

Live n Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

This unannounced inspection took place on 24 and 29 November 2016. This service supports people with their personal care needs in a supported living environment. At the time of our inspection there were 14 people receiving support from Live n Care.

There was a registered manager 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.

The service demonstrated, without exception, that people were empowered to make their own decisions about the care they received and how they lived their lives. All the staff and the management team consistently went above and beyond people's expectations to deliver personalised care which had outstanding positive impacts on people to lead independent and fulfilled lives.

People always felt safe whilst they used the service. Staff were reliable and did not let people down. The staffing team had a good understanding of how to keep people safe and had a strong commitment to their safeguarding responsibilities. People were supported to take assessed risks which helped to develop their independence and personal experiences. For example, people had been supported to understand road safety which had improved their ability to access the community with limited staff support. People's needs had been assessed in the event of a fire which identified the support they would need to keep them safe.

Accidents and incidents were fully documented and were reviewed to identify trends, learning and any improvements that could be made. Staffing levels ensured that people could receive responsive and person centred care at all times and the provider's recruitment procedures minimised the risks of employing unsuitable staff. People were empowered to take their medicines as independently as possible and the staff oversaw the arrangements to ensure that they were managed safely.

People, relatives and professionals were highly positive about the fantastic skills and competencies of the staff. The training staff received reflected the needs of the people that used the service, and this was to a positive impact. Staff were able to gain an insight into some of the conditions and experiences of the people they supported and this enabled them to tailor people's care to meet these needs.

The management team had a clear understanding of the Mental Capacity Act and worked within the boundaries of it. Each person was given as much information as they could understand in order to support them to make decisions. Throughout everything the service did, people were asked for their consent and were fully involved in deciding how they wanted their support.

People were encouraged to maintain a balanced diet and eat well. The service used innovative ways to meet people's nutritional needs and support their nutritional intake. People's healthcare needs were recognised

and staff were efficient at identifying when people required additional support with these needs. Relative and health care professionals were extremely positive about the impact the service had on people's health and the improvements they had made since they began using the service.

Staff built caring and compassionate relationships with people. People were truly grateful for the support, kindness and generosity of the staff that supported them. There were clear professional boundaries in place however staff were able to maintain warm and endearing relationships with people. Staff took an empowering and empathetic attitude to support people and their personal development. Without exception, people were supported in a person centred manner.

Staff showed genuine interest and concern in people's lives and people were listened to and encouraged to express their views. People's individuality was respected and supported, and people were supported by staff to maintain personal relationships that were important to them, and offered emotional support when they were not always working well. People were encouraged to use advocacy services, particularly when they had little input or support from anybody outside of the service.

People's needs were fully assessed in a person centred way to ensure the service could fully meet people's needs and expectations. The transition for people to begin to use the service put people in control, and it was tailored to meet each individual's needs and circumstances.

Staff were responsive and flexible and able to adapt their approach to get the best out of people even when they were anxious or upset. The service did not shy away from people with complex needs or challenging backgrounds and showed they could be successful in providing positive outcomes for people.

People had care plans that were unique and fully reflective of people's current needs. The care people received was supportive and encouraging to reflect people's independence and development. People were empowered to lead fulfilled lives regardless of their limitations and there was an open and empowering approach to complaints.

The provider and registered manager had skills and experience which complimented each other and they worked together to run the service as positive role models. The ethos throughout the service clearly demonstrated that people should be empowered to live their lives exactly as they wished, within a caring and nurturing approach from staff.

The service had an inclusive and team approach to ensure that people received the support that was right for them and the management team demonstrated clear leadership to ensure people received the best care possible. People, relatives and staff were given a number of opportunities to provide feedback and this was responded to and acted on wherever required. Staff were valued and their commitment and dedication to the people they supported was recognised by the management team.

The provider took an active role in the community for the benefit of people that used the service, and for the wider community. There was a positive approach to continuous development and there were clear quality assurance systems in place to review and improve the quality of care that people received.

People thrived whilst using the service and relatives were extremely proud and grateful of the progress and development that each person had made since using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and compassionate staff that had a genuine interest in people's lives.

Without exception people were supported with person centred

care. People were supported to maintain personal relationships that were important to them and staff provided emotional support when this was difficult.

Staff promoted peoples independence in a supportive and collaborative way.

Is the service responsive?

Good ●

The service was responsive.

Pre admission assessments and transitions were carried out which put people in control.

Staff were responsive and able to adapt to bring out the best in people, even in difficult circumstances.

The service was able to meet the needs of people with complex needs and challenging backgrounds.

People had care plans that were unique and fully reflective of their current needs.

Is the service well-led?

Outstanding ☆

The service was very always well-led.

The provider and registered manager worked well together to act as positive role models.

The ethos of the service clearly demonstrated that nothing was too much trouble and people were at the heart of everything the service did.

The management team recognised and encouraged feedback from everyone with involvement of the service and used this to drive continuous improvement.

The provider took an active role in the community for the benefit of others.

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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 24 and 29 November 2016 and the service was informed approximately 48 hours in advance of the inspection. This was to ensure that a member of staff would be available at the time of the inspection. The inspection was completed by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with four people who used the service, three relatives, five members of care staff, the deputy manager, the registered manager and the provider.

We looked at care plan documentation relating to three people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People told us they always felt safe using the service because they trusted the staff and the management and they never let them down. One person told us, "They're always there for me. They know when things are getting too much for me and they keep me safe. Sometimes I just need to go for a drive, or have a chat and they're there. They're all brilliant. " The staff told us they had a very good understanding of each person and knew their capabilities and where they might need some extra support.

People were protected from the risks of harm as they were supported by staff who understood how to keep them safe. Care staff attended training in safeguarding and were clear on their responsibilities to report any areas of concern. One member of staff told us, "We all have safeguarding training and we know if we have any concerns we must report them. I've never had to report anything but I know the manager and provider would do something straight away if I did." Records showed that the registered manager understood their safeguarding responsibilities very well and made appropriate reports to the appropriate authorities when required. This ensured that any allegation was investigated thoroughly and lessons were learnt to ensure people were kept safe. For example, when one person had been the victim of a crime full support was provided to the person and staff were involved in reflecting on whether the situation could have been prevented, or if there was any education and support that may help people to prevent similar occurrences.

The registered manager had recognised that as the service had a small staffing team there could be circumstances where staff may wish to raise concerns anonymously. In response to this a dedicated email address had been set up so staff could whistleblow anonymously if necessary. This gave staff additional confidence that they could raise any issue in a variety of formats and would be dealt with by the service. Staff commented that they thought the whistleblowing support was a good idea. One member of staff said, "I think it's really good they've set that up in case there is a member of staff that was too afraid to speak out. At least they can still report it." No reports had been made but there was a clear confidence from the staff that if there were they would be dealt with efficiently.

People were supported to take risks to support their independence and own wellbeing. One person said, "Over time I have learnt how to go out by myself and keep myself safe. It's really good." Another person said, "Sometimes I need extra help and they [the staff] just know, without me even telling them." Staff told us they got to know people really well and there were good plans in place about how they could keep people safe. We reviewed people's risk assessments and saw that people were empowered to take control of their own lives and decisions. Staff supported people to understand potential consequences of their actions and helped to educate them about matters they had limited knowledge about. We saw that people thrived on this and people were able to take responsibility for their actions with the appropriate individualised support from staff.

Accidents and incidents were fully documented by staff and staff were completely involved in discussions about how these incidents could be prevented or better handled. One relative told us, "If any incidents occur they are dealt with immediately and we are kept informed at the earliest opportunity." One member of staff said us, "They [the management team] are always keen to hear our suggestions, and especially if it's about

something we could do better." The provider and registered manager instilled an environment of continuous development and learning for staff. There was a no blame culture and this benefitted the people that used the service.

People were always able to receive the support from staff when they needed it as the service had suitable staffing levels in place to accommodate people's person centred care. One person said, "The staff are always outside waiting for me when I come home. They're never late." Another person explained that they could live their lives as they wished because the staff were always available when they needed them. The relatives we spoke with confirmed that there were no problems with having enough staff. The registered manager explained that they did not employ agency staff and as they had a small staffing team the staff were able to get to know people well. Staffing rotas showed that staff were on duty when people needed them and there was some flexibility to match people's changing needs.

Recruitment procedures were in place to minimise the risks associated with staff working with vulnerable people. Staff confirmed that they were required to be successful in an assessment process before they were employed. The registered manager completed checks on each new member of staff's identity, right to work in the UK, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about any criminal convictions. The provider completed risk assessments which considered a person's background if there were any doubts about their suitability to work in care.

People supported by Live n Care had assessments about how staff could keep them safe in the event of a fire. Each person had a personal emergency evacuation plan (PEEP) and staff had received training about fire safety. Staff were knowledgeable about how to keep people safe in the event of a fire.

People were encouraged and empowered to take their medicines as independently as possible. One person said, "Sometimes I do forget to take my tablets and the staff just help me." Another person told us that the staff supported them to take their medicine every day. They said, "I need a tablet every morning. They [the staff] never forget about that." We saw that medicines people received were recorded on Medication Administration Records and this detailed what medicines people required and when they were received. Staff confirmed that people's medicines were stored securely at all times and the management team regularly checked that staff were administering people's medicines safely.

Is the service effective?

Our findings

People and their relatives were highly positive about the skills and competencies of the staff to give people the support they needed. One relative said, "The staff are absolutely fantastic. They always know what to do. I have no complaints about any of the staff."

People received support from care staff that had the skills and knowledge to meet their needs effectively. The induction programme was tailored for each member of staff, depending on their skills and previous experience, and included shadowing experienced members of staff, reading people's care plans and getting to know people and how they liked their care. This enabled staff to understand the needs of the people they were supporting. One member of staff said, "My previous experience has been recognised but I wasn't left alone until I had got to know people and was confident in understanding their needs." New staff were required to complete the Care Certificate which supported staff to provide compassionate and safe care to 15 required standards.

Staff completed a training programme that was designed to meet the needs of the people they were supporting. Staff told us they felt the training was good and prepared them to perform their role well. One member of staff said, "I think the training is really good because it covers everything we need to know." We saw that staff received training in basic elements of care such as infection control and basic life support. Staff also had additional training specifically relevant to the people that staff supported. For example, we saw that staff had received training in Asperger's Syndrome, depression, epilepsy and autism. One member of staff said, "We have training regularly and talk about relevant topics in team meetings. It's definitely helped me with the job and has allowed me to see things from the service user's side." Training was regularly refreshed to ensure staff skills and knowledge was kept up to date.

Staff had the guidance and support when they needed it. Staff were confident in the registered manager and were very positive about the level of support and supervision they received. One member of staff told us, "The registered manager regularly comes to do spot checks. He observes us and makes sure we're supporting people properly." Another member of staff said, "I feel very well supported, both personally and professionally. They are very good at getting the best out of the staff." We saw that staff had regular supervisions and appraisals and staff were able to discuss performance issues to support staff in their role. However staff also told us that if they needed additional support or supervision there was always a member of the management team available and they would come and give direct support if ever it was needed.

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

The management team had a clear understanding of the MCA and of the requirements to obtain people's consent for the care they received. We found that staff were knowledgeable about ensuring people provided consent for their care and when staff had identified that people's mental capacity may be limited, mental capacity assessments had been completed. The service involved people and professional staff to help with these assessments, and where necessary decisions were made in people's best interests if they could not make a decision for themselves. We saw that when interventions had been made to ensure people's safety, for example, by having staff support when people accessed the community or had continuous care and support at all times, appropriate applications had been made to have this authorised by the Court of Protection.

People told us they were supported to maintain a balanced diet and eat well. One person said, "The staff always encourage me to eat well but I don't always like to eat. They do their best as they explain that it's better if I eat well." Another person told us, "I like an orange and banana in the morning and they [the staff] encourage me to eat well." People told us they were in full control of what they ate as the staff supported them with their food shopping. One person said, "We sit together and decide what we would like for the week but we can always change our minds." We saw that staff supported people to have meals they enjoyed and people were able to make their own choices about what they ate and when. One healthcare professional told us, "I know that the staff have worked hard with one person to encourage healthy eating... [the management team] are highly committed and really recognise this person's rights as an adult".

People's nutritional needs were given due consideration and assessment. People and their relatives told us that if any concerns were raised regarding people's nutritional needs or preferences they were fully supported. We saw that one relative had raised some concerns about the amount of food that the person ate and the registered manager implemented systems to monitor, record and review to offer reassurance that their nutritional intake was suitable. The provider was innovative to seek solutions to meet people's nutritional needs. For example, one person required additional support to increase their fruit and vegetable intake. The provider purchased a blender for the person so they were able to have smoothies and juices which had helped in this regard. Staff were consistent in ensuring that people's hydrational needs were met and staff regularly asked people if they wanted any drinks.

People's physical and mental healthcare needs were thoroughly supported. People and their relatives were able to identify if people needed extra support with their healthcare, and we saw that staff also identified if people were not at their best. One person said, "Half the time the staff have noticed that I'm not myself before I have. They always support me to get some help." A relative told us, "I cannot believe how much progress [name] has made with Live n Care. They would never have gone to the doctors on their own and with staff support they have been able to do this." Another relative commented on the changes they had seen to their relative's health. They said, "[Name] health has really improved. They used to have swollen ankles all the time. The staff encourage [name] to walk more and this has made such a big difference. This is just one of the really positive things I could say about the service."

We spoke with community health care professionals that were involved with supporting people who use the service. They commented on the excellent relationship they had with the service and were extremely positive about the impact that the staff and management team had on people's health. They told us that the service put people's individual choices at the heart of what they did. One health care professional said, "They never miss appointments..., always request our input when needed, liaise with us openly and are non-defensive about their practice, taking on board our ideas and suggestions. My experience with the service has been very positive."

Is the service caring?

Our findings

People could not speak highly enough of the caring approach and compassion of the staff. One person said, "They are just amazing. I couldn't ask for anything better." Another person said, "The staff are so lovely. They're very kind." One relative told us, "They go over and above what is required. I can't sing their praises enough. For example, they realised that [name] would not be able to afford to go on holiday so they have taken them." We saw that the provider and registered manager had made adjustments to their own holidays so they could accommodate people's care needs and provide them with new experiences.

People were truly grateful for the staff's support and generosity and there were a number of examples of the staff, registered manager and provider going the extra mile for people. For example, during one frightening and traumatic situation for one younger adult, the provider travelled to the hospital during the night to offer the reassurance and support they needed as the person's family were unable to provide the support the person required. The provider had a strong commitment to the wellbeing of people, particularly when they did not have additional help from family members or friends and went to significant efforts to ensure people were well supported in all aspects of their lives. This included buying shoes and clothing for people who were unable to manage their own spending effectively during bad weather, or taking people out for lunch and a drink so they were not isolated.

Staff had an empowering and empathetic attitude to support people and their personal development. Staff had a detailed knowledge of the people they were supporting and understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations with little support or gentle guidance. The attitude and motivation of staff to see people flourish was shared by a team approach which genuinely put people at the heart of everything they did. This strong commitment to providing people with person centred care and support was evident in every aspect of care provided by the staff, and it was evident from care records that this attitude and the efforts staff went to was maintained at all times. For example, one person was struggling with a relationship they had with their peer. The staff were mindful of this and took an empowering approach. They encouraged the person to reflect and consider their options and decide how they might like to react to the situation. The staff offered reassurance and kindness but supported the person to learn how to handle the situation for themselves with positive results.

Without exception there was a person centred approach to everything the service offered and people were treated with dignity and respect. One person said, "They [the staff] respect my decisions. They listen to what I say and respect my wishes." Staff made sure people were able to spend their time privately if they wished. One person said, "They [the staff] give me privacy when my relative visits." We saw that staff recognised when people wanted to spend time alone in their bedroom, and they asked permission if they needed to enter them. We saw that staff empowered people and asked for their permission for everything they did. For example, when staff supported people to pay for a taxi, they asked for permission to go in their purse, and showed them exactly what they were doing. Staff often commented that their role was "more than just a job" and this was evident in the warmth, endearment and commitment staff showed to people who used the service.

Staff showed genuine interest and concern in people's lives and about their health and wellbeing. People valued their relationships with the staff team and often referred to them as like an extended family. Relatives were extremely pleased with the relationships people and staff had together and one relative said, "We're just so happy for [name]. It's the best thing we've ever done." People were relaxed and confident around staff and they expressed the fondness they had for each other. One person said, "They're great – they always know how to cheer me up." Staff chatted and joked with people in a friendly and informal way and made it clear that the home was theirs and respected it accordingly. People were pleased to see the staff and were happy to spend time with them and the management team. Staff were highly motivated to provide the best care each person required and this was clearly visible throughout the service.

People felt listened to and were encouraged to express their views and to make their own choices, using methods that were appropriate for each individual. Staff used innovative methods for people to be able to do this – for example one person was encouraged to use a mood thermometer to express their feelings when they were unable to verbally express their emotions. We saw that staff were extremely attentive and observant when people with quieter and more restricted communication styles wished to communicate. Staff ensured they were not far from the person and went close to them whenever they spoke so they were never ignored. Staff provided people with sufficient information for people to make their own decisions and empowered them to do so. One member of staff explained that they were there to help support people become as independent as possible and so each person's support was personalised to meet their needs. People consistently commented that they felt empowered and in control of the support they received, but staff understood when people may be struggling to make wise decisions and offered appropriate support to each situation. People were praised for making sensible or difficult decisions, for example, when asking for help when they were unable to cope with the situation they were in. People's care plan's had information about the support people needed around making decisions and this was followed by, and strengthened by staff.

People's individuality was respected and encouraged. People had their own individual styles and lifestyles and this was recognised and facilitated by staff. For example, people were able to make their own decisions around education or employment and how they spent their time. People were encouraged to style and decorate their homes how they wished and staff supported people to do so. One member of staff explained that people had decided that they didn't want 'care information' on posters around their home anymore and so they were removed. People's own homes were homely and people were supported to have them furnished as they wished.

Relatives and visitors told us they were able to see their loved ones at any time, and staff supported this relationship. One relative told us that they had previously had a difficult relationship with their loved one but the staff had brought out the best in them and now they were able to spend "lovely quality time together." Another relative told us, "I can take [name] out on trips or shopping and the staff make sure I understand how to keep [name] safe."

People had access to an advocate to support their choice, independence and control of their care. The registered manager recognised when people may need additional independent support and arranged for people to have the support of an advocate. We received feedback which confirmed that the management were very keen to get advocacy involved to support people with any issues, and ensure that best practice is carried out by staff and management. We saw that an advocate had raised some questions about the location of an office and the impact this may have on people that used the service. This was considered by the management and immediate action was taken to relocate it, to the benefit of the people that used the service.

Is the service responsive?

Our findings

People's care and support needs were assessed in a person centred manner before they came to use the service to ensure the service could fully meet all aspects of each person's care. One relative told us, "The initial process of having Live n Care support [name] was very good. The managers came and met [name] and really tried to get to know them so they could offer them the appropriate options." We saw that the management team were able to offer an extremely flexible transition period which was adapted to meet each person's individual needs. The management team encouraged new people to meet other people that used the service and matched people with similar interests together.

The transition that people made into the service was not rushed, and people were in control of the speed in which they began to use the service. For example, one person had a lengthy transition to ensure they were fully comfortable with the service and had been given a number of opportunities to meet the staff and other people that used the service. We saw that the provider did not succumb to time pressures by external agencies if this was not in the best interests of the person, and put the person's backgrounds and personalities at the heart of supporting them to be as relaxed as possible whilst first beginning to use the service.

Staff were responsive to people's changing needs and were able to adapt their style and support to get the best out of people. We saw feedback that showed that during one person's transition the staff had been able to support the person to relax when they had been particularly nervous and anxious. One person's relative commented that the staff "certainly put [name] at ease to the point [name] was laughing so hard he could have burst!"

The registered manager and provider were able to meet the needs of people with complex needs and challenging backgrounds. They were not afraid to take a risk to support people with high needs and this was with positive outcomes for people. One health care professional told us, "I have observed them supporting one person with quite challenging needs and whose interactional style can be quite challenging, and I think that their approach has been person-centred, supportive of independence, respectful, and there is a real sense of them strongly willing the person to succeed."

People received care that was individualised and tailored to meet their needs. People and relatives were in awe of the progress that they had made since they began to use the service. One person was extremely proud to tell us that they had developed the confidence to maintain a significant relationship with someone they cared about and the staff had offered support and guidance to help them manage this. Another relative boasted about the progress that their loved one had made since they began to use the service. They told us, "The staff have helped [name] tremendously. They have guided them to learn about cooking, cleaning, and washing with little support. They can go out now and buy things they need themselves and they interact with cashiers. They are so much more independent now, it's just wonderful."

People were supported to receive consistent and professional care. One healthcare professional told us, "I have been involved with Live n Care for the past five years and have found the provider to be one of the best

providers in our area. She and her staff have and continue to support some of my clients who have very complex needs. I find the team work well with professionals and always carry out advice / management plans effectively which then leads to progression for the individual. I have been able to cease input with a number of clients as their needs are managed so well [by the service]. I have seen individuals grow in independence and life skills."

People had care plans which were unique and fully reflective of each person's needs. Some people required a more pictorial approach to understand their care and other people were able to understand their care options in other formats. People and their relatives told us they felt in complete control of their care and if they wished to make any changes they were enabled to do so. One relative told us, "We're very involved in the care [name] receives. If anything happens the registered manager lets us know, or asks for our input. If it hadn't been for Live n Care I don't know how we'd cope. We can't thank them enough for what they've done for [name]." People's care plans were amended if people's care changed and they were reflective and informative about people's current care needs.

People's care was supportive and encouraging to reflect people's independence and development. One person told us, "They always encourage me to do as much as I can. I help out with dinner sometimes but it's up to me. It's my choice." Staff were passionate about seeing people flourish and were proud when they recognised the progress people had made. One member of staff spoke proudly about one person who was able to use public transport with limited support from staff as this had helped develop their independence and the opportunities that were available to them. They said, "We always want the best for people and working here is so good. It's very rewarding."

People were empowered to lead fulfilled lives that reflected their interests, regardless of their own limitations. For example people with limited mobility were enabled to dance, go swimming and complete activities with their friends. People at risk of putting other people at risk due to their own desires and behaviours were fully supported to spend time in the community in employment and with other people. The staff supported people discretely when incidents arose and people understood the arrangements that were in place to ensure they could complete activities they enjoyed safely.

The management team took an open and empowering approach to complaints and were keen to learn if they had made mistakes or got something wrong. People were regularly asked in group settings or on a one to one basis if they were happy with the service, or if there was anything that could be improved. People and their relatives were provided with a copy of the complaints policy on an annual basis to ensure they knew that they could raise a concern if they felt the need to. People told us that if they did have any concerns or feedback they would feel very comfortable talking to a member of staff, the registered manager or the provider. One relative said, "They're all very approachable and if there was a situation where I was unhappy I wouldn't hesitate to talk to them about it." Staff confirmed that each person had a keyworker who they were able to build a relationship with and talk to them about anything. They said, "If anyone was unhappy the keyworker would normally be able to pick up on this and we would offer them support to make a complaint if they wanted to, or we can raise issues on their behalf." We saw that the provider had not received any formal complaints but when informal issues were raised the registered manager took action to review and remedy the situation.

Is the service well-led?

Our findings

The provider and the registered manager ran the service as positive role models. They were both passionate and determined to ensure that each person received the best possible care that was appropriate for them. They brought their own personal experience of the care sector and developed this to ensure that people received the kind of service they would want for people they truly cared about. People who used the service spoke highly of the management team and felt they had made a massive difference to their lives. One person said, "They're just incredible. Seriously. They're amazing." Relatives also had powerful relationships with the management team and were very appreciative of the service. They said, "I think they're great. They're very approachable and [name] has made so much good progress – academically, socially, they just support [name] all the time. They're a very very good company." One health care professional told us, "They're one of the most person centred providers I work with." Another health care professional also commented on the relationship they had with the service. They said, "I have really enjoyed working with them as, unlike many other care providers, they take full responsibility for their care packages, meaning that we can work effectively with them."

The clear ethos throughout the service was to empower people to live their lives exactly as they wished within a caring and nurturing approach. Promoting independence, health promotion and safe risk taking were fundamental aspects of the ethos of care and support at all levels. The overwhelming culture and attitude of the staff we spoke to was that nothing was too much trouble and everyone involved was willing to go above and beyond expectations to ensure people were able to have enriched and fulfilled lives. People, relatives and professionals consistently commented that the service regularly went above and beyond their hopes and expectations and everything they did focussed on putting people at the heart of everything they did.

There was an inclusive and team approach to ensure that people received the support they needed. Staff felt valued and they were able to make suggestions about how people's care could be improved. One health care professional had recognised this approach and commented, "I particularly like the fact that all staff are encouraged to participate in open discussion about an individual's care rather than be 'told from above'. This leads to feeling valued and included in forward planning."

The registered manager and provider gave clear leadership to support the team. Staff consistently commented that they felt fully supported by the management team and they were always accessible. The management team regularly visited people in their homes and used their feedback to ensure that they were getting the support they required. Staff told us they found the regular communication helpful so they always knew what was happening within the service and if any improvements could be made.

People, their relatives and staff were encouraged and supported to provide feedback about the service, and there were a number of opportunities to provide this. We saw that the registered manager supported open relationships with people and focussed on the needs and wishes of the people using the service. Questionnaires were sent to everybody using or involved with the service and if any unhappy or negative comments were received the management team were committed to truly understanding the concerns and

working on a joint approach to resolve the concerns. We saw that meetings were arranged to discuss in depth any concerns and to formulate a plan of action.

In addition to questionnaires, people using the service had regular meetings with their keyworkers on a one to one basis, and they also had meetings with staff in small groups with the peers they lived with. Staff were encouraging and open to people's feedback and people told us they felt they could raise anything they wanted to and they would be listened to. We saw that people's feedback was consistently positive however when people made suggestions about new meal ideas, or activities they wanted to try, people were given the support to do this.

Staff told us they were able to offer ideas, feedback and suggestions to help improve the service and they were always considered in an open way. One member of staff told us the management team were keen to learn and improve and had listened to their experience at a different service to identify if there was any best practice they could follow. Another member of staff said, "I made a suggestion about having one member of staff take the lead during a shift in each house so small decisions could be made, there was clear guidance for staff and there was a focus for management communication. I was really impressed that the management team agreed we could give it a go and we will all review it together to see if it's been successful."

Staff's commitment and dedication to providing positive experiences of care for people was recognised. The provider told us there were clear expectations in place about staff and their roles but there was a strong team approach to ensure staff were valued. The provider had taken steps to ensure there was a cohesive and reliable team and had organised team building events such as paint balling. In addition, staff were supported to achieve their own goals, for example, the provider offered additional support to help one person gain their driving licence and rewarded another member of staff that had shown extraordinary commitment to the service by paying for them to have a short break.

The provider took an active role in the local community and had arranged a number of activities for the benefit of others. For example, they had recognised that there was limited support for people with learning disabilities within the service and the wider community to obtain support to have safe sexual relationships. The provider had registered to complete additional training so they could provide this support in their free time. The management team had also supported people who used the service to support a fundraising event for a member of the community who had become very unwell.

The management team took a positive approach to continuous development and had clear quality assurance systems in place to review the quality of care that people received. We saw that the registered manager monitored all aspects of the service which included when people's care plan reviews were required, when keyworker meetings took place, when training was required and when improvements were required, action was taken. For example when an audit identified that staff were not completing records to monitor the support one person required with their toileting needs, action was taken to change this.

Policies and procedures were in place to support the success of the service. These were based on person centred care and on putting people and their choices at the heart of how the service operated. The policies and procedures were accessible to staff and they were regularly reminded about key policies they might need from time to time, particularly safeguarding and complaints to ensure staff were familiar with expectations in the event of a crisis scenario. The management team had a good understanding of the notifications that they were required to submit to the Care Quality Commission and did so in a timely manner.

