanations and had given them opportunities to be involved with their care provision.



Our findings

One person told us the staff are flexible with the support they offer and said, "Staff don't go just because its time." One relative said, "They let [person] do as much as they can."

We found choice was a key component of the service. Staff were passionate about giving people choices and proactively looked for choices for people. We saw staff had pulled together a file of activities for one person so staff could collate and try to do new things with them. For example the service had engaged with the Healthy Bodies Healthy Minds Project which was a three year partnership between Durham University, Durham County Council & Sport England for people. The project is funded to engage people with mental health issues and learning disabilities participate in activities which improve their health and well-being. The partnership brought staff and students alike together with people with additional learning and mental health needs.

One of the partnership initiatives included university staff bringing in their own trained dogs so people with learning difficulties could walk them. Staff told us this initiative meant they could take a person dog walking but did not have to be concerned about the dogs. They explained to us the university staff were present during the walk to manage the dog if for example the person had a seizure staff could attend to the person and there was someone to care for the dog. We spoke to a member of the partnership who confirmed the service had engaged with the project and the person liked to walk the dogs. We observed staff discussing with one person the dog walking and they responded positively. Staff were able to show us photographs of the person involved in the activity.

One member of staff told us the person liked to go metal detecting so they had brought in their own metal detector to use with the person. We asked staff about the impact of the activities. They told us people enjoyed them, they gave structure to a person's day and helped them sleep at night so they did not become overly tired which caused their behaviour to deteriorate.

The registered manager told us their approach included getting people to fulfil their wishes and to achieve their goals. One person wanted to drive a car and the manager told us the service had bought the person a car and put it in the garden. The registered manager explained to us that this was as close as they were likely to get the person driving. Staff told us they sit in the car with the person in the driving seat are often taken on enjoyable imaginary trips to other countries when the person wanted to drive their car. The person told us they were going to use their car to go to the coast. One community professional told us they thought this was, "Innovative" and the service was, "Brilliant at meeting [the person's] needs. This meant people were

engaged in carrying out their wishes as far as they possibly could and the service had responded to their individual choices to add enjoyment to their activities.

Staff took one person to a gym session designed for people with learning disabilities. We saw photographs of the person in the gym. The staff explained that sometimes the person declined to go to the gym. However if staff were unsure the person understood what was on offer at the time, they could show the person the photos of them in the gym and they had suggested to the person they go in their transport and look at the gym first before deciding if they wanted to stay. This meant the service enabled the person make an informed choice and had broken the gym attendance into a sequence of smaller steps to give the person that choice.

People were prevented from being socially isolated. One member of staff explained they were similar in age to the person they were caring for during the day and had similar interests. This meant they got along well together. In addition to the daily contact with staff the service supported people to attend daily work and learning opportunities. This included the attendance at day centres or woodcraft opportunities. People spoke to us about their activities, showed us any equipment they had to keep safe and explained travel arrangements. People also spoke to us about regular meals out. We saw that one person's interests were met by staff taking them out on a regular basis. The person confirmed to us staff had been on outings with them to Beamish and Saltburn. We found the service had responded to people's needs and wishes and people were engaged in doing what they liked to do.

One person told us they were very happy with the service and had put in place a notebook so when they remembered things they could write down what they wanted staff to do. They were impressed on the day of our visit the staff had responded very quickly and arranged an appointment for them.

We found the service worked in partnership with other agencies and had taken advice from a challenging behaviour team and occupational therapists. Adaptations had been made to people's accommodation and the staff had considered ways to manage a person's behaviour. This meant the service had sought the help of other professionals, listened to their advice and included the advice in their daily work.

People we spoke with during the inspection told us they would contact the registered manager if they wanted to make a complaint but they told us they had no need to make any complaints. We looked at the complaints recorded about the service and found one complaint had been made. We saw the registered manager had taken the complaint seriously, thoroughly investigated the concerns and had provided a fair and balanced outcome to the complainant. This meant people could be reassured if they needed to make a complaint they would receive an appropriate response.

We found the staff worked at the pace of the people involved in the service. For example one person was encouraged by staff to get ready for an outing without appearing hurried. Another person described what the service was doing for them and told us they "Would move out when ready." One person in their own home felt staff gave them the time to select the words they needed to convey their meaning. One relative told us if their family member was progressing slowly on a visit the staff would not rush them and were prepared to stay behind if necessary to ensure the person was properly supported.

We found people had goals to live independently and saw the support of the service as a transitional step to achieving that goal. Staff spoke to us about people who had previously used the service and moved into their own accommodation. They spoke to us about people's potential support needs living independently and demonstrated they were working towards ensuring people had support in the community when they felt ready to move on. This included ensuring the person had a network they could access for support.

Whilst looking through people's files we found correspondence with the local authority regarding a person's home. The registered manager told us they had worked with the person to apply for a wet room to enable the person to be more independent. We also saw an application had been made by the registered manager for a ramp to be installed outside of a person's home. We spoke with the person concerned who confirmed the wet room had made a difference to their life. They explained the ramp would make a real difference to their life and they could access and leave their home independently without having to lean on others.

One member of staff told us about a person who was unhappy about an unexpected stay in a care home and they offered to support the person back in their own accommodation. They found the move to their home had benefited the person and they had begun to improve. The person told us their story of events leading up to their return including how the registered manager had attended a meeting with them and said they, "Liked being back in their own home" and told us they, "Were getting better." We found the service took a proactive stance in meeting people's wishes and put plans in place to manage the transition between services.

We found people's care plans to be person centred and had clear objectives in place. This included, '[Person] will be free from financial exploitation.' We spoke with people about the contents of their individual care plans and people verified for us that the contents of the plans were accurate and carried out. One person told us, "I go home every Sunday." Another person confirmed their attendance at a day centre and another person told us about staff supporting them with their person care. We found the information provided by people about how they were supported by staff had been written in detail in their care plans.

The registered manager told us they preferred to be able to keep the service smaller and personal whereby they could meet people's needs rather than extend the service and risk not meeting people's needs. We saw where commissioners had specified the care a person required then staff had responded to the commissioner's assessment and included all aspects of the assessment in the person's care plans. For example where monitoring arrangements were required people's care plans reflected staff should monitor people's mental health or their epilepsy. We found the service had responded to people's needs and put plans in place to meet them.

One team manager showed us behaviour charts which included points of 'Action, Behaviour and Consequence'. They told us they encouraged the staff to think about what might be causing behaviour, the triggers and what action could be taken to prevent a reoccurrence. A staff member gave us an example of an adverse behaviour in the person's room, this was rectified with a change in the soft furnishing and the behaviour has not reoccurred. This meant staff analysed people's behaviour patterns and took action to prevent negative behaviours from becoming the norm. One person was said to like water and the service had put plans in place for a spa bath in an outside building in their own home. During the inspection we found staff had adapted to meet people's needs and provided creative and responsive solutions.

We saw staff from the service attended people's reviews driven by the needs of the requirements of other professionals for example commissioning reviews. Staff also supported people to attend health reviews according to their diagnosed medical conditions as well as regular dental check-ups and visits to opticians. Staff recorded the outcome of each professional contact and care plans if necessary were changed accordingly. We saw plans had changed where there was a change to people's medicines.

The registered manager told us people who used the service have complex lives with varying numbers of professionals and they wanted to focus on the positive things in people's lives to give people confidence and remind them of their achievements. They had recently introduced a quarterly monitoring review where positives around people's progress could be identified. We talked to people about these reviews and they

told us they remembered them and smiled when we spoke about what had been discussed. We found discussing the quarterly reviews with people demonstrated they had a positive impact on people.

Staff discussed with us the changes they had made to their shift patterns to accommodate the needs of one person. A staff member told us they worked twelve hour shifts and slept at the home. One staff member said, "There are no changes during the day so we don't have to pack up and come home to do a shift change." Another staff member said, "[Person] is calmer because they used to get anxious at change over points," and they, "Settle much more with the same staff on all day."



Our findings

There was a registered manager in post who was also the provider.

One person we spoke with described the registered manager as the "Best care manager I have ever had," and told us Your Life Care and Support is by far the best service they had received. One person told us how the registered manager stepped in to support them when staff had been absent. They told us the registered manager had taken them for an appointment and helped them with their shopping. A professional told us, "The manager is always accessible."

The registered manager told us the team leaders in the service had all been registered for NVQ Level 5 in management. This was confirmed to us by the team managers. The registered manager told us this was to ensure there was increased management capacity in the service and they told us what they had put in place to give managers a chance to develop. This meant the registered manager was developing other managers in the service to ensure it was well-led.

The registered manager took a holistic and over-arching view of the service so that for example the outcome of a complaint led to a change in the induction of staff.

We saw the registered manager was aware of new national and local initiatives and had utilised these best practice guidance models and standards to engage their management group in auditing and testing the quality of the service. This had resulted in actions been taken to improve the service. We found the registered manager was open to new initiatives and willing to measure and improve their service in line with best practice requirements.

The registered manager had attended a meeting on the Health Charter for people with learning disabilities. The Health Charter was published in November 2015 and encouraged providers of services for people with learning disabilities to look at the standards of care they provide in relation to people's health. We found the registered manager understood the need to evolve the service in line with best practice guidance.

At a meeting in September 2015 the team leaders were asked by the registered manager to familiarise themselves with the key areas of the Learning Disability Health Charter. The registered manager involved all staff in promoting good health and asked managers to record in supervision and to acknowledge good outcomes achieved. It was agreed in the meeting that team leaders were to maintain a strong focus on the individual health needs of people and had developed good records keeping on this. The strategy put in

place by the registered manager ensured the Health Charter was embedded in the service and therefore considerations of people's health and wellbeing was apparent to staff during day-to-day aspects of care for example eating health food and reducing the use of sugary drinks. We saw in each person's file letters were stored about people's health appointments. Each health appointment was recorded and the outcome of the appointment was noted. These included appointments with specialist diabetic nurses and community mental health services. Staff promoted people's access to local facilities such as a gym, a shopping centre and day centres. The registered manager showed us they had included health promotion within recruitment, exploring applicants understanding and experience in this area. We found the registered manager had a focus on improving people's health and was working to the principles laid out in the Health Charter.

The registered manager told us about the Learning Disabilities National Plan - Building the Right Support published in July 2015. This is a national plan to develop community services and close inpatient facilities for people with Learning Disabilities and/or Autism who display behaviours that Challenge, including those with a Mental Health condition. The registered manager had begun to implement the plan in one section of the service and engaged staff to evaluate the service in the light of the plan's requirements. We found the national service models of care as prescribed in the plan about people being cared for in communities rather than in hospitals had been put into practice in the service. For example the national plan states, 'People should be supported to have a good and meaningful everyday life - through access to activities and services such as early years services, education, employment, social and sports/leisure; and support to develop and maintain good relationships.' We found the registered manager had embedded this aspect of the plan in the service and the staff worked to ensure people had meaningful everyday lives. This meant the provider had used national best practice to influence the work and ethos of the service.

The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. The registered manager had signed up to the commitment and had reviewed the service in the light of the Social Care Commitment. We found the registered provider was upholding the employer's statements. For example statement six says, 'I will take responsibility for the values, attitudes and behaviours that my employees display at work, including upholding and promoting equality, diversity and inclusion.' We found the registered manager promoted people's rights and this had permeated through the staff teams. One staff member told us, "[Person] is living as an independent young man and has the right to choose."

The Skills for Care Code of Conduct sets the standard of conduct expected of all healthcare support workers and adult social care workers in England. It outlines the behaviours and attitudes that people who use care and support should expect to experience from those workers signed up to the code. We saw that the behaviours and attitudes outlined in the code had been transferred into the service by the registered manager. For example the code outlines staff should not accept 'loans, gifts, benefits or hospitality' from anyone using the service. This had been embedded into the staff handbook and staff were instructed not to accept meals from anyone but could accept a cup of tea or coffee if a person offered it. The code required all staff to act in the best interests of people who used health and care services. We found staff constantly questioned their actions, used other professionals for advice and listened to people to ensure they were acting in their best interest. All staff had been alert to this Code via their Team Leaders and copies were available at each site. This meant staff were being supported and managed in line with a national Code of Conduct.

We saw the registered provider had carried out a quality survey of the service and collated the results. The service scored highly, however one piece of feedback included relatives did not know the registered manager and how to contact them. We saw the registered manager had collated the feedback and sent it

out to people who used the service to tell them of the survey results. The feedback included the name and contact details of the registered manager. People and their relatives we spoke to confirmed the name of the registered manager. This meant the registered manager had listened to and responded to the survey feedback with a positive effect.

We found staff regularly questioned their own practice. During our inspection we found one person who lived independently had been bought some cold and flu remedies by a relative. The staff member on duty questioned their role regarding the person's safety and came to the conclusion that as the person lived independently there was nothing they could do to alter relative's purchases, however the staff needed to adapt their approach and ensure they were aware of the person's paracetamol intake. Another member of staff described taking a person to a see a film in a showing adapted for people with autism. The staff member told us this did not work for the person and they would be unlikely to try it again. We saw there was a culture of staff evaluating their practice and new initiatives to see what worked for people for whom they were providing care to give people different opportunities and improve their quality of life. One professional told us, "They [the service] are always looking for ways to improve people's lives and [person] has a good quality of life."

The registered manager chaired the team leader's meetings. We saw the meetings were used to discuss issues of pay and reward and the financial projections of the service. The registered manager also included the team leaders in discussions on recruitment, out of hour's calls and gave guidance on the new CQC inspection process. We found there was transparency and openness in the management group meetings led by the registered manager.

In the presence of staff we found the registered manager reiterated their values about striving for the best for people. We found staff echoed the values of the manager and demonstrated to us their aspirations for people. These included promoting independence, offering choices and ensuring people got the right services. We observed staff had behaved in accordance with these values in their work for example working with people to assess if they were able to take their medicines safely and people had responded positively to staff.

The registered provider had in place a 'Charter of Rights'. The charter listed people's rights and expectations as to how people using the service should be treated. During our inspection we saw the provider's rights in action. For example people had the right to look after their own medicines. We found people living independently looked after their own medicines and their care plans documented it was safe for them to do so. Another right stated, 'The right to make personal life choices such as what food you eat and what time to get up and go to bed within the scope of the service provision.' We discussed the rights with staff members who told us they were aware of them and implemented the rights. The staff told us they had a dilemma with one person who did not have the capacity to consider the consequences of their actions if they stayed up late. The staff told us if they continued to allow the person to go to bed and get up when they wanted this compromised their well-being which impacted adversely on their behaviour. Staff offered the person an alternative of having a structured day in place which the person enjoyed. Records demonstrated over time that if staff enabled the person to have a structured day then they had a good night's sleep and their behaviour improved. We observed the person after a good night's sleep and found them to be responsive and engaged in their daily activities. This meant the provider's Charter of Rights was embedded in the service and staff and had balanced the provider's expectations about how people should be treated with their responsibilities to improve outcomes for people.

The registered manager attended the local authorities Learning Disability Provider Forum where information was given to providers on the Healthy Bodies Healthy Minds Project. This is run in partnership

between Durham University, Durham County Council and Sport England. The Care Certificate was also discussed at this forum. We found the registered manager was using external opportunities to access information and give people differing opportunities.

We asked the registered manager why people's daily records were returned to the office on a regular basis. They told us it enabled them to monitor the service, ensure quality standards and good practice were in place and staff were delivering what the service had been contracted to do. A team leader told us they monitored the documents on site for the same reasons. This meant records were being checked by people in management positions to ensure a quality service was being provided and staff were delivering the service in an appropriate manner.

The service worked with community professionals to ensure people were safe and had access to services. We saw involvement from district nurses, epilepsy nurses, doctors, the challenging behaviour team and occupational therapists as well as community activity providers. We found the service did not work in isolation and sought the involvement of other professionals to improve people's lives. One community professional told us, "They [the staff] always ring if they want to discuss an issue." Another professional confirmed they used the facilities on offer and was able to tell us the name of the person who attended their service.

We found the records of the service were contemporaneous and accurate. Each care file followed a prescribed system where information was easily accessible and retrievable. The information was stored within the prescribed requirements of the Data Protection Act.