

# Persona Care and Support Limited

## Persona Domiciliary Support Service

### Inspection report

Grundy Day Centre  
Wellington Road  
Bury  
Lancashire  
BL9 9AH

Tel: 01612536000

Date of inspection visit:  
15 August 2017  
16 August 2017

Date of publication:  
19 March 2018

### Ratings

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

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 15 and 16 August 2017. This is a longstanding service, which was previously delivered by Bury Council as Learning Disability Support Team 1 and the Positive Lives Team. These were two of a number of services that opted out of local authority control to create Persona Care and Support Limited a new legal entity. This was the first inspection of this service of Persona Learning Disability Team.

Just before our inspection we were informed that, due to a restructure Persona Learning Disability Team was going to be known as Persona Domiciliary Support Service and the provider formally notified us of this. This was because the registered provider was in the process of developing an older person's service that would deliver personal care. This report only relates to the learning disability mainly supported living services delivered by the registered provider.

At the time of our inspection, 90 people were using the service to receive care in their own homes. These ranged from 24 hour supported living to a minimal support of a small number of hours per week.

The service had two managers who were registered with CQC. 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.

We had been made aware that during the restructuring process a decision had been made to reduce the registered manager for the learning disability team to one. We spent time with the registered manager who was taking the management of the learning disability teams forward.

People told us that they felt safe. Staff had received training in safeguarding adults. They were able to tell us of the action they would take to protect people who used the service from the risk of abuse.

Procedures were in place to help ensure staff were safely recruited to ensure that people were not supported by staff who were unsuitable to work with vulnerable people. Improvements were made to the application form for new staff on the first day of our inspection.

People received reliable, consistent and flexible support from staff who knew them well. We saw sufficient numbers of staff were available to help ensure people's assessed needs and wishes were met.

Detailed risk management plans were in place to guide staff on the action to take to mitigate the identified risks of the people they support.

Systems were in place to ensure the safe handling of medicines and to reduce the risk of cross infection in the service.

Staff received the training and support from the service to help support people safely and effectively and adhere to the organisations strong value base.

The service was always looking for creative and innovative ways to improve the service and promote people's health and independence by working with other health and social care professionals and by using new technology where appropriate.

The service worked closely with other healthcare professionals to help ensure that people received the service they needed quickly.

People we spoke with said they were very happy with the support provided.

People who were able told us they could make decisions about their individual support to help improve their confidence and promote their independence.

Where able, people were involved in developing their support plan.

People we spoke with did not raise any complaints or concerns about the service. They told us they would speak to staff or the registered manager. They were confident that any concerns they raised would be listened to and action taken to resolve the issue.

There were systems in place to monitor and review the quality and health and safety of the service. Staff members we spoke with said that both registered managers were very approachable and supportive

## 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 told us they felt safe. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff knew how to respond and report any concerns.

Reliable, consistent and flexible support workers who were familiar with their needs and goals supported people to live their lives as they wished.

The service was proactive in managing risk to enable people to participate in activities both at home and within the local community.

Systems were in place to ensure the safe handling of medicines and to reduce the risk of cross infection in the service.

### Is the service effective?

Good ●

The service was effective.

Staff received the induction and training they required to ensure they were able to carry out their roles effectively in line with the strong value base underpinning service delivery for people with a diverse range of support needs.

People were supported to access a wide range of healthcare professionals and services they needed. The service worked in partnership with them to improve their health and wellbeing in a person centred way.

### Is the service caring?

Good ●

The service was caring.

People we spoke or who contacted were highly complementary about the support they received from staff. They told us they were happy about the support they received.

The service worked with other health and social care professionals to ensure people who were near to the end of life,

remained in their own home with support from staff who they knew.

### **Is the service responsive?**

The service was very responsive.

People's support plans were very person centred and contained meaningful, information about how the person wanted to be supported.

People were actively supported to take part in activities.

The service looked at innovative ways of using new technology to help improve the experience of people who used services and increase their independence.

Systems were in place for the reporting and responding to people's complaints and concerns and records of compliments about the service were maintained.

**Good** ●

### **Is the service well-led?**

The service was consistently well led.

The registered manager promoted strong values and a person centred culture.

Staff told us they felt they were well supported by their line managers who were very approachable and supportive.

There were systems in place to monitor and improve the health and safety and quality of the service provided.

The service worked in partnership with a wide range of health and social care professionals to help ensure that people received the support, care and treatment they needed to help reduce negative behaviours and promote their independence.

**Good** ●

# Persona Domiciliary Support Service

## **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.

The inspection was undertaken by one adult care inspector, took place on 15 and 16 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with our inspection.

Before our inspection, we reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local authority safeguarding and commissioning teams. They raised no concerns about the care and support people received from the service.

We had requested the service complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. A detailed response was returned to us by the service.

During our inspection, with their permission we visited four households. We spoke with five people and spent time with five people who had nonverbal signs for communication. The people who we visited had a wide range of care and support needs. We also spoke with three relatives. We also spoke with one of the registered managers, three senior support workers and five support workers.

We reviewed a range of records relating to how the service was managed; these included five people's care records and staff training records.

# Is the service safe?

## Our findings

People who used the service and relatives told us that they thought their family members were safe. A person told us, "I like the staff they make you laugh." Relatives said, "It's always perfect, definitely safe. I have peace of mind. I know and like all the staff" and "Staff are brilliant. I feel [relative] is safe here and receiving top care."

We received survey responses from 21 people who used the service and three relatives who all confirmed that they felt safe or believed their relative was safe from abuse and harm from support workers. They also confirmed that they received care and support from familiar and consistent support workers.

Staff told us they felt safe and comfortable working with people as lone workers. If that was not the case then they could ring on-call rota for additional support. The service was also part of The Safe Place Scheme. The Safe Place Scheme gives vulnerable people a short term 'safe place' to go if they are feeling threatened or upset when out and about in their local town. Shops, business and public buildings who are a safe space display a sticker in their window. People carry a safe places card with an emergency telephone number on so that assistance from a person who knows them can be sought.

We saw the service had safeguarding vulnerable adult's policy and procedure. We spoke with staff about their responsibilities for safeguarding vulnerable adults. Staff told us that they had received training in their responsibilities for safeguarding adults and knew what action to take if they witnessed poor practice by colleagues under whistleblowing procedures. They told us they felt confident the management team would listen to concerns they raised and take any required action. A support worker said, "Absolutely 100% [registered manager] would deal with it."

We saw information that showed that the registered provider held recruitment events that involved people who used the Persona services. This enabled the service to check out how well candidates communicated with people and adapt to unexpected situations.

We saw that the service had two support roles. Support workers and support assistants. We checked to see that staff had been safely recruited. We reviewed the recruitment files for three new support assistants. Each file contained an application form or the person's, two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS) for all applicants. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

We noted that the full employment history was not on the application forms but on the candidates personal CV's for staff employed directly through Persona following the transfer of services from the local authority. The registered provider took immediate action to update the application format and update the records. We were informed that following engagement with Helen Sanderson Associates and InControl advocacy group that the service had changed their recruitment process and to put in place a range of interactive

assessment sessions which people who used services could take part in. All recruitment to frontline posts is now undertaken in this way and customers enjoy being a part of the process and joining in with activity sessions such as Human Bingo and Spaghetti Towers where applicants are assessed on a range of values and behaviours during the practical session.

We saw information that support workers and support assistants supporting people had different responsibilities. Job descriptions and key skill areas were in place to identify the support workers additional responsibilities. These included ensuring support plans, risk assessments, health action plans, daily records, finances, medicines and planning was undertaken.

The registered manager told us that support was person centred and put in place to enable people to achieve their individual goals and outcomes. People we spoke with told us that they received consistent and flexible staff support from their allocated staff team. Longstanding casual staff supported permanent staff teams. This meant that support workers who were familiar with their needs supported people with their wishes. Staff confirmed that they provided regular support to people and rotas we saw supported this. In the returned provider information return (PIR) the registered manager stated, "Rota planning was about having the right people, in the right place, at the right time, doing the right thing in the way the service users want it done." Assistive technology was also used to support people to increase their independence and reduce their reliance on support workers.

During the inspection, we saw sufficient numbers of staff available to meet people's individually assessed needs at the houses we visited. The registered manager told us that there was a low staff turnover of permanent staff at the service. A support worker said, "It's a stable staff team and we use no agency staff."

People had risk management plans in place to guide staff on the action to take to mitigate the identified risks, which included a workplace activity risk assessment for staff. The registered manager told us that people were supported to achieve their personal goals within a managed risk framework. In respect of general risks, we saw on people's records risk assessments dependent on their needs including moving and handling people.

Three senior support workers had undertaken a 5 day train the trainer course so that they could deliver moving and handling training to other staff. We saw that a range of training was offered to staff dependent on their role. This also meant that the trainers could provide tailor made training to support workers in the person's own home, around the person's individually assessed needs and equipment. This was particularly important where people had complex transfers. A support worker said, "We have tried lots of different slings to ensure [person's name] safety and comfort." Moving and handling people training was updated annually.

A relative said, "The house is spotless. It's a home." Systems were in place to reduce the risk of cross infection in the service; this included the use of personal protective equipment (PPE) where necessary. Staff told us that they had access to PPE. Supplies were held at people's homes and they never ran out.

People we asked knew what action to take should the smoke detectors sound in their homes. They said, "We go outside and ring 999." We saw that Personal Emergency Evacuation Plans (PEEPS) were available on people's care records. PEEPs describe the support people would need in the event of having to be evacuated from their homes.

We reviewed the systems in place for the safe handling of medicines. We were told that where possible people were encouraged and supported to self-administer as many of their medicines as possible. One person said, "I have cream for my knee and I can do that myself." We looked at the arrangements for medicines for



people at two of the houses we visited where staff administered medicines. At one house, a casual worker talked us through the medication system. They confirmed that all staff received training in the administration of medicines including casual staff. Records we saw confirmed this. Staff told us that they had received training in emergency medicines where people might need it. Where covert medicines were being administered without their knowledge an authorisation letter to do this from the person's doctor was held on the person's records.

People had medicines administration records in place, which identified the person. We saw a medicines risk assessment, best interest decisions and a pain profile were on people's medicines records. Medicines were received in monitored dosage blister packs. This system made it easier for support workers to check that people were receiving their medicines on time. Records showed regular audits of people's medicines, which helped to show on going good practice in the management of their medications. Medication errors were reported to and monitored by the registered provider's quality assurance officer.

## Is the service effective?

### Our findings

People who used the service had a diverse range of support needs ranging from minimal to profound and complex needs. We looked at what training was available to help ensure support workers have the required knowledge and skills to carry out their duties safely and effectively to meet people's needs.

We were given information about individual support to one person who had moved from an out of borough placement. Support workers from Persona went to meet with the person and the staff supporting them to learn about the person's specific support needs and to be trained to meet those needs. This was so the service could be sure they could meet the person's needs.

We saw that new support workers completed induction training that covered the fifteen standards with in the Care Certificate. The Care Certificate, developed by Skills for Care and Skills for Health is a set of minimum standards that social care and health workers should apply to their daily working life and must be covered as part of the induction training of new care workers. This helps to prepare staff, particularly those new to care worker, in carrying out their role and responsibilities effectively. The support worker induction included, duty of care, equality and diversity, working in a person centred way, privacy and dignity, fluids and nutrition, awareness of mental health, dementia and learning disabilities, safeguarding adults and children, basic life support and health and safety. Additional training required dependent on the support workers role was moving and handling people, medication, fire safety, epilepsy, diabetes, autism and personal safety of lone workers.

Established staff confirmed they received a wide range of training and this training was regularly updated. The service training record showed that staff received mandatory training in moving and handling, health and safety, first aid, infection control, food safety, medication and, safeguarding.

We saw that staff undertook a 'Towards a Valued Life' workshop and staff were given a booklet that included valued life principles. The course covered a history of the health and social care of people with learning disabilities in institutions, ordinary living and risk strategies. It also covered the seven accomplishments, rights, independence, inclusion, making choices, dignity and respect, developing abilities and skills, relationships and individuality.

We saw that staff had access to a two day workshop 'Engaging with and developing people with profound and multiple learning disabilities (PMLD)'. A senior support workers worked with the specialist Occupational Therapist to develop a training event for staff working with people with profound and multiple disabilities. The workshop covered areas such as movement, posture, the senses, communications and emotions ran the workshop.

We saw that the service was part of the Greater Manchester Joint Training Partnership and had access to training provided by them. This training is linked to the Skills for Care Learning Disability Core Skills Framework. Learning opportunities included understanding behaviour that challenges, the Mental Capacity Act and supported decision making, autism awareness, total communication, how to plan with people and

bringing plans to life, promoting wellbeing and independence, risk management and positive risk taking and advocacy.

Staff told us they received regular supervision and records we saw supported this. We saw that the supervision was known as a 'work plan progress check'. Areas of discussion included general job role and service users, specific projects and tasks, quality assurance, operational updates, for example, policies, health and safety and management communications and training.

Our findings demonstrated that opportunities for staff training, development and support were in place to enable staff to develop the knowledge and skills needed to support the diverse range of support needs of people properly.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw that information about people's mental capacity and fluctuating capacity across 28 supported tenancies (55 people) was recorded and reviewed. Also included was information as to whether the person's family were objecting to their placement and confirmation whether the person was under constant supervision and whether a deprivation of liberty safeguard (DoLS) was needed. This information had been passed on to the local authority safeguarding manager and action was being taken to assess whether applications were needed or court of protection. This meant that people were safe and that their care and treatment had regard to their needs.

We talked to people about the arrangements that were in place to buy and prepare food and drink. Some people told us that they shopped online using an Ipad and chose what they wanted to have together as a household and kept a shopping list. They told us that they were encouraged to be as independent as possible when preparing and cooking meals depending on the risks involved. People told us that they would prepare their own breakfast, snacks and packed lunches with support workers cooking the main meal of the day.

We saw that where people needed additional support with meals they were encouraged to eat as much as possible by making meals that the person enjoyed. A support worker said, "If [person's name] doesn't want it [person's name] lets us know."

We saw on people's records that we reviewed that health action plans were in place. People told us that staff accompanied them to attend appointments, for example, to doctors, opticians and audiology. Relatives also attended appointments with people where appropriate. People had 'Traffic Light' records that they used if they were admitted to hospital. This information was to help staff at the hospital understand their care and support needs.

## Is the service caring?

### Our findings

We received excellent feedback from the caring questions in the questionnaires we sent out to people who use the service, relatives and friends, staff and community based professionals. All the twenty-one people who used the service confirmed they were always introduced to support workers before receiving support that they were happy with the support they received, they were treated with dignity and respect and support workers were caring and kind. Relatives, staff and community based professionals supported this view.

Staff we spoke with were proud of the service. They said, "We look after people well and will go the extra mile. We all pull together to make things work." "I am doing something really worthwhile and I do feel valued" "The staff are all really supportive. I have learnt a lot about people's conditions. One person I support is no longer challenging following a change in their home and a medicines review." "We support people to the best of their abilities."

We were told that the service had carried out a review of the service with an independent advocacy group the outcome was the development of the Persona Friendship Group. Some people who used the service were also members of Bury People First. Bury People First is a local self-advocacy group for learning disabled people, which is run by them, to speak up for their rights and promote their interests in society and local and government policy. They do this by working alongside local services to ensure they are represented, encourage people to speak up for themselves and raise awareness of everyday issues such as health, employment, leisure and housing.

We saw information about support to a person with severe disabilities who spent most of their time apart from vital medical appointments, which required sedation. A senior support worker heard that this person had previously enjoyed swimming and with a nurse colleague from the Community Learning Disability Team began the detailed plan to take the person swimming despite the potential risks. This initiative was successful, promoting the person's independence, benefitting their physical and mental wellbeing and creating scope to carry out more activities, for example, visiting their mother at their childhood home.

We spoke to the relatives of a person who was receiving end of life care. They told us, "It is important to me that [relative] stays with staff who know [relative] well and in familiar surroundings. [Relative] has had a good life." They said that the person was no longer able to come downstairs but that the person's room was "special" and that it had items that were special to the person including fresh flowers.

Staff were aware of the impact of this situation on the other person who was living at the house. They told us the person had been made aware of what was happening. They said, "We make sure [person] is not left out. [Person] looks after [person]."

The staff team were working in partnership with the palliative care team, district nurses and an additional agency support the person with their physical care needs.

## Is the service responsive?

### Our findings

Before our inspection, we sent surveys to people who used the service, staff, relatives and community based professionals. We received 33 responses to our surveys. People who used the service and relatives commented, "I think it is good" and "Our [relative] lives in a shared house. We would welcome a visit to [relatives] home in order for you to see for yourself what is in our view a happy, caring home environment."

Community based professionals commented, "I have always found Persona staff to be caring and willing to make reasonable adjustments for the individuals in their care" and "Persona are a well-established support agency with many years' experience supporting individuals to live as independently as possible and have meaningful lives. Staff have always had strong core values and this is further developed with good training for all. All customers who use the service are treated as individuals and have a core consistent team, which supports a trusting positive professional relationship with individuals which goes on to support the person to increase independence or reduce negative behaviours."

We saw that guidelines for completing support plans were available for staff to use. The aim of the guidelines was to ensure they supported a holistic approach to each individual's support including their needs, goals and support requirements and ensuring that people are consulted with when developing the support plan.

We looked at five people's care records during our home visits. We saw that care plans were positively written, and person centred. There was a one page profile on people's records, which gave an overview of the person. Areas included, what I like and what is important to me, what people like and admire about me, communicating with me, my living situation and my support. Support plans covered, making decisions, hopes and dreams, keeping safe, health, wellbeing and medication, emotions and behaviour, mobility and travel, personal care, diet, eating and cooking, recreation, household management, finances and building and maintaining relationships. We saw that photographs of events were used in people's records, which help to recall memories and support discussions.

We saw that a progress review sheet was maintained on people's records that checked that previous action points had been completed, appointments attended, comments on progress or outcomes achieved and the reasons why if they had not been completed as planned. They also confirmed whether the care records had been checked and that if applicable a monthly audit of the person's medicines to check they were being administered properly

A relative said, "I am always involved in meetings and fully involved in difficult decisions." We saw copies of annual reviews and support meetings for seven of the people we visited that were undertaken in July 2017. We saw that meetings involved the person as appropriate, members of their support team, relatives and health and social care agencies them. Records gave clear information about what had been discussed which included changing needs, finances, updated risk assessments, arrangements for any service user specific training, equipment and safety, activities and hopes and dreams and all other areas of their support plan. We saw that the review format had photographs embedded into it to help support person's

communication needs. These showed people attending activities such as Chester Zoo, various shows including Mamma Mia in London, a holiday in Spain plus a wide range of other events.

We were informed about a person's friend and advocate who attended review meetings. Although they visited the person regularly they wanted more contact and to know what the person was doing in their day to day life. The service following discussion with another relative supported the person to set up a social media account taking care to put privacy settings in place and ensuring not to post sensitive information. The person was assisted to post information about places they go to and photographs, for example, support workers filmed the person opening their birthday presents and this was shared with friends and family.

We saw activities were arranged for people as individuals and not as the groups living in the same households unless it was their choice to do so. People told us that they enjoyed being involved in activities and particularly enjoyed using the Persona Friendship Group as a way of keeping in touch with friends and being made aware of up and coming activities across the service. People said, "We always have fun. We have just been to London on the train. I laughed so much my stomach hurt", "We are never in!" and "I am planning a cruise for my 70th birthday"

The registered manager told us that this innovation started last year and came from work with the In Control advocacy group. In Control is a national charity working for an inclusive society where everyone has the support they need to live a good life and make a valued contribution. In Control is currently funded by a number of government bodies such as the Department of Health, the Department for Education and NHS England.

At a group meeting with In Control people who used the service said they would like to have more friendships and social contact. They also wanted future group meetings to be less formal and to be known as coffee mornings. The social events people want to go on have been facilitated by creative thinking and without using additional support time from staff. Feedback from people who use the service said they felt involved, were really enjoying themselves and wanted the initiative to continue. The registered manager said, "We have unleashed a bit of a monster but everyone is a winner."

For those people who were unable to use social media, posters were produced for forthcoming activities. A range of activities were in place so that everyone who used the service could access activities such as the Lake District Rail and Sail event which included a steam train ride and a cruise on Windermere and also a walk in a local park. People with profound and complex disabilities were not prevented from social inclusion. The senior support worker said, "Nothing is impossible and we are always looking for things to do". People attended live concerts, for example, The Halle Orchestra. Music of all kinds including classical was popular.

The Friendship Group organise regular active sessions which include walking and badminton. Participating in physical and healthy activities as a group event makes it more enjoyable for the people involved and motivates people towards a healthier lifestyle.

We saw at one house people had an 'AIR' chair that was like an indoor swing. This was said to be popular and gave the people using it a sense of fun and control. They also had other sensory items for feet and also a 'peanut' inflatable, which one person particularly enjoyed using. People had film and football nights at which they enjoyed making lots of noise. The service was also involved in a gardening project.

People told us they enjoyed using some of the local Persona facilities such as the Red Bank café and hairdresser and The Green Community cafe for bingo sessions. Other people used alternative services such as day, drop in and outreach centres. People also pursued their own individual hobbies and interest. One

person told us they like transport, particularly aircraft and they had been for a flight in a helicopter for their 'big birthday'.

We saw that the organisation produced a monthly newsletter to keep people who used the service up to date about what was happening throughout the organisation. This included information about the Persona Friendship Groups trips, a positive wellbeing course that some people who used the service had attended, special birthdays and the Persona awards finalists.

We were told that people were actively supported and encouraged to maintain relationships with family and friends. One person told us about their boyfriend and also that they were taking their mum out for her birthday. We saw at one house we visited where people had profound and complex needs where thank you cards from relatives had been sent on behalf of the person who used the service. Comments included, "Thank you all once again for the excellent care you give to [person's name]" and "Thank you so much for my lovely Father's Day present and care. I'm so glad your carers helped you pick them." We also saw that a person had a teddy bear, which contained a personal recording made by their mum. The person knew that if they squeezed the teddy bear they would hear the message. They got a great deal of pleasure and comfort from the teddy bear.

We were told that other people used Skype to keep in touch with relatives who lived a distance away or abroad. We were given one example where a relative of a person who used the service and used Skype saw an outing on the Friendship Group page and was able to make arrangements for mum to go with the person too.

People told us that their independence was promoted to their individual ability. One person said, "Being independent is very important to me." All staff undertook value based training, which included supporting people with appropriate helping strategies for building people's skills, looking for untapped potential to help people move forward, positive risk taking and promoting independence.

We were informed about support the service had given to a transgender person in their transition and to become a valued member of the community they lived in. This person had been supported to speak up for the rights of people with disabilities.

People told us about the equipment that had been put in place to help promote and maintain their independence. The service used new technology in the person's home for their safety and to maximise their independence, for example, a 'listen in' system that could be pressed if a caller came to their home and they were on their own. The 'listen in' system enabled others to hear the conversation to help ensure the person was safe. The service also used alarm pendants that linked to the Carelink service. People showed us how they were able to communicate with others via social media, which was popular with people for arranging activities through the Persona Friendship Group on the internet and also using Face time. Care was taken to ensure that privacy settings were in place where social media was used.

People who had more complex needs were also seen to be using new technology. We saw a large switch that could be attached to electrical equipment such as food blenders and hairdryers. We saw a person with complex needs in the kitchen of their home preparing a fruit smoothie. Once the fruit was in the blender, the person was able to control how long the fruit was blended for. This meant people could meaningfully participate in their own care and support and get different sensory experiences and enjoyment.

We were told about an example of effective working where a person with complex and changing needs, which included falls, was supported to be rehoused into a more suitable property following a best interest

decision. The service liaised with the local housing department to find an appropriate level access property and then closely with an occupational therapist about the furnishing and layout to help promote their mobility and independence.

People told us they were involved in household chores, for example, cleaning the house and washing and drying pots. Where people used wheelchairs, the lay out of the kitchen had been changed so they could access it and get more involved. One person came back from a personal shopping trip with some DVD's to watch. They said, "I like horror films. The gorier the better!"

Relatives we spoke with told us, "I could talk with any of the staff if I had any concerns." We saw that there was a complaints procedure in place. We saw that the registered provider had carried out an operation performance information review about the supported accommodation covering a period between June 2016 – 2017. The report covered notifications, types of notifications, compliments and complaints. We saw that during this period, six complaints had been made and what action had been taken to resolve them to the satisfaction of the complainant had been recorded.

The staff teams liaised with other agencies such as the community learning disability nurses, occupational therapist, Speech & Language therapist (SALT), GP, consultant, as well as the district nurse and palliative care teams. They also sourced appropriate equipment for people to use, including, profiling beds, air flow mattress, small-stature shower chair and adjustable armchair, 4-way glide system, in-bed hair washing system, epilepsy sensors and movement monitors. Training in epilepsy management and rescue medication was also sourced.

We visited a house where people had complex and profound physical needs, including muscles that were contracted and tight, which could cause pain. A senior support worker told us about a new positional sleep system that had been put in place with the help of an occupational therapist for two people who used the service. Because of the sleep system, people's posture, breathing, swallowing and sleep had all improved. Some people were also being assessed for Botox injections, which might also bring benefits to people. Staff also provided massage to some people to help their circulation before supporting them to get out of bed in the morning to help with their flexibility.

We saw an example of support given by two support workers to a person who was refusing to engage with health and social care services. We saw that over time and taking a person centred approach the support workers gained the person's trust. The person accepted their support to make and act on some major decisions. This included moving to a safer property and gaining the confidence to attend activities. The most significant difference was to seek medical advice and treatment, which has made a positive difference to their health. When a serious health concern presented itself, the person trusted the support workers enough to tell them about it and they ensured the person received the medical support they needed.

In the returned provider information return (PIR) the registered manager stated that the Community Learning Disability Team (CLDT) carried out a dementia screening service, which was used particularly for people who lived with Down's Syndrome. Information provided staff with updated information about the person's health so that any changes in need could be supported effectively. People who used the service also had active fitness cards so that they could attend local leisure services, supporting them to live healthy lifestyles and access services in their local community.

We were also given to examples were working alongside the CLDT; support had been given to people who displayed behaviours that challenged others. In one case, positive behavioural training and techniques had been used to help them cope with a new situation and an increase in personal care support. With support,



the person successfully applied for a grant to upgrade their bathroom to enable them to be more self-caring. In a second example, the team had worked with a specialist nurse to look at clothing of a person due to extreme sensory needs. Alternatives were found that improved the person's overall wellbeing and health.

We were given information about individual support to one person who had limited verbal communication. With support this person started to say new words and short phrases. This meant the person was able to have more meaningful communication with people.

## Is the service well-led?

### Our findings

The service had two registered managers in place who was registered with the Care Quality Commission (CQC) as required under the conditions of the service provider's registration.

In the weeks before our inspection, the registered provider had restructured the service to bring the Person Learning Disability Team and Positive Lives teams under one of the registered managers. Long term the registered provider planned to introduce older people's support arrangements into the service with a second registered manager who had the appropriate skills and experience. We had been formally notified of these changes and that the service would be called Persona Domiciliary Support Services and our records had been amended to support this.

During this inspection, we spent time with the registered manager who would be taking the service forward for the learning disability side of the future service. The registered manager had worked at the service for thirty years and held the registered manager's award plus NVQ and ILM Level 5 qualifications. In the last twelve months, the registered manager had updated their training in moving and handling, medication and administration, fire safety and epilepsy. They had taken part in a development workshop with the Greater Manchester Combined Authority and developing the workforce to meet CQC regulations and registered manager's forums with Skills for Care. The registered manager also attends the Greater Manchester Learning Disability Registered Manager's Forum. The registered manager said that these meetings were informative and enabled them to share information with other registered managers about common issues. This demonstrated a commitment by the registered manager to keep up to date with other organisations to share information and keep appraised of changes. This helped to ensure the continued development of the services provided to people to ensure they too were reflective of current best practice.

The registered manager told us they received good support from their line manager. Eight senior support workers support the registered managers in the day-to-day management of the service. Staff said that the registered manager was approachable and supportive and they were confident that any of the senior support workers would support them if they had any concerns or problems. They also said that the move from local authority in house services to Persona had meant that the service had been able to be more responsive more quickly.

Staff at the service told us they received good support from their line manager. "We're like a family. [Registered manager] is part of the team and would come in if we were short staffed." Five staff returned our questionnaires and all confirmed they would feel confident in reporting concerns and poor practice to managers, that their views of the service would be taken into account and they were given important information as soon as it was needed. Four community based professionals confirmed that they thought the service was well managed and the service tried hard to continuously improve the quality of care and support they provide to people.

The registered manager had clear vision and values that were person centred and focussed on people having the opportunity to lead full and active lives. We saw that all staff undertook a 'Towards a Valued Life'

workshop and staff were given a booklet that included valued life principles. The course covered a history of the health and social care of people with learning disabilities in institutions, ordinary living and risk strategies. It also covered the seven accomplishments, rights, independence, inclusion, making choices, dignity and respect, developing abilities and skills, relationships and individuality. These values were at the heart and underpinned the day-to-day running of the service.

When Persona established itself as a separate organisation from the Council they commissioned In Control to work with the management team in Learning Disability services to look at ways the organisation could further promote collaborative working and co-production of projects with the people who use our services. As part of this we held workshops attended by In Control people and Learning Disability service management and seniors to look at person-centeredness and user involvement across various aspects of how we work. This led to improvements in recruitment, consultation and the Friendship Group to enable people who used the service to socialise with each other in activities and social media.

The registered provider held annual Persona Awards to celebrate excellence. A number of staff for the service had made the finalist list for the innovation award, making a difference to customer's award, the dignity award and employee of the year. We saw copies of the nominations that the registered manager had made about the staff shortlisted. These included, "[Staff member] embraces any challenges he faces and is always eager to learn and develop his knowledge and skills in order to improve the service he provides to people he supports" and "[Staff member] colleagues say that she always comes to work with a smile on her face. Her senior support worker particularly appreciates that [staff member] is reliable, flexible and will always work to the highest standard. [Staff member] is a role model to other staff members and I think her significant contribution to the work of the team should be recognised and celebrated."

We saw that the registered provider also used a HIVE system, which enabled staff to send positive messages acknowledging work that had been carried out well and ask questions anonymously of the management team. "Hive is also an employee survey tool which enables us to pulse survey employees on a frequent basis and to analyse responses and suggestions at a team level."

We saw information that demonstrated the service worked in effective partnership with other health and social care professionals to ensure people received the service they needed.

We looked at the services plans for continuous improvement. The action plan included, further improvements to quality assurance systems, support planning documents, introducing end of life planning to more people and families, carrying out a full quality assurance survey and systems to communicate better with a diverse workforce. We saw that the registered provider had started to pilot a new customer care planning system, which would help to improve systems for planning, recording and monitoring of the service using an Ipad system.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services.

At each house support workers completed a monthly checklist. The list included checking medicines had been administered correctly, cash balances were correct, health and safety checks which included any equipment and vehicles used and that support plans and risk assessments were in date or if any amendments due to change had been made. Any shortfalls identified were put on an action plan for the houses and signed off when action had been taken to resolve the issue.

The registered provider had a quality assurance practice group, which met to discuss ways to make improvements to the service, for example, discussing the outcome of CQC inspection reports and an action log to help ensure any necessary improvements were made across the service.

We were told that Persona management meetings were held every month. Records showed that any positive feedback received about the services were discussed and recorded. Also discussed were health and safety and developing working in partnership with other agencies, as well as operational and workforce updates. We saw that seniors meetings were held monthly. A wide range of issues were discussed included the Persona Friendship, service users banking, service user updates, staffing, training and notifications.

We saw that the service had carried out an impact review at which 69 staff had attended over six meetings about Person's Business Priorities and how staff could have a direct impact on these in their everyday work. Persona business priorities included, safe, caring, responsive, effective and well led services as well, implementing service redesign, efficiency and a business culture and developing a 'people business'.

Persona operates a Stakeholder Forum for people who use services, carers and professionals who want to get involved in shaping and developing the organisation. Persona also has an Employee Forum with representatives from across the services. The Employee Forum looks at how to develop and improve the organisation from a staff perspective.

Prior to our visit, we had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. This was returned to us and gave detailed information about the service.

We saw that the service had a statement of purpose in place. A statement of purpose is a legally required document, which tells people what the service does, and who for. We saw that the registered provider held copies of policies and procedures were held on the Persona website and were accessible to all staff.

Before our inspection, we checked the records we held about the service. We found that the service had notified CQC of any accidents, serious incidents and safeguarding allegations, as they are required to do. This meant we were able to see if appropriate action had been taken by the service to ensure people were kept safe.

We also contacted the local authority safeguarding and commissioning team. They raised no concerns about the care and support people received from the service.