

Imagine Act And Succeed

IAS 65 Chorley Road

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Outstanding



Overall summary

This was an announced inspection carried out on the 05 May 2015.

Imagine, Act and Succeed (IAS), is a local registered charity that provides support services for adults whose primary need for care is due to their learning disability throughout the North West. Support is provided for people, with varying complexity of needs, who choose to live alone or who share a home with others. IAS 65 Chorley Road provides support to people living in the Salford and Trafford areas.

There was 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.

At the last inspection carried out in October 2013, we did not identify any concerns with the care and support provided to people by the service.

Summary of findings

People who used the service told us they felt safe and trusted staff who provided support. Without exception, people who used the service and their relatives were complimentary and positive about the staff who supported them. One person who used the service told us; “I like them very much, they are very kind.” Another person who used the service said “I feel safe and trust them coming into my apartment.”

We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. One relative told us; “As a family we are very happy with the service we get. I have no worries that X would be abused, mistreated in any way and that is a big thing for us to know he is safe.” Staff told us the service encouraged an open and transparent culture and that they would have no hesitation in reporting any concerns. One social care professional we spoke with told us that the service was very responsive to safeguarding concerns and very progressive in their approach. They added that people who used such services would be a lot safer if other providers responded and acted in the same manner as IAS.

We found people were protected against the risks of abuse, because the service had robust recruitment procedures in place. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service.

The registered manager told us the service had developed a person centred approach to risk that included ‘just enough support’ at its centre. This work undertaken in conjunction with the people who used the service, their families and other stakeholders, was based on listening to what was important to people.

We found all staff administering medication had received training and had annual assessments of their competency to administer medication. We found the service used a pain recognition tool to support people who had difficulty communicating pain and distress they may have been experiencing. This included a pictorial pain indication chart, which people could use to help staff determine the level of pain or discomfort they were experiencing.

We found all new members of staff underwent a comprehensive induction programme, which was designed to welcome them to the service and support them during their probationary period of 12 months. We reviewed training records, which were up to date with required refresher training courses in order to allow staff to develop their skills and knowledge. Staff were also able to access individual specific training to help them effectively support people with particular needs such as autism. We found the service provided ‘person centred / positive risk taking’ training for all team leaders.

Both manager and staff confirmed they received regular supervision and appraisals, which we verified by looking at staff personnel records. Comments from staff included; “I feel very supported, I have regular supervision and training and we can always ask for training relevant to our roles.” “I meet with my manager regularly and feel fully supported and accommodated with my own personal further educational needs.”

We looked at service policy guidance on the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and obtaining consent from people. We saw that the service had been involved with other professionals undertaking mental capacity assessments. Care staff we spoke with demonstrated a good understanding of the requirements of MCA and DoLS and confirmed they received annual training, known as cascade, which included DoLS as part of their safeguarding training.

The service used a range of pictorial leaflets and forms for people who had difficulty communicating to help them explain what support and care they needed. These enabled people to explain what support they required in their day-to-day life and included helping them to decide their future and supporting their involvement in the community and with relationships.

We saw that the home worked closely with other professionals and agencies in order to meet people’s support requirements. One social care professional told us that the staff had been keen to learn about one of their clients and had not been fazed by their challenging behaviours. As a staff team they had discussed the client’s needs in order to establish what was best for them and always liaised with professional if they have any concerns.

Summary of findings

We asked people and their relatives how they felt about the caring approach of the service. Without exception, people and relatives praised the staff for their caring and professional approach. One person who used the service told us; “I’m happy with them, I can trust them yes and they are good at helping me.”

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care.

We looked at how the service promoted people’s privacy and dignity. Each person we spoke with confirmed staff always treated them or their loved ones with dignity and respect. We found that dignity in care was a standard agenda item in team meetings and job consultations / supervision and the service supported staff to reflect on how they promoted this in daily work. The service had two representatives who attended the Trafford Dignity in Care Forum.

Staff consistently told us that as a service, they always considered how they could do more to support people including encouraging more independence. One member of staff explained to us how as a service, they had encouraged one person who used the service to join a day scheme involving outdoor experiences.

People told us that the service had made a real difference to people’s lives. Three people we spoke with told us their relatives were living better lives than previously, they were doing more and becoming more independent. Two people told us their relative had previously lived at home and led quite protected lives, not going out much. They had nothing but praise for the service in enhancing their relatives’ lives. One person said “They’ve transformed his life.”

We looked at a sample of eight care files to understand how the service delivered personalised care that was responsive to people’s needs. Before people started using the service, a comprehensive and detailed assessment was undertaken involving the person who used the service, their relatives and other health and social professionals.

People told us the service engaged consistently and meaningfully with families. One relative told us; “We have

found the service to be very responsive and will always contact me to ensure I’m happy with any decisions they make. They are not shy about making decisions, but will always contact to us.”

We asked people how the service supported them in social activities. One person who used the service told us; “We go out to ten pin bowling, coffee and they take me to the gym.” One relative told us that the service took their relative to church, which was very important to them.

Both people we spoke with and staff consistently told us that the service was well run and provided positive leadership. One social care professional told us that the service was well-led with a clear understanding of their values and demonstrated that people who used the service were at the heart of what they did.

We found the service promoted an open culture, was person centred, inclusive, open and transparent. As part of the recruitment policy, people who used the service and families were able to participate in the interview process to determine the suitability of new staff.

The service also used a ‘matching staff’ tool during the recruitment process. This tool asked people what they wanted from their support staff and what they didn’t want and included hobbies, interests, skills and characteristics. The service ethos was that although the expectation is that staff will support people with whatever choice they make, it is a much more enjoyable and effective experience if the member of staff has a passion or interest in the same things as the person they supported.

We looked at the service training and development strategy. The service provided a comprehensive induction programme for staff and ensured that subsequent staff development was a high priority for the service. Staff told us they were proud to be part of the organisation, they were supported and felt valued. Staff were clear about their roles in supporting people to be independent with access to the local community and always looking at how they could improve peoples’ lives.

The service was part of the ‘ethical charter’, having worked closely with union representatives to ensure the service valued their staff and promoted staff wellbeing in respect of wages and working conditions. The service had also recently started an ‘employee assistance programme’, which was a service that allowed staff to talk

Summary of findings

confidentially to a counsellor who could offer support and refer to other professionals if required. In addition to wellbeing support the scheme also offered financial, medical and legal advice.

The service undertook a comprehensive range of audits to monitor the quality service delivery. These included medication audits, health and safety checks, water temperature checks and team leader's quality checks which focused on records and documents. Where issues had been identified, action plans had been devised to support improvements. We looked at staff observations assessments for medication administration.

We looked at minutes from the tenant's forum, which included pictorial diagrams to help people understand

and covered areas such as hobbies, what people would like to do and travelling. We also looked at minutes from the service development meetings and included areas such as training strategy, medication and team working.

We looked at minutes from the compliments and complaints review meetings, which analysed the issues raised and where relevant provided feedback to staff.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people.

The service had been awarded a "Dignity in Care" award by Trafford Local Authority in December 2014. To achieve this award the service had to produce evidence against a number of standards in relation to how they promote and measured dignity throughout the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People who used the service told us they felt safe and trusted the staff who provided support. Without exception, people who used the service and their relatives were complimentary and positive about the staff who supported them.

We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. We found all staff administering medication had received training and had annual assessments of their competency to administer medication.

Good



Is the service effective?

The service was effective. We found all new members of staff underwent a comprehensive induction programme.

We looked at supervision and annual appraisal records and spoke to staff about the consultation/ supervision they received from team leaders and managers.

People and relatives told us that before any support was provided the service obtained their consent. The service used a range of pictorial leaflets and forms for people who had difficulty communicating to help them explain what support and care they needed.

Good



Is the service caring?

The service was caring. Without exception, people and relatives praised the staff for their caring and professional approach.

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care.

Each person we spoke with confirmed staff always treated them or their loved ones with dignity and respect. We saw that the service worked closely with other professionals and agencies in order to meet people's support requirements.

Good



Is the service responsive?

The service was responsive. Before people started using the service, a comprehensive and detailed assessment was undertaken involving the person who used the service, their relatives and other health and social professionals.

People told us the service engaged consistently and meaningfully with families.

The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint.

Good



Summary of findings

Is the service well-led?

The service was well-led. Both people we spoke to and staff consistently told us that the service was well run and provided positive leadership.

We found the service promoted an open culture, was person centred, inclusive, open and transparent. As part of the recruitment policy, people who used the service and families were able to participate in the interview process to determine the suitability of new staff.

The service had been awarded a “Dignity in Care” award by Trafford Local Authority in December 2014. To achieve this award the service had to produce evidence against a number of standards in relation to how they promote and measured dignity throughout the service.

Outstanding



IAS 65 Chorley Road

Detailed findings

Background to this inspection

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

This inspection took place on 05 May 2015 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their Trafford and Salford office to facilitate our inspection. The inspection was carried out by one adult social care inspector from the Care Quality Commission and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents which may have occurred. We also liaised with external providers including Trafford Council.

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.

Imagine Act and Succeed (IAS) is a registered charity that supports people in Greater Manchester to live an ordinary life; in the community, at home or with family. At the time of our inspection there were 86 people living in the Trafford and Salford area who used the service, of whom 18 received personal care. Other services consisted of supporting people to access the community, shopping and budgeting. The service employed 67 members of staff. During the inspection, we spent time at the office and looked at various documentation including care plans and staff personnel files.

We also spent time visiting five people who used the service in their own homes to ask them about the service they received. We also spoke to eight relatives and friends of people who used the service. We spoke with eleven members of staff, which included the Head of Operations, the Registered Manager and a Deputy Manager. We also spoke to three social care professionals and one health care professional as part of our visit.

Is the service safe?

Our findings

People who used the service told us they felt safe and trusted staff who provided support. Without exception, people who used the service and their relatives were complimentary and positive about the staff who supported them. One person who used the service told us; “I like them very much, they are very kind.” Another person who used the service said “I feel safe and trust them coming into my apartment.” One relative told us they believed their loved one felt safe and said “There’s no question about it.” A friend of one of the people who used the service told us; “She’s absolutely safe. She’s very settled and feels safe and at home there. She’s been there seven or eight years.” A social care professional told us they had no concerns for the safety of their clients and were very pleased with the results so far.

During our inspection, we checked to see how the service protected vulnerable people against abuse. One relative told us; “As a family we are very happy with the service we get. I have no worries that X would be abused, mistreated in any way and that is a big thing for us to know he is safe.” Staff we spoke with were able to confidently explain the process they would follow if they had any suspected concerns about people’s safety. Staff told us the service encouraged an open and transparent culture and that they would have no hesitation in reporting any concerns. One member of staff told us; “I’m confident that if I had any concerns, those matters would be addressed and I would be listened to with regard to safeguarding in particular.” Another member of staff said “I have had training in safeguarding. I would speak to my manager or a more senior manager if I had any concerns and would ensure I get an appropriate response. I have always felt that managers do listen to you, which is one of the things I like working here.”

We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding adult’s policy and saw how the service managed safeguarding concerns. We found that all staff had completed training in safeguarding vulnerable adults, which we verified by looking at training records. One social care professional we spoke with told us that the service was very responsive to safeguarding concerns and very

progressive in their approach. They added that people who used such services would be a lot safer if other providers responded and acted in the same manner as Imagine, Act and Succeed (IAS).

We found people were protected against the risks of abuse, because the service had robust recruitment procedures in place. We reviewed a sample of six recruitment records, which demonstrated that staff had been safely and effectively recruited. Records included application forms, previous employment history and suitable means of identification such as driving licenses and passports. We found appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained before new staff commenced employment with the service. Staff were also required to sign an annual declaration confirming their continued good character. Additionally, the service annually undertook DBS checks on a twenty percent random sample of staff to ensure continuing good character in order to protect vulnerable people from the risks of potential abuse.

We looked at a sample of eight care files to understand how the service managed risk. Risk assessments covered such areas as moving and handling, personal hygiene, road skills, electrical safety, alcohol, medication and behaviour that challenges. We found that risk assessments were compiled in consultation with people who used the services, families and professionals. They provided guidance to staff as to what action to take and were regularly reviewed by the service. Where relevant, files contained a personal emergency evacuation plan for the person who used the service. These contained guidance on arrangements in the event of an evacuation such as safe routes, assistance and equipment required. One social care professional told us that IAS promoted positive risk taking, yet at the same time providing effective support without depriving people of their rights.

The registered manager told us the service had developed a person centred approach to risk that included ‘just enough support’ at its centre. This work undertaken in conjunction with the people who used the service, their families and other stakeholders, was based on listening to what is important to people. We were told that positive risk taking was rewarded, though it was accepted that it was not always be successful, however the service had a no blame culture with a view to learning from successes and

Is the service safe?

where things had not gone so well. We were told there was a commitment and understanding of the importance of working alongside the entire community to effectively support people to be citizens.

We looked at how the service managed people's medicines and found that suitable arrangements were in place to ensure the service was safe. Care plans detailed where medication was stored in people's homes, who was responsible for ordering stock and specific guidance on administration for each person who used the service. Handover sheets included detail of medicines checks that had been undertaken by staff, which had been signed.

We found all staff administering medication had received training, which we verified by looking at training records and were subject of annual competency observations by the service. Some people required the use of PRN (when required) medication such as pain relief. We saw there were individual instructions for staff to follow in respect of when medicines should be administered. We found the service

used a pain recognition tool to support people who had difficulty communicating pain and distress they may have been experiencing. This included a pictorial pain indication chart, which people could use to help staff determine the level of pain or discomfort they were experiencing. One relative explained to us how their loved one struggled to swallow their tablets and how staff patiently supported them by sitting down with the tablets in a dish and how they encouraged the person to take their medicines.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe, whether in their own homes or in shared accommodation. People consistently told us there were no issues about understaffing, staff turnover or punctuality. One relative told us; "Staff are confident, but never cocky and are always willing to listen and take our view as family on board. I'm fully in the loop when staff go sick. Before any new staff have been introduced to X, I have met them first to approve so that I can ensure they can meet X's needs."

Is the service effective?

Our findings

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. We found all new members of staff underwent a comprehensive induction programme, which was designed to welcome them to the service and support them during their probationary period of 12 months.

Staff were also provided with an induction handbook to accompany them through their probation and included development expectations, induction guidance tool, job consultation/ supervision and appraisals. During probation, staff underwent a three monthly appraisal followed by work reviews at six and twelve months. The service recruitment process involved monthly dialogue with the manager and regular consultations with the new staff member to ensure their suitability. Mandatory training included first aid, moving and handling, basic food hygiene, safeguarding, infection control, nutrition and medication.

Following successful completion of their probationary period, staff were required to complete a Level 2 Qualification Credit Framework (QCF) as a condition of employment. The Qualification Credit Framework qualification had replaced the National Vocational Qualification (NVQ). Staff in leadership roles were required to undertake a Level 3 QCF.

Staff told us there was a rolling programme of training, which included 'cascade' otherwise known as service mandatory training, such as safeguarding, medication, food and nutrition, finance and deprivation of liberty safeguards (DoLS). We reviewed training records, which were up to date with required refresher training courses in order to allow staff to develop their skills and knowledge. Staff were also able to access individual specific training to help them effectively support people with particular needs such as autism.

Comments from staff included; "The induction programme is excellent." "We have annual training known as cascade and includes safeguarding, fire safety, manual handling for example." "The induction programme did fully prepare me for the role. Since then I have done the cascade programme. I feel fully supported by the team leader and valued." "I feel training is absolutely brilliant and appropriate for the people I work with."

We found the service provided 'person centred / positive risk taking' training for all team leaders. This involved a piece of work around a person that they supported in relation to enabling a person to gain more independence. The emphasis was on focusing what a person could do, looking at their skills and qualities and what they had to offer to others rather than what they were unable to do.

We looked at supervision and annual appraisal records and spoke to staff about the consultation/ supervision they received from team leaders and managers. Regular consultation / supervision and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Both manager and staff confirmed they received regular supervision and appraisals, which we verified by looking at staff personnel records.

Comments from staff included; "I feel very supported, I have regular supervision and training and we can always ask for training relevant to our roles." "We get regular job consultation/ supervision, which includes my training needs." "We have job consultations or one to ones, which are structured around set questions. We are required to give examples and discuss training needs." "I meet with my manager regularly and feel fully supported and accommodated with my own personal further educational needs."

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). This legislation protects people who lack capacity and ensures decisions taken on their behalf are made in the person's best interests and with the least restrictive option to the person's rights and freedoms. Service providers must make an application to the local authority when it is in a person's best interests to deprive them of their liberty in order to keep them safe from harm.

We looked at service policy guidance on the MCA and obtaining consent from people. We saw that the service had been involved with other professionals when undertaking mental capacity assessments. Following the changes in the interpretation of the MCA and DoLS, the service had undertaken a complete review of whether people were subjected to any restrictive practice. This included a DoLS assessment and a completed

Is the service effective?

questionnaire for each person they supported. This information was shared with the relevant local authorities who in turn submitted applications where necessary in respect of any restrictive practices.

Care staff we spoke with demonstrated a good understanding of the requirements of Mental Capacity Act and DoLS and confirmed they received annual training, known as cascade, on DoLS as part of their safeguarding training. We viewed training records and found that all staff had received recent training in the MCA.

People and relatives told us that before any support was provided the service obtained their consent. The service used a range of pictorial leaflets and forms for people who had difficulty communicating to help them explain what support and care they needed. These enabled people to explain what support they required in their day-to-day life and included helping them to decide their future and supporting their involvement in the community and with relationships.

The service also complied a decision making profile for each person. This provided guidance to staff on how to present choices to people, how to help people to understand, the best times to ask people to make a decision and when not to ask people to make a decision. The profile identified whether the person or their families could make final decisions in respect of a number of areas including; what they ate, how they travelled, where they went and how they spent their money.

When it was identified that a person lacked the capacity to make decisions, a multi-disciplinary approach was adopted involving families and included best interest meetings in line with legislation.

We asked staff to explain how they sought consent from people who had difficulty communicating. One member of

staff told us; “My client would soon let me know if they didn’t want to do anything with non verbal communication. I have worked with them for most of the time so I know them well.” Another member of staff said “I work with one service user with no verbal communication, who makes it very clear if they are happy or not with anything I want to do. You also learn their body language, so I would know instantly if they didn’t want me to do anything.”

We looked at how the service supported people with a healthy diet. Care plans detailed guidance on the support each person required in respect of food, drink and nutrition, which included the level of supervision required when cooking or using the oven. People and relatives raised no concerns about the quality of food and nutrition during our visit. One relative told us that their loved one was receiving a much healthier diet than at the previous place they had lived.

We saw that the home worked closely with other professionals and agencies in order to meet people’s support requirements. One social care professional told us that the staff had been keen to learn about one of their clients and had not been fazed by their challenging behaviours. As a staff team they discussed the client’s needs in order to establish what was best for them and always liaised with professional if they have any concerns. Another social care professional told us that they were very impressed with the level of communication, which always involved families and the local authority. The service took on board any constructive criticism and responded positively. They were also very prompt at bring any issues or concerns to their attention. They stated they had absolutely no concerns about the service.

Is the service caring?

Our findings

We asked people and their relatives how they felt about the caring approach of the service. Without exception, people and relatives praised the staff for their caring and professional approach. One person who used the service told us; “I’m happy with them, I can trust them yes and they are good at helping me.” Another person who used the service said “I do my own cooking, they keep an eye on me to make sure I’m ok.” One relative said of the approach by staff; “It’s very important that things are explained to X. It’s the culture in the flat. They know it’s X’s flat and that’s a very important thing to him.” Another relative said “We have a team that supports X, they are all very nice and caring.”

Other comments included; “There’s a real family feel. Everyone’s so friendly. There’s a general feeling of cosiness. They’re a very good team. I think they should be praised for what they’re doing. They’re genuine, dedicated, caring.” “The staff are lovely with him. So caring, even when he’s being funny with them. They’re very professional.”

One relative explained to us how staff had gone out of their way to help their loved one settle in, helping organise their bedroom, by sorting out new curtains, arranging their furniture. This person told us they had given a list of all the things their relative liked to do, such as watching musicals and having their nails painted etc, and within the first month of being there the staff had done nearly all the things on the list.

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care. We found the service used pictorial forms to support people in determining their care needs where they had difficulty communicating.

One relative told us; “We have four weekly team meetings, which includes all staff, team leader and management. That allows us to regularly communicate with the service.” Another person told us their relative had annual reviews of his support and needs and that there were regular meetings with family. Where family members were unable to attend such meetings, they were provided with minutes of the meeting. A social care professional told us that they were involved in reviews that included families, all staff and

management. They described the service as being open to change and on the whole was very open and transparent. One member of staff told us; “With reviews, we invite families, support workers and other professionals like social workers, to discuss and review people’s needs.”

We looked at how the service promoted people’s privacy and dignity. Each person we spoke with confirmed staff always treated them or their loved ones with dignity and respect. We spoke with staff about how they encouraged people to be independent when providing care and support. One member of staff told us; “As a team, we have a dignity and care question in our consultation / supervision, which I discuss with staff. We regularly look at as a team how people can be encouraged to be more independent, such as preparing their meals and personal hygiene.” We found that dignity in care had been a standard agenda item in team meetings and job consultations / supervision and the service supported staff to reflect on how they promoted this in daily work. The service had two representatives who attended the Trafford Dignity in Care Forum.

Staff consistently told us that as a service, they always considered how they could do more to support people including encouraging more independence. One member of staff explained to us how as a service, they had encouraged one person who used the service to join a day scheme involving outdoor experiences. As a result, the person had become more independent and had met a new group of people to socialise with as a result.

People told us that the service had made a real difference to people’s lives. Three people we spoke with told us their relatives were living better lives than previously, they were doing more and becoming more independent. Two people told us their relative had previously lived at home and led quite protected lives, not going out much. They had nothing but praise for the service in enhancing their relatives’ lives. One person said “They’ve transformed his life.” Another person said of their relative; “I thought I’d got him as far as I could, but he’s gone further. He cooks for himself, he’s had a job, his conversation is different, he can talk for himself and get the paper on Saturday mornings. He won’t let anyone put something over on him. He can load the dishwasher, make cups of tea, make his breakfast, help to tidy his room. They’ve made him walk tall.”

One person told us how their relative had to be encouraged to shower, shave, brush their teeth. They told us that the service wasn’t perfect but they knew how hard it was to get

Is the service caring?

this person to take care of their own personal hygiene. They stated this was always a topic that was discussed at review meetings. They said one support worker encouraged their relative 100% to wash etc, while a second support worker was a bit softer and didn't insist so much. They were asked

if he'd prefer the second person to be more insistent with their relative, but they said 'no' as their loved one was 'happy as Larry' with the second support worker and they wouldn't want to change that relationship.

Is the service responsive?

Our findings

We looked at a sample of eight care files to understand how the service delivered personalised care that was responsive to people's needs. Before people started using the service, a comprehensive and detailed assessment was undertaken involving the person who used the service, their relatives and other health and social professionals. A detailed profile was compiled of the person, which recorded what was important to the person, what people liked and admired about the person and how best to support them. This included whether the person preferred a male or female support worker, how they wanted to be spoken to by staff, that they liked staff to be patient and reassuring and how independent they were.

We found people who used the service had comprehensive care plans in place. The structure of the care plans was clear and easy to access information, which provided staff with clear guidance on people's individual support needs. We looked at communication care plans which detailed the level of contact families required with the service. Care plans also included requirements in respect of personal care, food and drink, money and culture/ faith. We saw that care plans were regularly reviewed by the service and involved people who used the service, their relatives and other professionals.

People told us the service engaged consistently and meaningfully with families. One relative told us; "We have found the service to be very responsive and will always contact me to ensure I'm happy with any decisions they make. They are not shy about making decisions, but will always contact to us." Relatives told us that people who used the service were encouraged to stay in touch with their families, which included visits. One person told us that the service would bring their loved so that they could go out to lunch together, they said "They pick me up and bring me back. They're really friends." Another relative said "The staff are good. They ask his opinion about what he wants to do."

One member of staff told us; "The key is to get to know people and get to know their families. We have had a lot of training in person centred planning to meet people's goals." Another member of staff said "Each month we have team meetings where we discuss each client in terms of what is working, what is not working and how we can improve

things." Other comments included; "I make sure staff fully know the people they are supporting. We also make sure people are aware of the benefits of being as independent as possible."

We asked people how the service supported them in social activities. One person who used the service told us; "We go out to ten pin bowling, coffee and they take me to the gym." One relative told us that the service took their relative to church, which was very important to them. A friend of one person who used the service explained that the person was very tactile and loved having their neck massaged. Staff had arranged a professional massage for the person and when they went on holiday would find places where they could receive pamper sessions. We were told; "They're very tuned in to what she wants and have very good rapport. They know what she likes. They're very attentive like that. They take a lot of trouble with her clothing as well."

Examples of activities people engaged in included; shopping, watching Lancashire County Cricket, away days, employment service such as doing surveys in shopping centres, going to the pub, visiting Blackpool, holiday to Centre Parks and trips to London to see shows. One member of staff told us; "We get involved in a number of activities, but people decide how much engagement they have."

The service used assistive technology to promote independence and ensure people were safe. This included the use of door sensors, falls belts, pendants, epilepsy mats, voice sensors, smart bell and 24 hour care on call system. The service utilised a 'just checking system', which monitored movement in a property in order to highlight people's support needs. A 'thumbprint device' was used to limit people's access to the kitchen. This was because one person lived with Prada Willi syndrome and suffered from excessive eating resulting in life-threatening obesity. All such restrictive practices were dealt with in line with legislation and had involved full liaison with people, families and the local authority with best interests meetings having taken place.

Families told us they had regular contact with the service, were kept constantly informed about their loved ones and were able to provide feedback. People told us they had never had cause to make a formal complaint as they could talk to the staff openly and that the service was responsive to any concerns or suggestions. People knew they could contact managers and more senior managers if they

Is the service responsive?

needed to. One relative told us; “If I had any immediate issues, I’m encouraged to contact the team leader or deputy manager at any time.” One person told us they had never had to complain, because they had ‘constant dialogue’ with service and concerns had never become formal as management were very receptive and there’s been a lot of continuity with staff. We found the service also kept in touch with families through regular meetings, a newsletter and social events.

The service policy on comments, compliments and complaints provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint.



Is the service well-led?

Our findings

Both people we spoke with and staff consistently told us that the service was well run and provided positive leadership. One social care professional told us that the service was well-led with a clear understanding of their values. They felt the service demonstrated that people who used the service were at the heart of what they did. We were also told that the service was not a passive organisation and that any contact was used in a positive way to improve services for people. They also described the service as progressive and was a problem solving organisation.

There was 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. The staffing structure in place made sure there were clear lines of accountability and responsibility.

We found the service promoted an open culture, was person centred, inclusive, open and transparent. As part of the recruitment policy, people who used the service and families were able to participate in the interview process to determine the suitability of new staff. One person told us that their relative had been involved in recruiting their support staff. They told us; "He has a big say in recruiting. They're very client-centred." Another person who used the service told us; "What I like about IAS is that I can drop in at any time. I like their recruitment policy and I know they ask people to leave during their probation if they are unsuitable."

The service also used a 'matching staff' tool during the recruitment process. This tool asked people what they wanted from their support staff and what they didn't want, and included hobbies, interests, skills and characteristics. The service ethos was that although the expectation is that staff will support people with whatever choice they make, it is a much more enjoyable and effective experience if the member of staff has a passion or interest in the same things as the person they support. Everyone the service

supported and every member of staff had a one page profile, which we looked at. This enabled the service to match people and staff in order to provide the best support for the person who used the service.

We looked at the service training and development strategy. The service provided a comprehensive induction programme for staff and ensured that subsequent staff development was a high priority for the service. Staff told us they were proud to be part of the organisation, they were supported and felt valued. Staff were clear about their roles in supporting people to be independent with access to the local community and were always looking at how they could improve peoples' lives. The service was part of the 'ethical charter', having worked closely with union representatives to ensure the service valued their staff and promoted staff wellbeing in respect of wages and working conditions.

We were told by the registered manager, the service accessed occupational health services to support staff in respect of welfare. This included an independent assessment to see if staff were fit for work following sickness, which was used to identify any reasonable adjustments that could be made to support members of staff in the workplace. The service had also recently started an 'employee assistance programme', which is a service that allows staff to talk confidentially to a counsellor who could offer support and refer to other professionals if required. In addition to wellbeing support the scheme also offered financial, medical and legal advice.

Comments from staff members included; "I feel valued, they do look after you and do care. Staff are happy to raise concerns. It is open and transparent culture and staff can influence changes." "I feel IAS is one of the best companies I have worked for. I feel listened to and valued and we are very much a team." "No concerns, I'm really proud to work for them" "I have no problems about raising concerns, if things can be improved we will discuss as a team. We are encouraged to be open and honest." "I am fully supported by team leaders and feel valued." "I have had concerns in the past and matters have been dealt with effectively, the service has a very positive culture." "I would say we have an open and transparent culture. They are always looking at ways to make things better for the people we support."

We found that regular reviews of care plans and risk assessments were undertaken. Regular consultation / supervision of staff was also undertaken by the service. The



Is the service well-led?

service undertook a comprehensive range of audits to monitor the quality service delivery. These included medication audits, health and safety checks, water temperature checks and team leader's quality checks which focused on records and documents. Where issues had been identified, action plans had been devised to support improvements. We looked at staff observations assessments for medication administration.

We looked at minutes from the compliments and complaints review meetings, which analysed the issues raised and where relevant provided feedback to staff. For example, the service had decided not to proceed with the probationary period for a member of staff due to their inappropriate attitude. In another example, a social care professional praised one team for the manner they had supported a person in being able to move forward with independent living.

We looked at the procedures for accident reporting, accident investigations and completing documentation, which provided clear guidance to staff in the event of an incident.

We looked at the service annual report for 2015, which detailed the engagement of the service with people who used the service and the local community, such as local forums that included tenant's forum and service development forum. We looked at minutes from the tenant's forum, which included pictorial diagrams to help people understand and covered areas such as hobbies, what people would like to do and travelling. We also looked at minutes from the service development meetings

which included areas such as training strategy, medication and team working. We also reviewed minutes from individual team meetings, which evidenced discussions around dignity in care, safeguarding, individual needs supported by any required actions.

We found the service had been accredited with Investors in People recognition. Investors in People is a management framework for high performance through people. Formed in 1991, Investors in People was established by the UK Government to help organisations get the best from their people. Organisations that demonstrate the Investors in People Standard achieve accreditation through a rigorous and objective assessment to determine their performance.

The service had been awarded a "Dignity in Care" award by Trafford Local Authority in December 2014. To achieve this award the service had to produce evidence against a number of standards in relation to how they promote and measured dignity throughout the service. The key theme was being able to demonstrate how the service promoted dignity throughout the organisation and respected and listened to people, their families and friends in order to give people maximum choice and control of their lives.

We were told that three senior managers have now almost completed their academic qualification with Dementia Care Matters. Over the next few months they would be putting together a training package for all staff. The service was also in dialogue Trafford Local Authority who had expressed interest in providing joint training around dementia awareness.