

The Papworth Trust

Ipswich

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Outstanding



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an announced inspection. The provider was given 48 hours' notice because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that someone would be available at the time of our inspection.

Ipswich (Papworth Trust) is a small domiciliary care service providing personal care and support for people aged 18 upwards living in their own homes. When we inspected on 17 November 2015, there were eight people who received a service from the agency.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A transparent and open culture within the service existed. This encouraged creative and innovative thinking in relation to people's safety and managing risk. Established procedures and processes ensured the safety of the

Summary of findings

people who used the service. These included risk assessments which identified how the risks to people were minimised but also ensured people's rights to choice and freedom.

People and their relatives were complimentary about the care provided. They told us their support workers were extremely kind and attentive and they trusted them to come into their homes. They explained how they received safe and effective care by, support workers who knew them well and encouraged them to be as independent as possible and to achieve their goals and aspirations.

Robust systems were in place which safeguarded the people who used the service from the potential risk of abuse. Support workers understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

Where people required assistance to take their medicines there were appropriate arrangements in place to provide this support safely.

There were sufficient numbers of support workers who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. People were treated with kindness by the support workers. We observed support workers respect people's privacy and dignity and interact with them in a caring and compassionate manner.

People and or their representatives, where appropriate, were involved in making decisions about their care and support arrangements. As a result people received care and support which was planned and delivered to meet their specific needs. Support workers listened to people and acted on what they said.

People told us that they were supported by a consistent team of skilled support workers who they had developed good relationships with. People and relatives valued the interactions they had with the service's management team and support workers.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where support workers had identified concerns in people's wellbeing there were effective systems in place to contact health and social care professionals to make sure they received appropriate care and treatment.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the care they received. People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

The manager demonstrated how they had sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and led by example. Creative ways to provide a personalised service had achieved effective results through working closely with other organisations.

There was an empowering and supportive culture within the service. Support workers were highly motivated and committed to providing a high standard of care to people. They understood their roles and responsibilities in providing safe and high quality care to the people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was extremely safe.

Systems were in place to enable creative and innovative thinking in relation to people's safety and managing risk.

People and their relatives trusted their support workers and felt safe when they came into their home to provide care and support. There were enough skilled and competent support workers to ensure people received a reliable and consistent service.

Support workers were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

People were provided with their medicines when they needed them and in a safe manner.

Outstanding



Is the service effective?

The service was effective.

Support workers had the knowledge and skills they needed to effectively carry out their roles and responsibilities to meet people's needs.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People were asked for their consent before any care and support was provided.

Good



Is the service caring?

The service was caring.

People who used the service had developed positive, caring relationships with the support workers.

People and their relatives were involved in making decisions about their care and these were respected.

People's independence, privacy and dignity was promoted and respected.

Good



Is the service responsive?

The responsiveness of the service was good.

The service was flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their individual needs and preferences. They were involved in all aspects of their care and were enabled to live their lives the way they wished to.

People's views and opinions were actively sought and listened to. People knew how to complain and share their experiences. There was a complaints system in place to show that concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good



Summary of findings

Is the service well-led?

The leadership and the management of the service was good.

The management team promoted the highest standards of care and support for people; delivered by a passionate and committed staff team.

The service worked effectively in partnership with other organisations to improve the lives of people they cared and supported.

There was a significant emphasis on driving continual improvement and best practice which benefited people, their relatives and staff. The service had an effective quality assurance system where identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Good



Ipswich

Detailed findings

Background to this inspection

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

This inspection took place on 17 November and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service; we needed to be sure that someone would be in at the office. The inspection was undertaken by one inspector.

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

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We met and spoke with six people who used the service. Some people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures. We observed the way people interacted with their support workers and spoke with three relatives. We received positive feedback about the service from seven health and social care professionals.

We spoke with the registered manager, two service supervisors and five support workers. We looked at records

in relation to four people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

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Detailed findings

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Is the service safe?

Our findings

Feedback about the agency showed people received an exceptional service, which delivered safe care that was individual and distinctive to each person's need. People told us and we observed that people felt safe and comfortable with the care they were being provided with. Two people nodded and smiled when asked if they felt safe and at ease with their support workers. Another person said, "I trust them all. No reason not to. I am very safe with [support worker] they know me and reassure me. Makes me feel better, feel safer." A relative told us, "I used to be the one who did everything for [person] and it was a full on role and was affecting my health. At first I was reluctant to hand everything over; worried things would go wrong. But am glad I did. [Manager] is fantastic so supportive. We have a good thing going here; the care and support arrangements all work really well. It is a shared responsibility to ensure [person] is safe and well looked after. This place is amazing; the support they provide to people and their families here is exceptional; they protect people and keep them safe, they understand them and support them to live a quality life."

There was a high level of understanding of the need to make sure people were safe. A transparent and open culture within the service existed which encouraged creative and innovative thinking in relation to people's safety and managing risk. For example, using assisted technology for people to ensure their safety, whilst maintaining their independence and promoting choice. One person had experienced several unexplained falls /suspected seizures, which their GP and other professionals were in the process of investigating why this was happening. Whilst action was being taken the service wanted to protect the person from further harm, as they had already injured themselves on a previous fall. Knowing the person valued their independence and space and would become distressed if their support workers were a constant presence, the service liaised with other health and social care professionals and agreed to look into assistive technology solutions. A seizure watch had been identified as the method to manage risk from seizures. This alerted staff to potential seizures and irregular movements whilst ensuring the person remained as free as possible from restrictions. Staff could check on the person's safety and wellbeing, whilst respecting and maintaining the person's space and freedom in their own home.

The service recognised risk and took proactive action to support, reassure and protect people. For example the service had worked closely with one person who felt lonely and isolated within their home and at night, would call their GP and emergency services because they didn't feel well. To support them and manage their anxiety, welfare telephone calls were introduced every evening where the person could speak with the on-call manager, discuss their day and talk through any concerns they may have. This proactive intervention supported the person to feel safe, reduce their anxiety and feelings of isolation. As a result calls to out of hour's services had significantly reduced.

Staff and their mix of skills were used effectively to develop positive and meaningful relationships with people which helped to meet their needs and keep them safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Support workers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling, medicines and risks that may arise in the environment of people's own homes. Where risks were highlighted the assessments provided guidance for support workers to follow to minimise the risks. For example, one person's care plan provided information for support workers to follow if the person became anxious or upset during their visit. This included prompts to reassure the person and techniques to use to calm the person and maintain a safe environment. Support workers told us the assessments were accurate and information was easy to access which helped them to safely meet people's needs. One support worker said, "In an emergency/crisis situation I can find what I need straight away. Who I need to contact. What I need to do. Important information is highlighted so it stands out and is regularly updated."

Regular reviews of care and support arrangements were carried out and involved people who used the service and their representatives, where appropriate. This ensured that people's risk assessments were current, reflected their individual needs and they received safe care. A relative told us, "[Person] has become much more confident and independent. They [support workers] and especially [service supervisor] have spent a lot of time with [person], getting to know them and understand what causes their anxiety and how they can help [person] to manage their mental health. We all worked together to find out what



Is the service safe?

makes [person] get upset; what they [support workers] could do help and where they need to step in. They have brought [person] out of themselves. They [person] used to stay in all the time as they felt unsafe and scared to go out. Now they go out and about with their support workers and do so much more. Makes a big difference. People like [person] can still be safe and protected and not miss out.”

Effective systems had been established to reduce the risk of harm and potential abuse. Support workers had received up to date safeguarding training. They were aware of the provider’s safeguarding adults and whistleblowing procedures and understood their responsibilities to ensure that people were protected from abuse. All the staff we spoke with (support workers and management team) knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. This included named internal and external safeguard leads.

Records and notifications received from the service showed that appropriate referrals had been made to the local authority who were responsible for investigating concerns. Action was taken to reduce the risks of similar incidents occurring and to ensure the safety of the people using the service. For example, when an issue had occurred between people using the service, support and guidance was sought from other professionals regarding their mental health needs. Where issues had arisen, such as relating to medicines management, staff were provided with further training and guidance. People were protected from harm because the provider took proactive steps to learn from incidents share and discuss them openly so they were less likely to occur again.

The provider had also implemented five safeguarding champions across their organisation to promote and establish effective safeguarding procedures. The manager at Ipswich was the staff champion representing care. They had established a tool box of activities relating to safeguarding. This included quizzes, custom made board game and scenarios for staff teams to complete to provoke discussions, aid learning and embed knowledge. A support worker told us, “We talk about safeguarding all the time in team meetings, training and in supervisions. We talk about real life situations and discuss how we would deal with it. I am much more aware of how it can impact on people. I wouldn’t hesitate to speak out.”

Information about keeping people safe was promoted with staff and was in accessible formats to aid understanding and encourage people to voice any concerns they may have. We saw posters in the services office and restrooms. In addition to the high visibility of safeguarding information there were screen savers on the office staff’s computers and resources for staff to access on the organisation’s intranet. These measures enhanced awareness and understanding amongst all the staff of the need to make sure people were safe

The service sought out current best practice and used this to drive improvement. Monthly safeguarding meetings provided managers and safeguarding leads the opportunity to discuss issues, share good practice and provide peer support. Our conversations with the manager and records seen showed how these meetings fed into the provider’s safeguarding governance board to ensure accountability at all levels of the organisation.

People received a consistent and reliable service from support workers they knew. Each person had a regular team of support workers who understood how to meet their needs. One person told us whenever they were introduced to a new support worker, they were accompanied by another experienced support worker or the manager and this helped, “Everyone get to know one another.” A weekly rota was made available to people so they knew which staff would be entering their house and providing care. They told us that if there were any variations, that ‘someone from the office’ would let them know. The manager told us they regularly reviewed staffing levels and adapted them to meet people’s changing needs. For example additional support was required for one person following a hospital stay.

There were sufficient numbers of support workers to keep people safe, meet their needs and provide a flexible service. People and relatives told us that their support workers visited at the planned times and that they stayed for the agreed amount of time. One person told us, “Someone will always come and see me. Can’t remember any changes but [manager] would tell me if there were. No one has ever forgotten me and not come.” Another person said, “I know all my support workers, who is working and when they are coming.” The person nodded when asked if they were told of any changes. One person’s relative said, “Support workers are extremely reliable; can’t think of a



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time they have let us down or of a problem. Communication is very good. [Person] knows in advance who will be supporting them and there is a regular team of people who provide support and know [person's] needs."

Staffing levels were based on the assessed needs of people and the length of time needed to meet them. The rota was completed to ensure that all scheduled visits to people were covered.

People were protected by the provider's recruitment procedures which checked that support workers were of good character and were able to care for the people who used the service. Support workers told us and records seen confirmed that appropriate checks had been made before they were allowed to work in the service.

Suitable arrangements were in place for the management of medicines. People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "[Support workers] help me with my tablets, remind me to

take them and get them for me." A relative told us, "They [support workers] keep on top of all the medication [person] takes. They get it all ready and re-order it all so it doesn't ever run out. They always check [person] is not in pain and will get them something if they are."

People's records provided guidance on the level of support each person required with their medicines and the prescribed medicines that each person took. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. Regular medicines audits and competency checks on support workers were carried out. These measures helped to ensure any discrepancies were identified quickly and could be acted on. This included additional training and support where required. This showed that the service's medicines procedures and processes were safe and effective.

Is the service effective?

Our findings

People and their relatives told us that they felt that support workers had the skills and knowledge that they needed to meet their needs. One person said, “They all know me, what I like and don’t and what they need to do. When I get worried they reassure me.” A relative commented, “Every one of the staff I have met are extremely competent, knowledgeable, well trained and easy to approach.”

Discussions and records seen showed that support workers were provided with the mandatory training that they needed to meet people’s requirements and preferences effectively. This included medicines, moving and handling and safeguarding. In addition they received specific training to meet people’s care needs. Such as supporting people with learning disabilities, autism, epilepsy and managing behaviours. This provided them with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Systems were in place to ensure that support workers received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Support workers told us they had regular one to one supervision and team meetings, where they could talk through any issues, seek advice and receive feedback about their work practice. The manager described how support workers were encouraged to professionally develop their skills and were supported with their career progression. This included being put forward to obtain recognised industry qualifications or their care certificate. The care certificate is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported employees with their continued learning and development.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were asked for their consent before support workers assisted them with their care needs, for example to mobilise or assistance with personal care. One person said, “They [support workers] ask and check first what I want and listen to me.” Support workers and the manager were knowledgeable about the Mental Capacity Act 2005 (MCA) and what this meant in the ways they cared for people. Records confirmed that support workers had received this training. Guidance on best interest decisions in line with MCA was available to support workers in the office.

Care records identified people’s capacity to make decisions and they were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a support worker told us how one person had repeatedly refused personal care and this had been respected. The support worker was concerned and reported this to their line manager to make them aware of the potential risks. This triggered a care review with the person and their family to explore how support workers could assist the person to ensure their safety and wellbeing.

The support people received with their meals varied depending on their individual circumstances. Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, “They [support workers] help me get my meals ready and to eat healthy.” Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified action had been taken, for example informing relatives or referrals to health professionals.

People had access to health care services and received ongoing health care support where required. One person’s relative said, “The staff are very good and alert to the slightest change in [person’s] mood and health and what this could mean. They take [person] to all their appointments at the epilepsy clinic and help them to manage their medication. They will contact the doctor or call the ambulance if they are concerned and keep me

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informed throughout. We work together as a team. I take [person] to their ongoing hospital appointments and they provide support with the day to day healthcare arrangements. I couldn't cope managing it all; with their involvement and support it all works." Another relative commented, "[Person] is taken to all their GP and hospital appointments. They are on top of everything; nothing is missed."

Support workers understood what actions they were required to take when they were concerned about people's health and wellbeing. Records showed that where

concerns had been identified, such as weight loss, or general deterioration in a person's health, the relevant health professionals had been contacted and actions were taken with the consent of the person. This included prompt referrals and requests for advice made and acted on to maintain people's health and wellbeing. Treatment and or feedback received were reflected in people's care records. This ensured that everyone involved in the person's care were aware of the professional guidance and advice given, so it could be followed to meet people's needs in a consistent manner.

Is the service caring?

Our findings

People had developed positive and caring relationships with their support workers. People were complimentary about the approach of their support workers and told us they were treated with respect and kindness. One person said, “The support workers are lovely and nice. We have a laugh and a joke. They make me smile all the time. [Support worker] is my friend. I can tell them anything; good or bad. Everyone is nice to me.” One person’s relative told us, “The support workers are all good, caring, well trained, know what needs doing and how to do it to get the best out of [person]. They keep me informed what is going on good or bad and I feel involved in decision making. It really is like one big family.”

Support workers were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Support workers talked about people in an affectionate and compassionate manner. They showed genuine interest in people’s lives and knew them well; demonstrating an understanding of people’s preferred routines, likes and dislikes and what mattered to them.

People were supported to express their views and were involved in the care and support they were provided with. One person said, “I talk to my key worker [designated support worker], sometimes with [service supervisor]. They check everything is ok, and ask me what I need.” Records

showed that people and, where appropriate, their relatives had been involved in their care planning. One person’s relative said, “It is a shared responsibility to keep [person] safe and well looked after. I feel I am listened to and involved in decisions about what goes on. I have no complaints. If [person] is alright then the family is alright.” Planned reviews were undertaken and where people’s needs or preferences had changed these were reflected in their records. This told us that people’s comments were listened to and respected.

People told us staff knew their likes and dislikes. Care records seen identified their preferences, including how they wanted to be addressed and cared for. Support workers told us that people’s care plans provided enough information to enable them to know what people’s needs were and how they were to be met. One support worker said, “The care records are accurate and detailed. They tell me what I need to know. They remind me when to prompt and encourage and when to step in if someone needs extra support.”

People’s independence and privacy was promoted and respected. People shared examples with us about how they felt that their privacy was respected, which included support workers closing curtains and shutting doors before supporting them with personal care. People’s records provided guidance to support workers on the areas of care that they could attend to independently and how this should be promoted and respected.

Is the service responsive?

Our findings

People received personalised care that took account of their choices and preferences and responded to their changing needs. People's care and support was planned proactively with their involvement and they were encouraged and empowered to maintain their independence. Support workers were patient and respectful of people's necessity to take their time to achieve things for themselves. One support worker said, "I always try to get the best out of people; support them to reach their potential, promote independence and choice. Enable them to do things on their own and assist only when needed."

People's care records were based on a detailed profile of the person and assessment of their needs. Information in the care plans guided support workers in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. People's specific routines and preferences were identified in their records so support workers were aware of how to assist them. For example, a support worker explained how one person with complex needs who did not verbally communicate had developed their own distinctive way of expressing themselves using a variation of British Sign Language, and Makaton. To ensure support workers understood and responded appropriately with the person's preferred means of communicating, work had developed a phrase dictionary. This consisted of a photograph of the person signing accompanied by an explanation of what the sign meant.

The management team used innovative and personalised methods to support people who were anxious or at risk of social isolation. They encouraged and enabled the person to visit the services' office, where they would be able to see and speak with the care team they knew, spend time in the company of other people who visited the office and take advantage of the other facilities the service provided. This included attending coffee and cake mornings, woodwork workshops and other regularly planned events. One person had begun dropping into the service several times a week before their care and support started which had helped them to feel more involved and have other stimulation to keep them engaged and occupied. The person told us how they had rekindled old friendships and met up with people for lunch and to have a chat. They said they enjoyed being

busy, "Seeing their friends and going out more." The manager explained how the person's confidence had grown as a result of the increased social interaction within a safe and familiar environment. This had reduced their feelings of isolation because they had been supported effectively to engage with their local community.

People's care and support was planned proactively in partnership with them. People and relatives we spoke with said that a care plan was kept in their home, which identified the care and support that they had agreed to and expected. Three people proudly showed us their care plans and told us the information about their specific support arrangements was accurate and reflected their preferences. One person said, "This is everything about me; what matters and is important to me. My key worker and I fill this in. It is all up to date." Relatives who advocated on behalf of people told us they were fully involved in identifying people's individual needs, wishes and choices and they worked in partnership with the service. One relative said, "My contributions to [person's] ongoing care arrangements are listened to, respected, most definitely considered and acted on. I am involved in regular reviews to make sure what is in place is working and it's the best it can be. If [person's] needs change then so does the support package in recognition of this."

People were supported to maintain links within their community to prevent the risk of isolation. This included accessing facilities and local amenities. Within the building the agency office was located, the provider Papworth Trust also ran leisure and learning activities for people with disabilities including arts and crafts, bowling, coffee group, cooking, drama, gardening, jewellery making, music or woodwork. This provided people with the opportunity to develop friendships and to pursue their hobbies and interests.

Discussions and records seen showed that changes or concerns were reported by support workers to the service's management team, with care and risk reviews brought forward if needed. In addition regular review meetings with people and their relatives, where appropriate, were held to discuss existing arrangements and check if people were satisfied with the care and support provided. One person said, "My key worker asks me if everything is ok, checks if

Is the service responsive?

we need to change anything.” People’s records reflected where changes had been made to accommodate a change in need or preferences. For example additional support following a hospital stay.

Relatives told us they were kept informed of changes to people’s needs and said they found the support workers and management team to be, “First class at keeping you informed of what is going on,” and, “Decisive and quick to take action if they spot a change in circumstances.” People and their relatives said that they were comfortable discussing their experience of the service and were actively encouraged to do this on a frequent basis, through care reviews and satisfaction surveys. One relative commented, “I meet often with the manager and support workers involved in [person’s] care. We work as a team and I trust them to do what is right and to talk to me when there are important decisions to be made. My comments are duly noted and acted on.”

People knew how to make a complaint and felt that they were listened to. One person commented, “Any problems I speak to [key worker] or the manager and it goes away.” Another person said, “[Service supervisor] and [manager] and [key worker] help me work things out. I tell them they listen and fix it. I have no complaints. I am very happy.”

Relatives told us they would contact the management team if they were not satisfied and were confident their concerns would be addressed promptly. One relative said, “I was impressed how the manager responded so quickly to a comment I made. Never had need to take it further and make a complaint. The matter was resolved and dealt with to my satisfaction.”

The provider’s complaints policy and procedure was made freely available in the service and a copy kept in people’s homes. It explained clearly how people could make a complaint or raise a concern about the service they received. There had been no formal complaints received about the service in the last 12 months. The manager told us how they took immediate action if people indicated when they were not happy with the care received which prevented the need for formal complaints. Records seen identified how the service acted on people’s feedback including their comments. These comments were used to prevent similar issues happening, for example changing support workers visiting people, additional training and disciplinary action where required. They advised us they were developing their systems for capturing this information so they could reflect the actions taken to further improve the service.

Is the service well-led?

Our findings

The service had encouraged and developed an enabling and supportive culture focused on meeting the individual needs of people within the service. This led to people experiencing an exceptional service which was distinctive to their individual needs. People were empowered to voice their opinions regarding all aspects of their care and support. They told us they felt valued and included in making decisions that affected them. The manager, senior team and support workers encouraged them to be actively involved and to voice their opinions. One person said, “Everyone here [service] listens to what I want. They help me to make choices and to do things. I have a really nice life.”

Without exception feedback from people and the relatives we spoke with was very complimentary about the approach of the manager, senior team and support workers. They told us that they felt that the service was well-led; providing excellent care and support to enable people to lead fulfilling lives. One relative said, “Without doubt this place is excellent, the extra mile they go in supporting and helping people and their families is so appreciated. All [person’s] life I have had to fight for them, to get them the care and support they need. Now I have the manager and staff who help; they are so supportive.”

People and relatives told us they knew who to contact if they needed to and that matters were responded to promptly and resolved in a timely manner. Therefore they felt assured and would not hesitate to seek advice of further support when needed. One person said, “The manager is really nice and easy to talk to and so are all the support workers.” A relative commented “I have nothing but high praise for the manager and support staff. They are exceptional at what they do; care and support people very very well. Extremely professional without losing sight of the human touch. Everyone is approachable and the manager is always available if you need to talk to them about anything, never been a problem. You mention even the smallest thing and it is dealt with straight away.”

The service had a track record of working proactively and innovatively in partnership with other organisations. This ensured they were following best practice and consistently providing people with a high quality safe service. Feedback from health and social care professionals about the service was complimentary. Citing a ‘positive and purposeful

working relationship’. One health care professional described their constructive experience of working closely with the service. They said, “I have found the managers are keen to seek advice and support when they need it and have worked well in understanding and using that advice to aim for the best results for the people they support. Support staff seem very caring and keen to improve their practice and share good practice. There have been very positive outcomes for people with learning disabilities and complex health and social needs (including conditions such as autism and those who present with challenging behaviours) and this has been achieved by a commitment at all levels and a willingness to accept others’ opinions and advice.”

People were regularly asked for their views about the service and there was high value and respect for this process. Managers and staff were proactive, listened to and used what people told them to drive improvements in the service. They did this in different ways but included opportunities through regular care review meetings, telephone welfare phone calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We reviewed some of the feedback received from people and relatives and saw that comments were positive. For example, one person said, “I have no complaints. I am very happy with my support workers.”

The service had embedded an open, inclusive and empowering culture. Support workers said they felt that people were involved in the service and that their opinion counted. They said the service was well-led and that the manager was approachable and listened to them. One support worker said, “I love my job and supporting people. There is a great team of people here. We work hard and all support one another.”

The management team and support workers were clear on their roles and responsibilities and how they contributed towards the provider’s vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

People received care and support from a competent and skilled team led by a passionate and committed manager who encouraged them to learn and develop new skills and

Is the service well-led?

ideas. For example support workers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that support worker's feedback was encouraged, acted on and used to improve the service. For example, support workers contributed their views about issues affecting people's daily lives. This included how to support people with personal care and to be independent. Support workers told us they felt comfortable voicing their opinions with one another to ensure best practice was followed.

The service worked closely with other organisations seeking advice and guidance where needed to ensure best practice was followed. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risk of a re-occurrence. Incidents including significant changes to people's behaviours were monitored and analysed to check if there were any patterns or other considerations (for example medicines or known triggers) which might be a factor. Lessons learnt included how things could be done differently and improved. , This fed into an overall improvement plan for the service to ensure people were provided with safe and quality care.

A range of audits to assess the safety of the service were regularly carried out. These included medicines audits, health and safety checks and competency assessments on support workers. Regular care plan audits were undertaken and included feedback from family members, support workers and the person who used the service. Results from the audits were analysed and where appropriate action was taken to improvements are implemented. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The provider's quality assurance systems were being continuously developed through the learning culture in place. This helped to proactively identify shortfalls and ensure ideas and innovations were explored to ensure the service continued to develop and improve. The use and development of auditing systems supported managers to identify the areas that needed prioritising, take decisive action and to report on the progress made or to escalate if further support was required from the provider. An improvement plan was in place which showed that the management team had highlighted areas they were prioritising to ensure people received a safe quality service. This included improvements to people's documentation to ensure consistency, providing specialist training and supporting staff following the provider's consultation.