

Field Lane Foundation(The)

The Field Lane Domiciliary

Agency

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?	Good ●

Summary of findings

Overall summary

About the service

The Field Lane Foundation is an organisation that provides supported living services and a domiciliary care service for people in their own homes or in support living schemes. People who used the service were adults living with a learning disability and/or autism, some of whom also had needs with their mobility such as a physical disability or a condition such as epilepsy. On the day of our visit, the service was providing support and personal care for 63 people with varied care packages in a variety of settings. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

People received care in their own homes, in their own self-contained flats and people received care who were living in supported living houses where six people or less lived.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We observed positive, friendly interactions between people and staff. Staff spent time with people as and when they wanted. Staff respected people and focussed on increasing their independence and achieving good outcomes. People were treated with dignity and kindness. People were supported to learn new skills and succeed in their goals.

People received personalised care that was tailored to meet their individual needs, preferences and choices.

Person centered care plans were detailed and guided staff about people's needs and how to meet them. Staff supported people to make choices and decisions relating to their care and to live their lives as they wished.

Relatives we spoke to were satisfied with the quality of care. A relative told us, "Overall my relative has expressed he's happy, {the support given} has been instrumental in building my relatives confidence. Another relative said, "I'm satisfied it's a high level of care that my relative receives, my relative seems happy and "I'm confident."

People were safe and were supported by staff who were trained to recognise the signs of any potential abuse. Staff had been trained in safeguarding and knew what action to take if they had any concerns about people's safety or welfare.

People's risks were identified and assessed appropriately such as accessing the community, mobility, travelling in the car and road safety.

There were sufficient staff to meet people's needs and to enable them to engage with activities, access the community and to live their lives independently. People were supported by staff whose suitability was checked at recruitment. Staff completed training and were experienced in their roles to provide effective care to people. Staff received regular supervisions and an annual appraisal.

People were comfortable in the company of the support workers. Staff felt supported by the managers and felt confident that any suggestions or concerns would be listened to and acted upon. People were asked for their feedback about the service through house meetings and giving feedback to staff. A range of quality assurance systems measured and monitored the quality of care and the service overall.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 23 December 2016).

Why we inspected

This was a planned inspection based on the previous rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Field Lane Domiciliary Agency on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

The Field Lane Domiciliary Agency

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

There was one inspector who visited a supported living house to meet people, staff and to see records. An Expert by Experience who spoke to people using the service or their relative by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The service is a home care agency, it provides personal care to people in supported living services and a domiciliary care service for people in their own homes or in support living schemes. This service provides care and support to people living in seven supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

A comprehensive inspection took place on 21 August 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be available for us to speak with and to arrange for telephone calls to people and relatives.

What we did before the inspection

Prior to the inspection the provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with one person by telephone and five people who visited us at a supported living house. We spoke with five relatives about their experience of the care provided by telephone. We spoke with eleven members of staff including the provider, registered manager, one senior project manager, two project managers, two senior support workers and four support workers.

We observed staff and people interacting during our visit.

We reviewed a range of records. This included four people's personal care and support records and two medication records. We looked at two staff files in relation to recruitment and records for staff supervision and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider on training and complaints. We spoke to two social workers by email who gave us permission to share their feedback in this report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives we spoke to also said this. A person told us, "When I'm with my support workers I feel comfortable, the support workers reassure me, and I know that they are looking after me." A relative said, "When my relative is out and about, there is always someone with him."
- Staff had a good knowledge of safeguarding processes. Staff were trained annually in safeguarding adults. Staff knew what to do if they had concerns and how to report it. The registered manager understood how to notify the local authority and the CQC about any safeguarding concerns.

Assessing risk, safety monitoring and management

- People's risks had been identified and assessed. Risk assessments were person-centered and individualised to each person. People had a range of risk assessments including cooking, accessing the community, mobility, travelling in the car, behaviour, medicines, money management, personal care and communication.
- A support worker said, "For one person, when we're out and about we prompt him that we are about to cross the road and work with him to cross the road safely." Another support worker told us, "It's about doing all you can to protect the client from harm, following the risk assessments and care plan which is tailored to them as an individual. I make sure to do everything in and out of their home, so the client is at least risk possible."
- Relatives we spoke to told us that their relatives were kept safe. A relative said, "They assess everything, there is always competent staff around, there are very clear protocols put in place." Another relative told us, "I see my relative every week, so I see the support workers as well. I can see how staff care, also communication is relaxed and positive with these individual care workers."

Staffing and recruitment

- People and relatives consistently told us there were sufficient staff to meet their needs. A person told us, "I've not had any problems, I have a support worker three times a week and I've never been without." A relative said, "Yes, my relative has ten hours one-to-one per day and four hours shared and I know that can be flexible if I needed it to be. The staff that are allocated to my relative understand my relative and behaviours." Another relative told us, "Yes, there's always staff available to provide support for my relative."
- No staff we spoke to raised concerns about staffing numbers. The provider told us they managed staffing levels and had access to bank staff to cover unforeseen absences due to the one to one nature of some services. Since the last inspection, the provider had set up supernumerary project managers in each supported living house. This change meant that a project manager for each house was present in addition

to the number of support workers, so it did not impact on the number of support workers allocated to people.

- Staff were allocated to people they had a positive rapport with. People had a choice of the gender of their support worker for tasks such as personal care. A relative said, "They are very fond of my relative, quite affectionate, the staff that my relative gets on most with are allocated to my relative."

Using medicines safely

- People had varying needs with their medicine from full support to prompting. When asked if staff help with their medicine a person said, "Yes, but my mum helps and reminds me to take my medication."

- We saw the medicine administration records, these were accurate and complete. Where people had 'as and when needed' (PRN) medicine staff had consistent guidance from a protocol. When PRN medicines were administered this was recorded. PRN medicines were reviewed at regular intervals such as every three months with a GP or relevant health professional.

- Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks. Medicines were stored appropriately and securely.

- Staff were trained in emergency epilepsy medicine where this was relevant to a person they supported. A support worker said, "When we have handover from night staff we're told if [Person] has had any seizures and if this has affected how well they slept or if they might be tired. I check the person's medicine book and daily notes. When support workers go out with [Person] they take their emergency medicine and a pillow or blanket, so they can be comfortable if anything happens. I don't tend to support [Person] but I've still done the training in epilepsy and shadowed staff that do support them so that I know the protocol for that person's emergency medicine and what [Person] needs in an emergency."

Preventing and controlling infection

- Support workers were trained in infection control and used gloves at appropriate times. We observed staff washing their hands during our inspection for example before handling food. The provider, in addition to face to face infection control training, gave staff NHS workbooks for infection control to work through to compliment the training.

Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. Records showed that help from health and social care professionals had been sought immediately where needed.

- The provider worked with the local authority quality and monitoring team. For people supported in their own homes staff audited documentation per client and then shared findings and learning in management meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At the time of our inspection no one was being deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- All staff received training in MCA and we observed staff supporting people to make decisions and choices throughout the inspection. A person told us, "They always make sure I understand everything, and they also explain a lot to me, yes I always have the decisions. They always ask, they never do anything without asking me."
- A support worker said, "When I'm supporting [Person] I always give him choices but with [Person] he will tell you what he wants, for example at breakfast we'll open his fridge and have a look, we'll talk about a few breakfast choices then he'll choose what he wants. He communicates clearly and will tell you what he wants."
- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an independent advocate for specific decisions. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Supporting people to eat and drink enough to maintain a balanced diet

- People had varying needs about eating and drinking. People were supported with menu planning and

food preparation.

- People who lived at the supported living house we visited each had a fridge and each cooked meals for themselves. One person told us they enjoyed shopping with their support worker and cooking meals for themselves and for their housemates, staff had made an apron for the person with their name on which the person took pride and enjoyment in wearing. The person told us, "I love to cook, I have my own chef apron. I go shopping with [key worker], I choose my food, it goes in my own fridge and cooking is great fun."
- A person who received care in their own home said, "I try to decide what I want to have, but I struggle but mainly it's lunch, but I get options of what to eat." The person told us they can have a choice of drinks but told us, "I only drink water really."
- Staff were aware of any dietary requirements such as allergies or due to religious needs or cultural preferences, for example one person ate halal food.

Staff support: induction, training, skills and experience

- Without exception staff told us they had access to training and felt supported. A support worker said, "I'm very happy to be with this company, they've given me so many chances and opportunities to do other course and to progress. I get lots of motivation and help from the manager and the office. My manager is very supportive."
- A project manager said, "When I started I had a comprehensive induction, I was buddied with another manager during that time too. I feel well supported by the registered manager and the provider, they're always there for me, they follow up on things and are very supportive."
- A social worker told us, "The support workers are well trained."
- Staff had access to a range of training considered mandatory by the provider and in accordance with people's needs. The provider told us that some training is generic to ensure certain standards and specific training for staff supporting individual clients. The provider used training through local authority, National Autism Society and the British Institute of Learning Disability. The provider told us that since the last inspection the service is working toward Gold accreditation with the National Autism Society.
- Relatives told us they felt staff were well trained. A relative said, "I think they are very competent and keen to develop a homely atmosphere." Another relative told us, "We are very happy with the project manager, he is very involved with my relative, I have every confidence in him, he's always open to suggestions." A third relative said, "[Support worker] is very competent and diligent."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked to ensure people were supported when transferring between services.
- Relatives told us that they were informed if there were any changes in their relative's wellbeing such as an illness. A relative said, "We have been informed in the past, but it wasn't anything serious, if it was something serious, I'm confident I would be told."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Peoples' equality and diversity was respected. Staff understood people's cultural or religious needs, for example where people had a faith they were supported to follow their faith as they wished to such as visiting their place of worship or eating a specific diet. Staff adapted their approach to meet peoples' needs and preferences.
- People's rights were protected, and staff respected people's choices and diverse needs. People were supported with any needs around their sexuality and gender. People had sexuality plans in their care plans so staff had consistent guidance to support people to express themselves while staying safe, giving privacy and maintaining dignity. Where needed, staff arranged for the Community Teams for People with Learning Disabilities or external Positive Behaviour Support (PBS) consultants to be involved in developing plans.
- We observed positive interactions between staff and people and staff appeared to enjoy delivering care and support to people. Our observations supported this. A relative told us, "Staff are patient and considerate." Another relative said, "Staff treat [Person] with dignity, humour, affection and caring."
- Relatives we spoke to said that staff were caring. A relative said, "The staff are very caring, I think communication and understanding with my relative is good, I think the staff have made my relative feel comfortable." Another relative told us, "We are very happy with the staff, they know my relative and his capabilities, I think the staff do a good job, they like to keep my relative active, they encourage my relative to develop further."
- Before using the service senior staff completed assessments. When asked how they get to know a person when they first start supporting them, a project manager told us, "I get to know them by observation, shadowing staff, talking to them, asking them questions and reading their personal support plan."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in making decisions about their care and developing the personal care plans. A person told us they wrote their care plan with their key worker, they said, "I review my personal file and I go to the doctor for review every year". Where possible personal care plans had photos chosen by each person with their own written comments, for example next to a photo of the person making a sandwich they had written "learning new skills".
- We observed that staff provided people with choice and control in the way their care was delivered and in how they spent their day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. People were empowered to make their own decisions, we

observed people being given a variety of choices of what they would like to do and where they would like to spend time.

- People living in supported living houses held house meetings. A person told us, "Good at home, feel safe, we have house meetings where I can ask for things." Another person said, "We have house meetings where I've asked about a minibus, having a dog, laundry, food and talking about the sensory room being built in our house."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and dignity, relatives also said this, and our observations confirmed this. A person told us, "There's no doubt they treat me well and with respect. I've never had any problems, they are nice people, all my support workers know my needs." A relative said, "I think they treat my relative with respect and... generally as another adult that they get on with."

- People's privacy was upheld. A person told us their privacy was supported, the person said, "The support workers never overstep boundaries, they know where they stand." A relative said, "Staff always knock on my relative's door before entering, when my relative has a shower or goes to the toilet he's left to it and my relative also has his own time and space." Another relative told us, "My relative can go up to his room and staff will check on him. When my relative goes to the toilet the staff don't bother him, they just leave him to it and then when my relative has finished staff make sure he's clean and tidy. Staff also knock on my relative's bedroom door before entering." A senior support worker told us, "Even if we're allocated to a person for one to one we still give people privacy, [Person] for example if he wants some alone time he'll just say 'I'm going to my room for quiet time or a lie down' and we respect that, he knows we're here if he needs us but we also respect a person's private time."

- Support workers supported people to maintain and increase their independence. When asked if the person felt their independence was supported, a person told us, "Yes, but what I tend to struggle with I get help for." A relative told us that their relative's independence is supported, they said, "Whenever my relative goes to the toilet the staff I think shut the door and leave him to it however staff are on hand to help, the staff assist my relative with bathing because it's necessary."

- Staff told us consistently that maintaining and increasing independence by learning new skills was a key part of their roles. A project manager told us, "Our job is to help them get as much out of life, that will be different for each person, but we focus on learning new skills, setting goals and working to achieve them. It's very rewarding and we feel proud when they achieve their goals. In our house we (staff) give lots of active support. For one person we support they have goals at college, they review those goals with their relative and their college tutor, for another person we're supporting them to increase their independence with meal preparation." A support worker said, "[Person] is independent, he only needs prompting and some guidance. For example, at the bank as his keyworker I'll go with him, but he goes up to the cashier himself, he knows I'm there if he needs any support."

- We visited one supported living house, the house had no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a supported living scheme. Staff did not wear anything that suggested they were support workers at home or when coming and going with people. This promoted people's independence at home and in the community.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them, including in the wider community, and people were supported to access education and work opportunities. A person told us, "I just did my application for a new college to do maths, I like going to college, we do a roast on Sundays with my housemates, I have a job three days a week, I go to swimming, I go to Pilates at my old college, today I'm going to a disco, I see my friends there". Another person said, "Yeah, whatever I want to do the support workers support it. I go swimming, I go to the driving range, I go out into town, I go shopping for food."
- People were supported to present themselves in accordance with their wishes, for example for one young person it was important to them to present as a young person and wear fashionable clothes, when we met them they wore fashionable clothes, nail varnish and make up.
- Relatives we spoke to told us that staff knew their relative and their needs well. A relative told us, "The ones that work with him on a daily basis definitely understand my relatives support needs." Another relative said, "Yes they do, and the manager always keeps contact and conveys information to all the other care staff."
- Staff knew people well and showed commitment to supporting people to pursue their interests and goals. A support worker told us, "He loves vacuuming so he enjoys that on his cleaning day, he prepares his own lunch box before going to the day centre, he loves cycling, aeroplanes, music and he is our house recycling champion." A project manager told us about a person who was a keen runner, the person's room had their medals and photographs of them at running events. The project manager told us that this had got staff and some of their other housemates running too, including one person completing a race that they took great pride in. For another person who wanted to save money to afford a special holiday, staff had supported the person to budget and save and the person went on their holiday this year.
- External professionals told us that people received care that was responsive to their needs and preferences. A social worker told us, "...they (staff) work in a person-centred way. The managers have a flexible approach and ensure that the care and support received by their clients is appropriate to their needs. They have managed very difficult and challenging cases to our satisfaction."
- People were encouraged to maintain relationships with people that matter to them and to socialise and make new friends. People had relationship maps in their personal care plan to show who they felt was important to them. People enjoyed socialising by going bowling and to a disco funded by the provider which was run by people with learning disability such as DJ'ing and running a shop. People were supported to have friendships across supported living houses, one person told us they came to the house to visit their

friend and we saw photos of two people who enjoyed each other's company out in the community. People were supported to go on holidays and where people chose to go on holiday together this was facilitated by staff.

- Where people lived in a supported living house or flat relatives told us they were free to visit without restriction. A relative told us, "I do, I'm always felt welcome, overall (staff are) very caring and supportive not just with my relative but with everyone. It's very much like a homely atmosphere." Another relative said, "I'm felt very welcome, the atmosphere is very caring and friendly whenever I go to visit."
- Where people had behavioural needs such as behaviour that challenged, there was guidance for staff on the triggers to look for and how to de-escalate difficult situations and ways to record such as incident forms and ABC monitoring. Positive behaviour support (PBS) was used and staff understood why people might become upset or anxious. Staff used techniques they had learned and were positive and proactive in managing any behavioural issues. A project manager told us, "We've had additional training from PBS consultants for how we support one person, when we had that it included a Speech and Language Therapist, a psychologist and all staff involved in that person's support so it was multi-disciplinary and was all focused on finding the best strategies for that person."
- For another person, staff had worked with the person over a period of time to reduce behaviours that limited their socialisation and activities. When the person started using their service the person carried a lot of items and would not put the items down for example to eat a meal and was having an impact on their posture. Staff worked with the person to reduce the number of items they carried with an arm to having a small bag they kept nearby.
- Relatives told us that staff knew their relative well, recognised triggers for behaviours and supported their relative with any behaviours. A relative said, "I think they have got to know my relatives' quirks, they know how to calm him down if my relative gets agitated or frustrated."
- A person showed us their room which was personalised with their own furniture and personal items that reflected their hobbies and interests. For one person who used a wheelchair, staff ensured their room was on the ground floor. People were able to choose how their room was decorated when they moved in, for example one person had their walls painted their favourite bright colour.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to the staff that support them.

- People's communication needs were assessed and accommodated. Support workers had skills that were matched to people such as Makaton (Makaton is a sign language programme that uses symbols, signs and speech to enable people to communicate). The provider used pictorial representations for information for people and to seek their feedback for example in feedback consultation forms.
- A relative told us, "Staff use a communication grid on my relative's tablet device, the staff also know my relative needs time to process what's communicated, they give him time to process it and they are patient."
- Another relative said, "The staff use Makaton and PECS (Picture Exchange Communication System) and also verbal communication so my relative understands." A senior support worker told us, "At the house I'm based in two people have speech needs, one person uses Makaton and another person uses a mixture of sign and Velcro pictures."

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint or concern and felt comfortable doing so. People we spoke to consistently told us that if they had any concerns they would speak to their key worker and if they lived in their own home they had the office contact details. A person told us, "I would to <key

worker>, she's the one who deals with if anything is wrong, I also have contact numbers." A relative said, "No (I haven't raised a complaint) but I would feel comfortable if I had to." We looked at complaints records and staff told us they would support people to make a complaint.

End of life care and support

- At the time of the inspection no one was receiving end of life care but staff told us they had supported people that have had bereavements and have supported people in receipt of end of life care previously, due to this the service had close links with a local hospice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture that was person-centred, people were supported to be independent and to have opportunities to live a full life. The support was delivered to a high standard.
- A person told us, "They (staff) are nice people, if I have any issues I can just call them, they are both lovely I think it's fantastic, I have no complaints, it's great, it's actually given me hope."
- The registered manager told us, "We want staff to work within culture that the Field Lane has where it's all about the client and we want staff to have enjoyment in their daily work."
- Staff took pride in their work and showed commitment to supporting people to achieve good outcomes. A support worker told us, "It's a lovely place to work, we all communicate well, staff and people support each other and help each other, we're all like a family." Another support worker said, "I'm very proud of the people I support, I'm proud to see people happy, we're trying new things together all the time, our lives change and improve with them because we learn with them."
- The provider had access to charitable funds that people benefited from such as fundraising for sensory rooms and gardens and giving financial support for holidays.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood duty of candour, they told us, "We're open, we work with partner agencies such as social services a lot, we talk to families. The company has a service user board, so we share things with the board and we have a whistleblowing policy to support staff." Relatives told us they were informed if anything went wrong. A relative said, "There are policies and protocols in place if anything serious happened, I know the manager would call me to let me know."
- Notifications that the registered manager was required to send to CQC by law had been completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from staff and people that used the service. The provider had a service user group that met and gave feedback on how the service was run. Staff gave feedback through annual surveys.
- People that lived in supported living houses were asked for their feedback about the service through

house meetings and giving feedback to staff. People receiving care in their own homes gave feedback either directly to staff or through feedback forms.

- The service was staffed by a well-established staff group. Staff attended meetings and staff were supported with their continual, professional development by the provider. The service was committed to ensuring equality of opportunity and fairness to its staff and valued the diversity of staff. Staff told us they felt listened to. A project manager told us, "I feel confident and at ease to speak to the registered manager and provider, we all share a positive approach that's friendly and professional." The organisation was accredited by Investors for People.
- Relatives told us they were engaged through meetings, reviews and surveys. A relative told us, "We attended a meeting recently, it was a review about how my relative is getting on.", another relative said, "We've done reviews with the college and I've also been invited to do a survey by Field Lane."

Continuous learning and improving care

- A range of audits continued to measure and monitor the service overall. The registered manager carried out a daily notes audit and audited client's files, issues identified were shared at a regular project manager meeting.
- The provider told us they were piloting electronic medication records in two of the supported living houses and were carrying out a quality assurance review for the community section of the service. We will be able to review how effective these are when we next inspect.

Working in partnership with others

- Records showed that people had access to a range of health and social care professionals. A social worker told us, "I found that the service takes responsibility and is well led by the management. The service responds to professionals and seek advises/information to keep it safe and protected."