

Braintree Health Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Braintree Healthcare Limited is a domiciliary care agency which provides support to people with learning disabilities living in their own homes. On the day of the inspection there were 14 people using the service. Due to the complex needs of people using the service a majority of people received 24 hour care from the provider.

This service was last inspected on 22 November 2013 and was found to be compliant with the regulations.

The inspection took place on 17 October 2016 and was announced. The service provided support to people living in their own homes, therefore to ensure that they were at home and to arrange a convenient time for us to visit them the service was given 48 hours' notice of the inspection.

The service had a registered manager in place. 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.

People who used the service and their relatives spoke of the outstanding care delivery. Relatives told us that the manager and staff went above and beyond what was necessary to ensure that people received a person centred service. People received care from staff who knew and understood them and with whom they felt comfortable. Consequently, meaningful relationships had developed between staff and people using the service, and it was clear that staff enjoyed supporting people and enabling them to achieve their goals. Staff were thoughtful and patient when providing care and supported people to make choices about all aspects of their daily life. Staff were respectful and showed empathy, compassion and kindness when speaking to people. The service supported people to maintain relationships and to access and be an active part of the community.

Risk assessments were in place to protect people from harm. Staff received training on how to recognise signs of abuse and were clear about what action to take if any concerns arose. The service had provided people with information about how to recognise and report concerns about abuse in an easy read format.

The service had a robust recruitment process in place to ensure that staff had the necessary skills and attributes to support people using the service. New members of staff completed an induction programme during which they were given time to familiarise themselves with people's care plan and were introduced to, and spent time with, the people that they would be supporting.

People received care from highly skilled staff who were supported to access a wide variety of training sessions which ensured that the needs of people using the service were met.

Each person received care that was individualised and centred around their needs and wishes. The care and

support provided to people was proactive and was based upon their preferences and passions in life. Support was provided in a flexible way, this meant that it could be adapted to meet people's changing needs.

People were supported in line with the legislation of the Mental Capacity Act and no unnecessarily restrictive practices were in place. There were effective systems in place to ensure that people's medication, money and personal information was kept safe. There were also systems in place that recorded, analysed and enabled the service to learn from accidents and incidents.

Staff supported people to understand the importance of a healthy diet and how to maintain a healthy weight. Where concerns were identified about people's nutritional status specialist advice was sought from healthcare professionals such as the dietician and speech and language therapist.

The service supported people to express their views by having weekly one to one meetings which were recorded in their support plan. People were supported by a regular member of staff who knew them well. This continuity of care helped staff to develop relationships with the people that they supported and enabled staff to respond to changes in people's needs and to act upon them quickly.

People were supported to participate in activities that they chose and which were fulfilling and purposeful to them. People and their relatives knew how to raise concerns or make a complaint and were confident that prompt and appropriate action would be taken if the need arose.

The manager empowered staff and people to maximise their potential and achieve their goals. They had a clear vision for the service and systems were in place which enabled her to monitor and develop the service. Staff took pride in their work, felt valued by the organisation and endorsed the values of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People were kept safe by staff who knew how to recognise signs of abuse and how to protect people from harm.

Risks associated with people's care were managed to help ensure their freedom was supported and respected.

Staff had been recruited safely with appropriate pre-employment safety checks.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

Staff received high quality training which ensured that they had the skills and knowledge to complete their job roles effectively.

Staff received training on the Mental Capacity Act and understood their responsibilities to ensure people were given choices about how they wished to live their lives.

Staff responded promptly to people's changing health needs and when appropriate made referrals and supported people to access specialist healthcare professionals.

Is the service caring?

Good 

The service was caring.

Relatives told us about the positive impact that staff had on people and how the care and support that their loved ones received had enabled them to grow as people and to become more independent.

The manager was committed to establishing a person centred culture at the service and it was clear to see that the staff embodied these same values.

People were encouraged to express their views through one to one meetings.

People felt comfortable to express their true feelings to staff that they trusted and had confidence in.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People were fully involved in the assessment process to identify how the service could support them in their own home. Support plans provided information about how to support people in their own home in order for them to improve or maintain their independence.

People and relatives told us that staff were flexible in their approach and adapted to what the person needed assistance with on any particular day.

Staff supported and encouraged people to participate in activities of their choice and which were meaningful to them.

Is the service well-led?

Good ●

The service was well led.

People, staff, relatives and health and social care professionals involved in the service were all consistently positive about the registered manager and how the service was run.

The manager empowered staff to maximise their potential and achieve their professional and personal goals.

The registered manager placed an emphasis on enabling people to make choices about how they wanted to live their lives. This belief had been firmly embedded throughout the service and resulted in people being supported to live fulfilling and purposeful everyday lives in the way that they chose.

There were systems and processes in place to monitor the service and identify and drive improvements forward.

Braintree Healthcare Limited

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.

This inspection took place on 17 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Before the inspection we reviewed the information we held about the service. We reviewed notifications of incidents that the provider had sent us and previous inspection reports. A notification is information about important events, which the service is required to send us by law.

During the inspection we focused on speaking with people who used the service and the staff who supported them. Some people using the service could not easily give their views and opinions about care. To help us gain a better understanding of people's experiences of using the service we observed the interactions between people and staff and saw care and support being provided in people's homes. We looked at three care plans and associated care documentation and at how medicine was managed. We also looked at documentation relating to the management of the service including policies and procedures, staffing rotas covering the last six weeks, staff training records, a range of audits and the results of quality assurance surveys.

We spoke with seven people using the service, four visiting relatives and seven members of staff and we spent time with the registered manager discussing the service. We also looked at three staff files to see whether staff had been recruited safely and looked at complaints and compliments received by the service. Following the inspection we spoke with two social care professionals who had supported people using the

service about their experience of working with the service.

Before the inspection, 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.

Is the service safe?

Our findings

People who used the service live in their own homes, or shared houses. One person who used the service told us, "I feel safe because I can talk with the staff about anything that concerns me."

There were systems in place to minimise the risk of abuse and the staff were aware of their responsibilities to report abuse to relevant external agencies. Staff that we spoke with knew how to recognise signs of abuse and how to protect people from harm. During team meetings staff had the opportunity to discuss any concerns that they had and to share information about people with colleagues. One staff member told us that the training that they had received was detailed and contained information about the different types of abuse. They went on to say, "I would report any concerns to the manager but also, I learnt from the training to talk with the local authority." The service had provided people with information about how to recognise and report concerns about abuse in an easy read format. The manager also told us that staff asked people if they had any problems that they wished to discuss with them and people were very open at approaching the manager to discuss any concerns that they had. During the inspection we saw that people regularly sought out the manager to talk to them. The manager had made appropriate referrals to the local authority and the Care Quality Commission where there were concerns about people being at risk of harm or abuse.

Risk assessments were in place in areas such as finance, mobility and nutrition and to manage health and safety risks within a person's home. They provided staff with the necessary information to support people in accordance with their expressed preferences and to minimise the risk of harm to people and the staff who supported them. Staff that we spoke with knew the details of people's care plans. They told us that they were given time to read them and how they would report on risk and the actions they would take if faced with an emergency situation. Staff told us that they worked closely with the management team on managing risks to people's health and well-being. One member of staff said, "You have only got to report something and they are onto it in a flash, to minimise the risk. We are expected to report accurately and do whatever is necessary at the time and then this is reviewed with a senior member of staff."

People received support from regular, permanent members of staff who knew them well. This meant that staff had developed meaningful relationships and understood the needs of the people that they cared for. Staff had received training and were confident to use the equipment provided in people's homes. A member of staff explained to us that to enable people using the service to build up a rapport with staff, they aimed to provide each person with a small number of regular staff. Records and the support plans in people's homes confirmed this and showed that people were usually supported by the same staff. A member of staff told us, "A small staff team works well, there are regular staff to cover leave and when things are busy other staff well known to the people come to support." Staff also told us that the manager and senior staff often visited people using the service to see how they were and to monitor and review the documents in people's homes.

Many of the people using the service needed 24 hour care in their own homes. Some other people lived in purpose built bungalows which were situated on the same site as another service owned by the provider, and from which the staff providing the care were based. This arrangement meant that the support provided was flexible and designed to fit in with people's needs and their individual varied daily lives. The registered

manager told us, "Staff just work around them, whatever they want to do we do." Staff told us that additional staff supported people as required and there was no need for agency staff because the service was well staffed. One person was in hospital at the time of our inspection, senior staff spoke with us about their involvement in the assessment to determine the support the person would require in order to return to their home. This could mean additional staff being allocated at times during the day. People and their relatives told us that there had been no instances where staff did not turn up, or were excessively late, and that the close proximity of staff helped to make them feel safe.

The service had a whistle blowing policy in place. New staff were provided with a handbook which included information about how to raise concerns and whistle blowing. All of the staff that we spoke with were aware of the policy and knew how to access it. One member of staff told us, "I am confident in how the situation would be investigated and resolved."

The service had a system in place for recording and monitoring accidents and incidents. Records showed that appropriate action had been taken to address the issue and that lessons learned were shared with staff to mitigate the risk of reoccurrence. Plans were in place to advise staff about what action to take if an emergency situation arose, Staff told us that they felt confident in the on-call system the manager had put in place to support them in an emergency situation.

We looked at the recruitment files of three staff members. Safe recruitment and selection processes were followed. Files contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained job descriptions and a copy of the staff members contract clearly stating the terms and conditions of employment, references and proof of identity. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

Records we saw showed that new members of staff needed to successfully complete a 13 week probationary period before they were confirmed as suitable for the post and their employment confirmed. Throughout this time senior staff supported them and were available to discuss any issues or difficulties.

The service had a policy in place for the management of medicines. This included the ordering and return of any unwanted medicines to the pharmacy. The staff we spoke with were aware of each medicine prescribed for the person they supported and why it had been prescribed. We saw that the service supported people with their medicines and when medicines were administered a record was made in the person's medication administration record, (MAR). In each person's home that we visited the medicines were stored safely and appropriately. People we spoke with told us they were happy with the support they received with their medicines and that they were given on time. One person told us, "The staff tell me what they are for and how they help me." Staff told us they had received medicine training and had their competency assessed to ensure they had the skills and knowledge to support people safely with their medicines. Records showed that part of the care review carried out by the service was to check upon the medicines administration and to monitor the completion of the MAR sheets and that, when appropriate, staff had requested a GP to review people's medication.

Is the service effective?

Our findings

Staff were encouraged to develop their skills and knowledge in order to meet the needs of the people using the service. People told us they were happy with the support received from the staff. One person told us, "The staff help me to get up when I want to; they know how to help me."

Staff received high quality training which ensured that they had the skills and knowledge to complete their job roles effectively. The registered manager recognised the need for bespoke training for staff in addition to their more general training sessions and they had the backing of the provider to organise this for staff members. Records showed that staff had completed specialist training in areas including autism and sensory training. Staff spoke to us about how this training had given them a greater understanding of the reasons behind the behaviour of some of the people that they had supported and had provided them with additional skills to help meet their needs.

All the staff that we spoke with were very positive about the training that they received. They told us that they were able to request additional training if they felt it necessary and that this topic was always discussed during supervision sessions. One staff member told us how the manager had supported them to study for an advanced health and social care qualification.

We saw evidence that annual appraisals of staff performance had been completed for all staff. All of the staff members that we spoke with told us that they felt well supported and confirmed that they had regular planned supervision sessions and had an up to date annual appraisal. In addition staff were able to speak informally to a member of the management team at any time. Supervision consisted of one to one and group sessions, depending on the topic being discussed. Staff also told us that they received feedback on their progress and ability to carry their roles through spot checks. This is when a senior member of staff observes a staff member working in someone's home.

A robust induction programme was in place to support new members of staff when they first joined the service. As part of the programme new starters worked alongside more experienced colleagues before they provided care for people, this ensured that they knew people's preferences and how they wished their support to be delivered. We spoke with one member of staff who had recently been recruited to the service they told us that as part of their induction they had spent a couple of days reading the care plans of the people that they would be supporting and spent time with staff who were caring for these people. They went on to say that everything that they had read in people's care plans had already been told to them by the staff who were supporting them.

Some of the people using the service were not able to independently make important decisions about their care and how they lived their daily lives. The manager understood her responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights. The 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.

Staff had completed training in respect of the MCA and understood their responsibilities to ensure people were given choices about how they wished to live their lives. Where people did not have the capacity to consent themselves we saw that the service had operated in line with the requirements of the MCA. Where people lacked capacity, the care plans showed that relevant people, such as their relatives or an appropriate health or social care professional had been involved in making decisions about their care. Any decision made on behalf of a person was done in their best interest and the least restrictive option was chosen. The staff we spoke with told us about how the service had worked with people, their relatives and the local authority with regard to best interests meetings and involving advocates as necessary.

People told us that staff supported them to have enough to eat and drink and to make choices about what they ate and drank. One person told us, "The staff know what I like to eat but do encourage us to try some different things as well." Another person said, "They help me with meals, always offer a choice." Another person told us, "My support is to go shopping so that I have enough to eat and buy things for the house, like cleaning things." Staff told us how they supported people with food preparation and encouraged people to make appropriate choices about food. This was supported by a relative that we spoke with who told us how staff had supported their relative to make healthier food choices as there were concerns about them gaining weight. If staff were concerned about a person not eating sufficiently their dietary intake was monitored. Staff told us that they would first discuss any concerns with the person and then bring it to the attention of the manager to determine if additional advice was required from healthcare professionals such as dieticians. We saw that any specialist advice received was carefully recorded in the person's support plan.

Care records showed that staff had supported people to attend medical appointments and, when necessary, had requested visits from GP's. We saw that staff had responded promptly to people's changing health needs and referrals had been made to specialist healthcare professionals, including dieticians, speech and language therapists and occupational therapists, for additional advice and support.

Is the service caring?

Our findings

People were consistently positive about the support they received from the staff. We observed staff that were empathic and caring. One person told us, "I am treated well and the staff are kind and nice." Another person said, "I am happy with all of the staff that come to look after me." Another person explained to us that they had known one of the staff for a long time and went on to say how much they appreciated the support that the staff member had provided to them over the years. A staff member said, "Being here is like going home from home. I think that it's a lovely place."

For many of the people using the service it was the first time that they had lived in their own homes. Relatives that we spoke with praised staff for the ease with which this transition had taken place and for the positive relationships that their family members had developed with staff. One relative said, "There has never been a time when I have thought that he is not getting the care that he needs." Relatives told us the positive impact that staff had on people and how the care and support that their loved ones received had enabled them to grow as people and to become more independent. One relative said, "[They're] a different person, more talkative, more outgoing. [They] like their independence!"

People and their relatives told us that they were involved in decisions about how they wanted to be cared for. Relatives told us that before care had been provided to family members they had met with staff from the service to talk about their likes and dislikes, what support they needed and how they wanted this support to be provided. Relatives felt that this had provided people with the opportunity to build a relationship with staff before receiving care from them. One relative told us that before their family member had begun receiving care from the service she had seen staff supporting people attending a day centre. The kind and compassionate care that she had witnessed being provided by staff had influenced her decision to use the service when the time had come that her family member required care themselves.

Each person had a support contract in place which explained how the staff would work with them. A member of staff explained the importance of the agreement and the value that it placed on both the person and the staff. This view was shared by a person using the service. They informed us that they did look at their support plan and liked to see the staff signatures against each entry.

Another member of staff told us how they were working alongside the local authority to support a person in an innovative way. They explained that they checked upon the person once per month to see how they were and in between times the person could make contact with the service if they ever needed assistance. Previous attempts by the local authority to provide support to the person had been unsuccessful. The person was fiercely independent and had a chosen life-style which was respected by the service. Records showed that the person did contact the service when they considered it necessary and this arrangement was working well.

The manager was committed to establishing a person centred culture at the service and it was clear to see that the staff embodied the same values. The focus was on valuing each person as an individual, encouraging them to undertake a lifestyle of their choosing and reach their potential. Staff did this by

encouraging people to be as independent as possible and giving them the confidence to lead fulfilling and purposeful daily lives.

The service supported people to express their views by having weekly one to one meetings which were recorded in their support plan. People were supported by a regular member of staff who knew them well. This continuity of care helped staff to develop relationships with the people that they supported and enabled staff to respond to changes in people's needs and to act upon them quickly. People felt comfortable to express their true feelings to staff that they trusted and had confidence in. One person told us, "It is good have the same people coming, who you know and trust." Another person wanted to show us around their home and told us about how the staff had helped them to choose the colours and to decorate and they appreciated the staffs help. They also told us about their experience when a new staff member was employed to support them. They explained that one of the management team had spoken with them about the change and had also visited their home with the new staff member to introduce them to each other. The person told us that the new member of staff worked alongside an experienced regular member of staff before working on their own with them. They went on to say how this process had helped to make them feel comfortable and get to know the new member of staff. Some people had funeral plans in place and the manager told us that a person had recently made changes to their will. During this process they had been supported by an independent advocate to ensure that the instructions were clearly understood.

Records showed that staff received training to ensure that they understood how to respect people's privacy, dignity and rights. All the staff that we spoke with demonstrated a respectful approach towards the people that they cared for and relatives told us that staff maintained people's privacy and treated them with dignity at all times. People using the service told us that they felt comfortable and were happy to have staff in their homes. One person told us, "The staff take me shopping so I can buy clothes." A member of staff informed us that to support the person, they had discussed clothes for different occasions and then the person had selected what they wanted with the occasion in mind.

A senior member of staff told us that when a new member of staff joined the service senior management spent time deciding who they would work with. This was because they believed it essential that the people were supported by staff with whom they felt safe and relaxed. They told us that the manager would try to match the interests of the people with the interests of the new staff and consider personality types, life history and if people had expressed a gender preference for their care provider before a decision was made about whom the new staff member supported. They explained that new staff were introduced to the people using the service and never left alone with the person until they had got to know each other and were happy in each other's company.

Is the service responsive?

Our findings

People using the service received person-centred care which enhanced their lives. Relatives that we spoke with praised the staff, the commitment that they showed and the lengths that they went to in order to ensure the delivery of high quality care to their loved one. One relative told us, "I trust them all implicitly. They treat [relative] like family. [They] have a real life here." Another relative said, "The support that [name] is given is excellent because it empowers him to do what he wants to do."

Staff kept each other informed and discussed any changes in people's needs, or any concerns about their health and wellbeing during team briefings which took place in the morning and the afternoon. We sat in on the morning meeting and found them to be informative and effective. Staff used them as an opportunity to discuss people's daily progress with colleagues and to inform them of any appointments or activities that they were participating in on that day and to raise any concerns that they had about that person. This meant that staff were kept well informed about people's daily progress and any concerns were quickly highlighted and addressed. The information was recorded in a communication book so that if staff were unable to attend because they were supporting someone they were still able to access the information.

All of the people we spoke with told us that an assessment of their needs was carried out by a member of the management staff before they started using the service. Care plans showed that, whenever possible, people were involved in planning what support they wanted and how they wished for this support to be provided. One person told us, "We have a plan about what we are going to do each day and the staff help me to do whatever we need to do that day." Another person told us, "The staff help me with my money." We saw that records were well kept and in order and were regularly audited by other staff not working directly with the person. Assessments included information for staff about people's preferred method of communication and potential trigger factors for people's behaviour and advice about how to recognise and manage these. We saw that the care plans were divided into sections with important information at the front and included details about how the person liked to receive support. There was also information about risk, daily notes and support plan reviews. A member of staff told us how information from the initial assessment and the care plan had enabled staff to build up communication skills with a person who had various difficulties with explaining themselves. We saw staff talking slowly and positioning themselves close to the person, so that they could concentrate upon their lip movement, and using hand gestures and other non-verbal communication techniques. We observed the person smiling and laughing with the staff and saw that they appeared comfortable in the staffs company.

Staff told us that before they started to work with people, they were introduced to them and had the opportunity to read their support plans. This meant that people were supported by staff who knew them well, both in terms of their needs and their interests, likes, dislikes and preferences. We saw that people's individual needs and preferences were known by staff, and that these were regularly reviewed. One person told us, "I have a support plan and the staff talk to me about it." Another person allowed us to see their care plan and drew our attention to the holidays they had enjoyed in the past. The staff had spent time with them to determine what they wanted to do and where they wanted to go. They were able to explain to us they liked transport and this was supported by the staff. They told us that they had enjoyed a cruise holiday and

wanted to go on another one.

People and relatives told us that staff were flexible in their approach and adapted to what the person needed assistance with on any particular day. Our observations and feedback from people who used the service showed that the staff knew people well and respected people's choices, preferences and decisions about their support needs. We heard staff offering a person a choice regarding which drink they wanted at that time. The member of staff said, "The support plan explains the person likes different drinks so you can never assume and always ask what they want at that time." People spoke to us about how they lived their lives and how the staff supported them with organising daily routines.

A member of staff told us that they enjoyed the variety of the role and being able to spend time with the people they supported. They said, "I think we have got to know each other in time and this helps so much with providing care as the person wants. We were able to determine the person wanted a pet and after consideration their choice was a cat." The person was able to tell us about their pet and what they needed to do to look after their cat with staff support.

We observed that the manager was knowledgeable about people and staff and was passionate about her work and the positive impact that the service had on people's lives. We spoke with her about the values and culture of the service. She told us that there was a strong emphasis on enabling people to make choices about how they wanted to live their lives. During the inspection we saw this belief was evident throughout the service and resulted in people being supported to live fulfilling and purposeful everyday lives in the way that they chose.

The manager told us that the ethos of the service was to provide person centred care and it was clear that this belief was firmly embedded throughout the service and in the attitude and actions of the staff. One member of staff told us that the detail and accuracy of people's care plans helped to achieve this. We saw that the care plans provided information about how to support people in their own home in order for them to improve or maintain their independence and throughout the inspection we observed staff supporting people to make their own decisions. One staff member told us how satisfying it had been to see the confidence and assertiveness of a person they support grow over time and they went on to list several new activities that the person was now enjoying. Another staff member said, "The best thing that I have learnt from people is they have the ability to know what the right decision is and 99% of the time with some guidance they make the right decision."

Staff supported and encouraged people to participate in activities of their choice and which were meaningful to them. One person had a passion for aeroplanes. Their relative told us how staff had supported them to pursue this interest through days out to airports, this had included a day trip to Edinburgh. The person was about to celebrate their birthday and staff told us that they had expressed that they wanted to spend the time looking at aeroplanes. Staff had supported them to book a weekend away so that they could do this and experience what it was like to be on an aeroplane. Another person enjoyed playing a particular computer game and staff supported them to do this in conjunction with shopping for their groceries. Another person loved cars. Staff told us that they had supported the person to purchase their own car of which they were very proud.

Staff supported people to maintain relationships with their families and the wider community. One person using the service had a developing relationship and staff told us how they supported them to meet together and spend some time getting to know each other. Another person using the service had a part time job which staff supported them to get to and back from. One staff member told us how they supported a person who had a condition which resulted in them having to check things repeatedly and that they became very

unsettled by any change in their daily routine. The staff member told us that the persons care plan contained detailed information which enabled them to support the person in through their daily routine. They went on to say how they worked closely alongside the person's relatives to support them if a special event, such as a birthday or family celebration, was coming up by planning how to manage the change in routine together. The staff member went onto explain the importance of this consistent approach from staff and their family to ensure as little disruption as possible to their daily routine.

People using the service were able to express if they had a preference over the gender of the staff member that supported them, and this preference was respected. The service respected and promoted the equality and diversity of the people using it. Staff encouraged people to be themselves, to make choices about how they wished to live their lives and to be proud of who they were and what they achieved.

Although there had been no formal complaints made over the last 12 months people and their relatives knew how to complain about the service if they were dissatisfied, and how to raise any concerns or make suggestions. One person told us, "I have no complaints." They went on to name members of staff who helped them and who they would turn to for support and advice. A relative said, "I have no complaints. All the staff are fantastic." Another relative told us how they were initially concerned when their family member first started to receive support from the service because they had never lived independently before and were not used to having to complete daily tasks, such as putting themselves to bed. They went onto say that it quickly became apparent that the person was not recognising when they should go to bed and was sometimes awake all night. When they spoke to the staff about this they responded promptly and an action plan was put in place whereby staff paid an additional call to the person at night time, this involved staff observing whether or not the person's light was on or off. If the light was on they prompted the person to go to bed. The relative told us that with this additional support the person was able to establish a night time routine. Therefore we found a service that was proactive in listening to concerns and acting so that people did not feel the need to escalate to a complaint.

A member of staff explained that the service was proactive and worked with people at the first stage of a concern so that the matter could be discussed and action taken at that time before it became a complaint. A staff member told us, "If a person made a complaint to me, I would try and probably could resolve matters with them as I know them very well. However I would record what I had done and also if they wished to make a complaint then, I would help them to do that." The member of staff also explained that senior staff visited regularly and knew people well. They were confident that any person using the service would approach a senior staff member if the need arose to report a complaint. All the staff we spoke with said they would make people aware that they could make a written or verbal complaint and would support them if they needed assistance. We saw there was a clear complaints policy and procedure and we were aware of a number of compliments that had been made about the service. One professional who had worked in conjunction to support a person had written about a staff member, "[Staff member's name] demonstrates kindness, patience and a commitment to person-centred working."

Is the service well-led?

Our findings

People, staff, relatives and health and social care professionals involved in the service were all consistently positive about the registered manager and how the service was run. One relative told us, "She's brilliant, absolutely brilliant, keeps you informed of everything that is happening." A member of staff said, "I get massive support from the manager and the rest of the senior team." The service had a positive and open culture which placed the needs of the people using the service at its core. One relative said, "For me the whole team is just special." A social care professional told us, "[Managers name] has always been very kind, honest and professional."

The professional and personal development of the staff was important to the manager. They encouraged and supported staff to access a wide range of training which was tailored to meet both their needs and those of the people using the service. The manager said about her staff, "They are all champions in my mind. They all have their own strengths and that is what makes a team." Relatives praised the manager and the way that she empowered her staff, which in turn gave them confidence in their ability to care and support their family members. Following the inspection we spoke with a social care professional who had worked alongside the service in supporting a person with complex needs. They told us, "In my view, [managers name] has always gone above and beyond for [person's name] by checking she is okay, making sure she is managing okay in her flat, and almost immediately repairing any intentional damages caused in the property to ensure it is safe for [person's name]."

Staff and visiting professionals spoke highly of the manager and of the open, honest and supportive culture that they promoted. One social care professional who had worked closely with the manager to support a person using the service told us, "I have always found [managers name] to be entirely professional and appropriate, kind and considerate in her manner and attitude towards the vulnerable adults in her care." Staff told us they felt confident in raising any issues and felt assured that they would be dealt with promptly and effectively. Staff told us that they got satisfaction from their job roles and the support and appreciation from the manager contributed to this. One member of staff said, "I like working here because of the people using the service but also because I am appreciated by the manager." Another staff member told us, "I think the service is well-led because the manager organises well in advance. They always try to accommodate and help." Staff said that nothing was too much trouble for the manager. One staff member told us that they enjoyed supervision and explained how it made them feel very well supported. Another member of staff told us, "There are regular 'spot checks' from the managers and this is helpful." They explained that the spot check provided an opportunity to evaluate and have feedback about their practice and enabled them to discuss ideas and suggest ways in which they could continue to improve the service provided to people. The manager sought out ways to update their knowledge and continue their own professional development. They kept themselves updated with best practice guidelines and was a member of the Mencap Local Action Group. The manager also worked closely with the local authority to support people and to improve the services for people with learning disabilities in the local area. Following the inspection we spoke with a social care professional who had worked with the service to support a vulnerable person. They explained to us that the manager had worked closely alongside other agencies including the local authority, the police and housing brokerage to support the person during a particularly challenging period.

They told us, "[Managers name] is able to be both compassionate to the adult alongside being mindful of her responsibilities towards her other adults."

The service had a statement of purpose in place which was seen to be adhered to. A statement of purpose is a document which describes what a service does, where the service is provided and who it is provided to. The service worked with statutory organisations to deliver support to people and consulted with other professionals, and actively used their advice for the best outcomes for the people using the service.

There were systems and processes in place to monitor the service and identify and drive improvements forward. The management team held regular meetings to plan, monitor and develop the service and in turn we saw evidence that this information was passed down to staff at team meetings. The minutes of staff meetings showed that they took place on a monthly basis and gave staff an opportunity to meet and discuss and receive information about the service.

Audits were used to seek the opinions of people using the service, their relatives and staff. Relatives and staff told us that the manager had an 'open door' policy and they were able to speak to her on an informal basis if the need ever arose. In turn the manager was confident that any issues of concern were raised and dealt with to the satisfaction of both people who used the service and their relatives.

We spoke with the manager about the support that they received from the providers. They told us, "Both directors are brilliant and very supportive and anything we need I just ask and within reason they authorise it." The manager said that the directors regularly visited the service and were kept up to date on any changes in the needs of people who used the service. They went on to tell us that a person who used the service had recently been admitted to hospital. They had subsequently suffered a decline in their mobility and in order for them to be discharged to their home had needed a stair lift to be fitted. The manager contacted the providers to inform them of the change in the person's condition and they immediately arranged for a stair lift to be installed which enabled staff to continue to be able to support the person in their home.

The service had been compliant in all areas at previous CQC inspections and had consistently provided a good level of service to people. The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). This information is used to monitor the service and ensure they respond appropriately to keep people safe. We saw that the information provided in the pack was correct and we saw evidence of it being put into practice during the inspection. Records relating to people's care were accurate and up to date. Staff maintained daily records for each person, which provided information about the care they received their health and the medicines they took.