

Vision Homes Association

Holcombe House

Inspection report

Gravel Hill
Ludlow
Shropshire
SY8 1QU

Tel: 01584877166

Website: www.visionhomes.org.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Holcombe House is a domiciliary care agency owned by Vision Homes Association. It provides supported living services to people in their own homes. At the time of our inspection six people were receiving personal care from the agency.

The inspection of this service took place on 22 August 2016 and was announced

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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.

People were supported by staff who knew how to keep them safe and free from harm. They knew how to recognise and report any risks, problems or potential signs of abuse.

People were supported to live full and independent lives. Risks were assessed prior to activities taking place and guidelines were developed to ensure that people could learn new skills safely. Regular reviews ensured that risks were updated as people achieved their goals.

Some people required support to take their medicines. They were protected by safe systems in place for administering, storing and recording medicines. Robust training was in place to enable staff to safely support people to take their medicines when required.

People were supported by sufficient staff to meet their needs safely and effectively. People received flexible and responsive support. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

People were supported by staff who had the knowledge and skills to provide effective support. They received good training opportunities and training had been developed around the individual needs of the people who used the service. Staff competency was regularly reviewed and knowledge was updated to ensure it continued to reflect current best practices and legislation. Staff felt very well supported by the registered manager and their colleagues.

Staff understood their roles and responsibilities and worked well as a team to ensure people's needs were met. People's rights were protected under the Mental Capacity Act 2005 and staff understood how to protect people's human rights. The registered manager and the staff team were committed to offering a service that was centred on meeting people's individual needs. People were offered choices as to how they lived their lives and staff recognised the importance of people having the right information and support to enable them to make their own decisions

People received support to ensure they enjoyed a balanced and nutritious diet. Staff worked with healthcare professionals to ensure people's continued good health and wellbeing.

People were supported by staff who were caring and understood the importance of delivering person centred care that promoted and developed people's independence. People's privacy and dignity was respected as was their individuality, which was recognised and celebrated. People were supported to maintain and develop positive relationships with people who were important to them.

People enjoyed living the lives they chose and this involved having active social lives. Activities were developed around individual preferences, likes and hobbies. Staff recognised the importance of social engagement and contact and encouraged it in daily planning. Staff were creative in developing activities designed around people's abilities, cultures and preferences.

People who used the service, and their friends and relatives, shared information effectively with the registered manager and the staff team to ensure they received a responsive service. People told us they were able to raise concerns and felt these would be acted on by the registered manager. The provider had a system to deal with any complaints. People were regularly asked if they were happy with the service provided. There were systems in place to ensure that people's views and opinions were heard and their wishes acted upon.

The registered manager provided positive leadership. The service promoted an open culture where the people who used the service were supported to live the lives they chose with the support they required. Staff were well supported. There were systems in place to monitor the quality of the service provided. Surveys, questionnaires and audits all demonstrated that the service delivered a responsive and effective service which was centred on people's individualised care and support needs.

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 were safe because staff knew how to protect them from the risk of potential abuse.

People were supported to remain safe while enjoying full and active lives. They were supported by sufficient staff to meet their needs flexibly.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to deliver a high standard of care.

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support.

People were supported to enjoy a diet that met their individual needs and preferences.

People had access to on-going health care support. Staff worked effectively with healthcare professionals to ensure people good have a good quality of life.

Is the service caring?

Good ●

The service was caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

People were listened to and were supported to make their own decisions and choices.

People's support was tailored to their individual needs and preferences.

Is the service responsive?

The service was very responsive.

The service was highly responsive to people's individual needs.

Staff knew how to respond to people's changing needs and did so promptly and efficiently.

People had their care and support needs kept under review.

People enjoyed a range of activities, individually designed and planned to ensure they could lead full and active lives.

People were confident that their complaints would be listened to, taken seriously and acted on.

Outstanding 

Is the service well-led?

The service was well-led.

The management of the service was open and transparent and clear about roles and responsibilities.

People were supported by staff whose practice was reviewed and discussed to ensure individualised care and support was provided at all times.

People's views were sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service.

Good 

Holcombe House

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 was 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 22 August 2016 and was announced. We gave the agency 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. 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.

The inspection team consisted of one inspector.

As part of the inspection we spoke with four people who used the service and three relatives. We had written feedback from another relative. We spoke with the registered manager, the deputy manager and four support staff. We also received information from the provider's personnel manager and from a therapist who regularly worked with people who used the service.

We looked in detail at the care of two people who received a service and reviewed records relating to their care. We also looked at a range of quality audits and two staff recruitment files.

Is the service safe?

Our findings

People who used the service told us that they were supported to live safely and independently. One person told us how they had sat with staff and identified the possible risks involved in learning a new skill. They told us that they had worked out how the risks could be reduced and identified what they could do to keep themselves safe. They told us that risk assessments and the subsequent guidelines never stopped them from doing something. They told us that they had achieved their latest goal and had done so while feeling confident and safe due to the planning beforehand. A relative told us, "People are supported to be as independent as possible but staying within safe boundaries. It's about getting the balance right and they [the agency] have."

People were protected from harm because staff knew how to keep them safe and knew what to do if they had concerns about their safety or wellbeing. All of the staff who spoke with us said that they would be confident to recognise the signs of abuse and report that it was happening. They told us that they knew people well and would investigate any changes to people's moods or behaviours to find out what was the cause. Staff were confident that the registered manager would then take swift action to protect the person at risk. The registered manager understood their responsibilities in relation to reporting concerns to external agencies. A relative told us, "I am impressed with their attitude to safeguarding. They report everything."

We spoke to one person who was relatively new to the service. They told us how they had had their skills assessed when they moved into their home and information from themselves and from their parents was recorded and shared with staff who supported them. The relatives of the person confirmed this and told us that the process was very thorough but offered them reassurances that staff had sufficient information to support the person safely.

Staff told us that they were responsible for monitoring the health and safety of the people they supported and of the environment in which they worked. They said that they always took immediate action to ensure people remained safe. For example one person required support to keep their home free from hazards. We saw how this was being monitored sensitively. Small changes were implemented in response to hazards being identified. The registered manager and the provider's personnel manager checked to see how staff were doing this. They were satisfied that actions were being taken to reduce risks and this kept the person (and the staff member) safe. Staff were also responsible for reviewing activities to make sure that people were able to develop their independence and try new activities safely. They told us that when issues were identified guidelines were reviewed and changed accordingly. One person told us how they were now able to travel independently and safely on public transport. They said that this was because of staff helping them to get it right. Staff told us, "The person's safety is paramount. That's why we are here."

People's assessments identified the numbers of staff required to support them. Some people received support twenty four hours a day, seven days a week. Others had support over a number of hours each day. One person told us how they went out without staff support and said that this had been agreed as part of their long term goal to be independent.

People were supported by staff who had been properly vetted to check they had the right background and attributes to support people and ensure their safety. We looked at the recruitment files of two staff who worked for the agency. We saw that required information was available to demonstrate a safe recruitment process. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported. Staff confirmed they had been through this process and understood the reasons why they must wait until all check had been made before they could start work.

People were protected against the risks associated with medicines because the provider had arrangements in place to manage them safely. People were supported to manage their own medicines independently as far as possible. One person told us how they managed their medicines but had support to order new stocks. They told us that, although staff did not have to do anything to support them, they were reassured that staff understood the process. They said staff knew what to do in the event of a medical emergency or if they became unwell. Staff told us about processes in place to check one person's blood sugar level. The person told us how staff prompted them to take action if their levels became too high or too low. The person told us that they knew what to but would rely on staff if they became too unwell to take action themselves.

One person had had some problems remembering to take their medicines. We saw how the registered manager had taken action to protect this person. They told us that risk assessments had been completed and monitoring had increased. These safeguards had not helped the person so a mental capacity assessment was completed by the person's social worker. More robust safeguards were implemented (with the person's agreement) by the registered manager. They told us that they planned to reintroduce responsibility to the person again in stages.

Some people required support to manage every aspect of managing their medication. Staff were responsible for ordering it, administering it and arranging for reviews with the GP. Staff told us that they had received training in the safe administration of medicines and they felt that this training was relevant for supporting people in domiciliary type services.

People kept their medicines in their own homes in lockable storage cupboards. Staff told us that there was guidance to follow for when they took medicines out of the home. For example, when they supported a person to attend an appointment. They told us that the procedure to sign the medicine out and back in again was effective to keep track of the medicines. One person took their medicines in food. This practice was clearly documented and was done openly. We saw it was clearly detailed in the person's care plan and had been agreed with healthcare professionals.

Is the service effective?

Our findings

People told us that the staff who supported them did a good job. They said they gave them the support they wanted in order to live their lives to the full. One person told us, "They are top class." Another person said, "Staff do a lot for you. They know what they are doing." Everyone we spoke with told us that staff were well trained. Staff received good training opportunities that provided them with the necessary skills to do their jobs effectively. Staff told us that they felt well trained. They said that they could request training that they felt was relevant to their role. One staff member told us that they had attended a course on autism. They told us that it had given them a better understanding of the person they supported and this had improved their relationship. They told us that it helped them identify triggers to behaviours and have a better understanding.

Staff told us that they received training to be a sighted guide. Two staff told us that this training had had a positive impact on the way they did their jobs as they got to experience what it was like to have restricted vision. We saw staff supporting a person with a visual impairment and they did it discreetly and sensitively. The person responded positively. A Staff member told us, "[Name] trusts us. They let us guide them. We always talk to them about the environment. We know to do this. Our training was good and the guidelines are important." Staff told us that their training always focussed on the needs of the people who used the service and staff were encouraged to draw from their experiences and challenges throughout the training. A relative told us that they thought staff were very well trained and commented that, "The training department is exceptionally good."

We heard how newly appointed staff were inducted into their roles. New staff that did not already have formal accredited training were signed up to the care certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life. This training ran alongside the agencies own induction which involved shadowing and service specific training. One staff member said that, when they first started work they had, "Good support. I did shadow shifts until I felt confident. They did not rush me."

Staff told us that they felt well supported. A relative told us that they considered staff to be well supported. They told us, "Morale is very good. Staff adore coming to work and this is tribute to how they are managed and supported."

Staff told us that they were mainly lone workers and as a result relied on effective communication, verbally and written to ensure that information was shared. Staff said that information was shared verbally during handover meetings and written in communication books. This meant that any changing needs or plans could be actioned and followed through. Staff said these systems worked well. One staff member told us that effective communication was especially important when the person they supported did not verbalise their needs. They told us that they used changes to mood and behaviours as indicators as to how the person was feeling. They told us, "We know them so we can provide care and support they need when they need it."

People were involved in choosing their own staff. They were part of the second interview. The registered manager told us that this was important to ensure that there was a connection with between the person being supported and the staff member. They told us that support was more likely to be effective if staff got on well with the person they were supporting. The person we met had interviewed the staff member who was supporting them on the day of the inspection. They told us that they were very happy with their choice. They said, "Yeah, she did ok." We later saw their pictorial feedback sheet completed at the time of the interview. It reflected that they had been happy with the staff member. Staff told us it was important that people had a say in who supported them. They said, "It is important that we are compatible then we can be effective." A relative told us that staff consistency was the key to effective care and support. Staff told us that turnover was relatively low and a number of staff had supported the same people for a number of years.

Staff shared examples of how one person had 'done so well' because, over the years, they had learnt to trust their staff team and had developed a good relationship with them. Staff told us, "They live life at their own pace and we can accommodate this." They told us that a number of their prescribed medicines had been reduced and they required less support when accessing the community. They attributed this to effective care and support that was individualised to meet the person's needs.

The Mental Capacity Act (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 of 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and made sure that staff also received training to enhance their understanding.

Staff told us about person centred support and said that people who were not able to verbalise their consent to support an activity or intervention would show their decisions in other ways, including identified behaviour. Staff knew what they were and gave us examples of how people had made very definite choices as to how they lived their lives.

People were supported to eat a healthy and well balanced diet. One person told us that staff had helped them to make healthy choices about what they ate. They told us how they were taking their advice. Staff told us that they offered guidance and information so people could make informed dietary choices but recognised that people could eat what they chose. People were mindful of medical conditions that affected what foods they could and could not eat to maintain their good health. When staff had concerns about a person's eating they had made referrals to the local speech and language therapy (SALT) team. We saw how this team had assessed at least two people and given guidelines for staff to follow to ensure people ate well. Staff told us how they followed this guidance. One person told us that they enjoyed cooking and were able to use the skills they had learnt at catering college to practice preparing new foods at home. People also told us that they were supported to plan a weekly menu that contained a variety of meals. They used the menus to shop for food.

All staff received hydration and food training. The registered manager told us how this training focussed on the needs of the people who used the service therefore it gave staff knowledge that was specific to the person they supported. Staff confirmed that this training was effective and had given them ideas of how to

promote healthy eating and make positive dietary choices to meet individual needs.

When people came to the office to meet with us they were welcomed with a choice of drinks. Staff at the office knew how people liked their drinks and snacks. Staff told us that the registered manager and the deputy manager often worked at the houses and thus knew people really well. This was evident in interactions seen and conversations heard. For example, we saw one person being supported to enjoy a snack. The deputy manager knew how to present the snack so the person could enjoy it independently. We later saw that the person's guidelines specified that the staff member had taken the appropriate action to support the person.

People were supported to remain fit and healthy. One person told us how staff supported them to remain in good health. They managed their own medical conditions but told us that staff were available for guidance and advice if needed. One person had a high level of support in this area and staff carried out complex procedures and checks to ensure one person could continue to live in their own home. They had received training from specialist health care professionals and had been checked to ensure they were confident and competent before they could carry out the procedures. The impact on the person of staff taking on this role was that they weren't restricted waiting for healthcare professionals to visit. We saw that this person had detailed health information in their file. There was also information about their medical conditions. The registered manager was proud of the work her team had done with this person and healthcare professionals as they could demonstrate that this person's quality of life had been enhanced. The person's family member confirmed this.

We saw comprehensive records detailing how people's identified health needs should be met. One person told us that they had recently had their eyes tested and they had chosen where they went for this. They were happy with the support they had received to attend this appointment.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us, "Staff are caring and polite. They are never rude." Relatives also told us that staff were caring. One relative told us, "Over the years I have worked with a great many carers and support organisations, and would like to say how very, very impressed I am with the work Vision does. Vision takes the word 'care' to a very high level." A music therapist who works regularly with the people who use the service told us, "I have always found the staff to be helpful, caring, considerate and genuinely concerned for the wellbeing of their clients."

People received individualised care and support. People told us that staff supported them to develop new skills. People were supported to become more independent. One person told us how they had their own home and had identified a number of goals that they wanted to achieve. They told us how staff helped them to practice these with the ultimate aim of them being independent. For example one person wanted to go out unsupported and access public transport. They told us how they were doing well with both of these goals.

People were supported to do their own cooking, cleaning and budgeting. People were supported to live the lives they chose with support that was tailored to meet their individual needs. People made their own decisions about how they lived their lives. People felt listened to. Staff told us their role was to offer advice and give people information to assist decision making. They said ultimately people made their own choices. For example, one staff member told us that they were out shopping with the person they supported and they had made two purchases of an item and then wanted to make more. The staff member reminded them that they had only got a limited budget which had to last them. The person used this information to inform their decision not to buy any further items. The person told us that they had been happy with this advice and with their decision. A relative had also noted this and told us, "There is a good ethos. They promote independence and choice and try to influence healthy choices."

When people were not fully able to make their own decisions they were supported by family members or independent advocates. One person had an advocate who visited them a couple of times a year. One person had a 'circle of support' (advocates) that got together to help the person make important decisions. The person had been supported to choose the people in their circle of advocates. Staff understood the importance of people having independent people to support them with decision making.

People were supported by staff who knew them well. Staff knew how people liked to be supported. They told us that they followed detailed support guidelines to ensure that support was given consistently and how the person preferred. Staff took individual needs, choices and preferences into account and in discussions with us were very knowledgeable about these. We saw staff who were based at the office also following the guidelines when the person visited them. This suggested that support was consistent enabling the person to receive support that met their needs even when they were not at home and this assisted them to remain relaxed. Some people were very tactile and so guidelines were in place to support them. Staff received training in understanding and maintaining professional boundaries to ensure their interactions were appropriate. We saw that one person had a 'hugging profile'. It gave staff clear guidelines as to when it

was appropriate to respond to a hug.

People were supported to have their emotional, spiritual and sexual health needs met as well as their physical needs. People told us how they would like to develop their relationships in the future and staff were aware of this and were being proactive in making it happen. Staff recognised that people required support to maintain and develop relationships with people who were important to them. One person had been supported to reunite with a family member and this had been a positive experience for the person. A relative told us, "Staff have enabled us to be involved and helped us to let go. They care." Staff had also offered support to people who had to come to terms with the loss of a relative. Staff recognised that although they worked closely with friends and relatives they were primarily supporting the person who used the service. They told us how some people were leaving their family homes to live independent lives and thus confidentiality was important. They told us how they openly worked with relatives to ensure that only information that they needed to know was shared. One relative told us, "The care staff walk the line brilliantly between confidentiality and keeping us parents informed of anything we should be aware of."

People were supported by staff who understood the importance of treating people with dignity and respect. Staff told us that these values underpinned all of their training. We saw how one staff member had completed a module on dignity as part of their induction. They were required to give practical examples as to how they could do this. Staff also told us that they had to attend diversity training that covered anti discriminatory practice. They gave examples of how they promoted these values while offering support. For example they told us how they promoted people's presence in community activities and although some activities were centred on supporting people with disabilities others were not. We saw how questions about how staff would maintain a person's dignity were asked at interview. The registered manager told us that this is because they wanted to appoint staff with the right values and attitudes.

Staff told us how they offered person centred support that respected people's individuality and diversity. For example they told us how they valued one person's cultural heritage and incorporated events, music and food into the persons plan so that it was 'kept alive' for them.

We saw staff offer discreet support when meeting people's personal care needs and they spoke quietly to one person when they were asking to go to the bathroom.

Staff told us that all support plans were developed around people's individual needs. Staff told us that people's preferences, likes and dislikes were considered and incorporated into plans when people were unable to express them on a daily basis. Plans detailed how people preferred to be supported. They documented triggers to behaviours and also identified what tone staff should adopt to keep people feeling comfortable and relaxed. Staff told us how one person had developed a diverse range of musical tastes because staff had introduced them to different genres and documented their preferences.

Is the service responsive?

Our findings

People received a very responsive service that met their individual and assessed needs. People told us that staff supported them in ways that they preferred and took account of their feelings and moods. One person told us, "We have plans to go out but if I don't want to we will do something else." Staff told us that people had structured plans developed around their own needs and requests however they recognised that people changed their minds and they had the flexibility to support this. One person who had very limited verbal communication was supported to make decisions about what they did. Staff told us that if the person did not want to do something they would express their views through their behaviour. The registered manager told us how this person had been supported for many years and they were now able to express their wants and needs to staff. Staff knew the person well enough to know what individual behaviours meant and this was seen as very positive for the individual. As a result this person was living a more fulfilled and relaxed life.

The registered manager told us, "We train our staff to recognise and respond to an individual's history, background, religion, race, sexuality, age, ability, life experience and personality." In conversations staff knew all of these things about the person they were supporting. They told us how they knew people well. The majority of staff had supported people for a number of years. Their knowledge meant that they could provide consistent support and recognise and respond effectively to how a person was feeling. They were able to pass this information on to new staff and it was also clearly documented in 'My Life' books. We saw that information was shared creatively to ensure staff understood how to support someone. For example, one person's support needs while horse riding were shared with staff as a video. The person had been involved in making the video and staff found it a useful aid.

People told us they had their support needs assessed prior to them moving in to their homes and before they were supported by the agency. People said they had given a lot of information to the registered manager including information about their personal history and lifestyle. One person said, "I had lived away from home before so I knew what I could do and what help I needed." They told us, "I told them what I could do and what I wanted to do. They have helped me to do it." Relatives told us that they had also been involved in this process. Some relatives continued to take an active role in ensuring that their family members received the support they required. They told us how staff worked well with them and could respond to the person changing needs. They said that this had given them reassurances that their family member's needs were met in ways that they preferred and were used to.

People told us that they felt listened to. They told us that the registered manager spoke with them regularly about their care and support. They told us that they told the registered manager and the deputy manager how things were going and also made suggestions for changes. One person told us, for example, that they did not get on as well with one member of staff than others. The registered manager listened to them and moved the staff member from their support team. The person's relatives confirmed this had happened amicably resulting in a positive outcome for their relative. A relative told us, "Nothing is too much trouble, attitudes are positive and things get done. Right from the top level down, the level of respect with which clients are treated is extraordinary and refreshing."

An audit carried out by the personnel manager recorded an observation at one person's house which said "Staff on duty were very respectful and appeared to be aware of [person's names] needs and were very responsive." The registered manager told us that such observations were a focus of visits. They told us that they also regularly visited all services and found them all to be highly responsive. They told us that this was considered to be a strength of the service provided. The registered manager aimed to ensure staffing levels were maintained to enable them to respond to changes in service need. One staff member told us, "If a person is admitted to hospital we stay with them." A therapist told us that staff were, "Understanding and flexible."

Staff told us how they had to change the way they supported one person after a change in their health. They said that risk assessments and guidelines were all reviewed and updated to reflect the additional support required. They told us that their records were shared with healthcare professionals to monitor the person and try to establish the cause for this change.

One person had always been unwilling to go to the dentist. Over the years staff had worked with this person, building up their confidence and now the person will go to the dentist. They told us, "No doesn't mean no forever." They also said that they pursued the goal because it was going to benefit the person's oral health. Their actions had had a positive impact on the person's life and they had achieved it in a way that respected the person's anxieties and helped them to overcome them.

Staff told us that they worked as a team and had daily discussions about setting goals and reviewing them for people. They told us that they also reviewed how activities had gone to learn from experiences and develop plans to make them more likely to succeed. One staff member told us, "We always try different approaches." Their perseverance was seen to be one of the keys to their success in that people were having new experiences and having their health and social care needs met.

We observed staff supporting people. We saw that they responded to their requests for support promptly and offered reassurance appropriately as well as supporting the person to answer questions without leading them.

People lived full and active lives. People had jobs, attended college and took part in regular social events. Some people had active social lives that staff supported them to continue. Some people did not and staff had helped them develop hobbies and make friends. One person used their experiences of being supported by the agency to share information about accessing services with other groups of people. They were part of a 'living your life' group. They raise awareness of living options to assist other people making decisions about their future.

We asked people what they would do if they had a worry or a complaint about the service provided. People said they would tell staff or the managers. Everyone felt confident to do this. Staff knew that there was a complaints procedure in place. They told us that they would always sit and talk with someone to see if the concerns could be resolved quickly and informally. The complaints procedure was seen to have been made available in an easy to read format using pictures to explain the process. The registered manager told us that although it was available in this format they still talked it through with people to ensure their understanding. People did not tell us that they had seen this document but relatives confirmed that they had. There had been no complaints made to CQC or to the agency directly about the service provided. The registered manager told us about an occasion that they had been unable to provide a service as agreed. They told us that they started by apologising. They said, "We say sorry if we have got it wrong."

We saw that the agency had received numerous compliments about the service and the registered manager

told us how they shared this feedback with staff so they could know that they were doing a good job.

The registered manager took a proactive approach. They regularly spoke with people to see if they were happy. They visited their homes regularly and people visited the office. The registered manager told us that they encouraged comments so they could continue to improve the service. They arranged social events and meetings for people to attend and share their views, suggestions and concerns. They told us that they welcomed the opportunity to learn from complaints. Staff told us that they had every confidence that if ever a concern was raised the registered manager would take immediate action and share the learning from it with the staff team.

Is the service well-led?

Our findings

People who used the service spoke positively about the registered manager and the deputy manager. People said that they saw them regularly and knew them well. Relatives spoke equally positively about the management who they described as being 'hands on'. One relative told us, "Their great strength is that the management do shifts. They are hands on. They are not detached so they know what's going on." Another relative told us, "I should say the managers are very much 'hands-on' and are actively out there and involved in the support role as needed."

Everyone we spoke with told us that the agency was well run. A relative told us, "As an organisation they are exemplary." A therapist told us that the service, "Seemed to be managed excellently and there have never been any problems that weren't easily resolved."

In conversations staff told us that the registered manager and the deputy manager were very approachable and knowledgeable about people's needs. This meant that they could offer advice and guidance that enabled them to support people well.

Staff felt well supported by the manager to do a good job. One staff member told us that the registered manager was a, "Brilliant manager." Others reflected this. They told us how they attended regular meetings to discuss the running of the service and also spoke daily on the phone to give updates and discuss plans for the day. As lone workers staff valued this opportunity and it ensured that the registered manager knew that quality was being maintained. A relative told us, "The care staff seem to take their lead well from the managers, and there is a feeling of teamwork between parents and care staff and also between us all and the management team."

Staff told us that there was an open culture within the agency and they felt confident to approach the registered manager about anything. They told us that the manager encouraged this. The registered manager told us in the PIR, "We have an open door policy when it comes to contact with managers to encourage open and honest communication, face to face, text, phone or emails."

Staff knew and understood their roles and responsibilities. They had a job description that reflected the work they did and in conversations they told us that their role was to enable people and promote independence. This reflected the ethos of the service as detailed by the registered manager. Staff attended meetings and discussed practice issues, developments and improvements. They had regular appraisals of their work. Staff told us that they would be confident to raise concerns. Staff knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally without fear of reprisal.

People were involved in the development of the service because their views were listened to and acted upon. The registered manager organised meetings to discuss developments and changes. They also had a visible presence in each of the homes where they supported people. One person told us, "I tell [manager's name] my ideas and they listen to me."

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any such notifications but the registered manager was aware of their responsibilities in relation to this. Prior to the inspection the registered manager provided us with detailed information that accurately reflected what we found during the inspection. This suggests that the registered manager was very aware of how the service was performing and what they could do to improve it.

The registered manager told us that they kept their training up to date and knew of best practice in domiciliary services and current legislation. The personnel manager, who carried out audits of the service, commented that the registered manager had, "Recently attended training re MCA and DOLS and is now looking at the process for supported living services."

People told us that they had completed questionnaires about the running of the service and we saw some completed ones. We saw that they had been developed in an easy read format (pictures and signs). The person we spoke with about the questionnaires told us that they were easy to follow and they had been supported to complete it by a family member.

The provider recognised that some people supported by the agency had 'severely limited communication' and this caused them difficulties in obtaining regular feedback. They told us that as a result they had looked at other ways of gaining feedback. They had developed a working party of people who used the service to look at various aspects of the running of the service. For example a group of people looked at the questionnaires that were used during staff interviews. They made recommendations which were implemented.

The provider carried out staff surveys annually using an external body to ensure staff could, "Express their honest opinions without worrying that their comments may reflect on them." They told us that outcomes were shared with teams in meetings.

The service was regularly audited by the senior staff. We saw the latest audits that had been carried out by the quality assurance manager. We saw how issues, and areas of good practice, were identified and then actions identified to make improvements. We saw how actions were delegated to individuals who had responsibility for actioning them and timescales were set. In addition to these the registered manager and the deputy manager regularly visited houses and audited processes. They fed back to staff directly or via communication records. The registered manager spoke of the value of audits and was keen to ensure continuous learning and improvement. Audits seen reviewed areas such as health and safety, medicines, care plans and the input from external agencies. They reflected that the service was well led.