HF Trust Limited

HF Trust - Bradford DCA

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was announced and started on 4 April 2017 with a visit to the provider's offices. Following the visit we gathered additional information by means of telephone interviews with relatives of people who used the service. We also spent time trying to contact staff by telephone and email.

HF Trust – Bradford DCA provides support to people of varying ages with learning disabilities, both in their own homes and in the community. This includes support with shopping, personal care, eating and drinking and emotional support. At the time of our inspection the service was supporting 17 people with personal care.

The last inspection report was published in November 2014. At that time the provider was meeting all the regulations and we rated the service as good in all areas.

There was a registered manager in place. 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.

During this inspection we found the service was very responsive to people's needs. They had done a lot of work supporting young people and their families with the transition to adult services. The feedback from relatives involved in this process was very positive. The overwhelming view was that the service had played a vital role in supporting people to achieve a smooth transition.

During the inspection we saw several examples of ways in which the service ensured people received personalised care and support. For example, we saw different means of communication had been developed in response to individual needs. Relatives told us they were listened to and where necessary changes were made to improve the experiences of the person being supported.

We saw the culture of providing person centred support was reflected in day to day working practices. For example, people's support plans were written to help staff understand situations from the perspective of the person being supported.

We found examples of the service going over and above what was expected of them. For example, by involving and working with other agencies to support relatives of people being supported.

We saw people were supported to make decisions and take part in events and activities which enhanced their lives. People were supported to develop friendships.

People were supported to talk about any concerns or complaints and their concerns were taken seriously

and dealt with. Information about the complaints procedure was given to people supported by the service in an easy read format.

There were safeguarding procedures in place to help protect people from abuse. Staff received training on safeguarding, assessing risk and capacity during their induction. People's rights were promoted and protected and the service was working in accordance with the requirements of the Mental Capacity Act. People were protected from discrimination and individual needs relating to culture, religion and gender were identified and met.

The provider had robust recruitment procedures which helped to make sure only suitable staff were employed. We saw the provider had started to involve people who used the service in the selection and recruitment of staff.

There were enough staff employed to deliver the agreed packages of care. Staff received training on safe working practices and on the specific needs of people being supported. Staff received on-going support through one to one supervisions and appraisals.

Risks to people's safety and welfare were identified and managed. When people were supported with their medicines this was done safely.

When people were supported with eating and drinking this was done safely and people's likes and dislikes were catered for.

People were supported to access health care services. In one case we saw a support worker had gone to exceptional lengths to support a person with a screening procedure.

All the feedback we received and saw about the service showed people felt respected and valued by staff. People were treated with kindness and compassion. People were supported to be actively involved in the way their support and care was planned and delivered. The service placed a great emphasis on finding the right staff to support people. This went beyond ensuring staff had the right skill set and took account of compatible personality traits and interests.

We found the management team to be open, transparent and committed to continually improving the experiences of people who used the service. This was consistent with feedback from people who used the service and other stakeholders.

We found the service was continually seeking feedback from people who used the service and others and this information was used to develop and improve the service.

There were effective systems and processes in place to monitor and assess the quality and safety of the services being provided.

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 protected from the risk of abuse.

There were enough staff to meet people's needs. Robust recruitment procedures helped to make sure people only received support from suitable staff.

Where appropriate people were supported safely with their medicines.

Risk to people's safety and welfare were identified and managed effectively.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to carry out their role.

The service worked in accordance with the requirements of the Mental Capacity Act and people's rights were protected and promoted.

People received appropriate support to eat and drink safely and to have healthy and balanced diet.

People were supported to access the full range of NHS services. In one case we saw support staff had gone above and beyond what was expected of them to support a person with their health care needs.

Is the service caring?

Good

The service was caring.

People were treated with respect, kindness and compassion.

People who used the service were at the centre of how the

service was delivered. They were supported to make choices and exercise control over their lives.

People who used the service were involved in making decisions about how they received their care and support.

People were asked for their views about the service and they were listened to. Some people who used the service were involved in the recruitment of staff.

Is the service responsive?

Outstanding ☆

The service was very responsive.

We saw many examples of ways in which the service ensured people's support was tailored to their individual needs.

We found examples of the service going above and beyond what was expected of them to support people who used the service and their relatives.

People were at the centre of how the service was delivered and we found everything about the service was focussed on enhancing the lives of the people they supported.

People were supported to raise concerns and/or make complaints. They were listened to and any concerns were dealt with quickly and effectively.

Is the service well-led?

Good ●

The service was well led.

People felt valued and respected by the management team and staff. There was a culture of openness and a commitment to continuously developing and improving the experiences of people who used the service.

There were effective processes in place to obtain and act on feedback from people who used the service, their representatives and other stakeholders.

The quality and safety of the services provided were monitored and the provider took action to address any shortfalls found.

HF Trust - Bradford DCA

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.

The inspection started on 4 April 2017 with a visit to the provider's offices in Bradford. The inspection was announced at short notice because it is a domiciliary care service and we needed to make sure the registered manager would be available.

The inspection was carried out by one inspector.

During the office visit we spoke with the registered manager, and a 'cluster' manager and looked at a variety of records which included three people's care records, two staff files, training records and records relating to the management of the service such as meeting notes, audits and surveys.
Following the office visit we spoke with three relatives of people who used the service. We were unable to speak with any other staff employed by the service although we tried to make contact by telephone and email. Although the organisation carried out a staff survey it was not location specific and therefore we were unable to obtain staff feedback on this particular service.

Before the inspection visit we reviewed the information we held about the service. This included notifications sent by the registered manager. We contacted the local authority commissioning and safeguarding teams to ask for their views about the service.

The provider completed a Provider Information Return (PIR). This is a form which gives the provider the opportunity to tell us about their service and any planned improvements. We took this information into account when reaching our judgements.

Good

Is the service safe?

Our findings

We asked relatives if they felt the service was safe, they all said it was, one said, "Yes, very much so." Staff received safeguarding training during their induction and had regular updates. Every member of staff was given a flow chart which provided a quick reference guide to reporting concerns about people's safety and welfare. We found the service identified and dealt with concerns about people's safety and welfare appropriately. An easy read guide to safeguarding was available for people who used the service.

The registered manager told us there were enough staff employed to meet operational needs. The provider also operated a day service in Bradford and some staff worked in both the day care services and the domiciliary care service.

The registered manager explained the process for matching staff to ensure people were supported by staff with the right skills. They worked to a weekly rota which showed clearly who was receiving support and who was providing it. They told us most people had a team of staff which meant continuity of care could be maintained when staff were absent from work for whatever reason. This was confirmed by the relatives we spoke with.

The service did not have an electronic call monitoring system. They relied on people who used the service or their relatives letting them know if their support worker did not arrive. The registered manager told us they rarely had issues with missed calls. They attributed this to the nature of the services they provided and the time they took to match staff to the people they supported. However, when they did have missed calls they took action to reduce the risk of it happening again. For example, they told us about a recent situation which had resulted in them removing a support worker from a person's package of care. The registered manager told us they had considered whether electronic call monitoring would be of benefit in the future as the service expanded. Relatives did not raise any concerns about missed calls. They told us the same support workers usually attended and this helped to create continuity and reduce anxiety. They said if any staff changes were necessary they were usually told the day before. They said this was good as it gave people time to get used to the idea of having a different support worker.

We found there were robust recruitment procedures in place which helped to protect people. This included a DBS (Disclosure and Barring Service) check and obtaining two written references, one from the most recent employer. DBS checks are done to make sure prospective employees do not have a criminal conviction which would make them unsuitable to work with vulnerable people. Prospective employees were interviewed by at least two of the management team and we saw examples of people who used the service and their relatives being involved in the recruitment of staff.

Generally people managed their own medicines or were supported by their relatives. This meant the service had very little involvement in supporting people with their medicines. Where appropriate medication administration charts were in place and signed by staff. These records were kept in people's own homes and checked by one of the management team when they visited people at home.

All staff who supported people with medicines were trained and had three practical competency assessments before they were allowed to assist with medicines without supervision. This training was updated every year and the update included a competency assessment. In the event of medication errors the staff member involved was suspended from administering medicines until they had redone the training and successfully completed a practical competency assessment. The registered manager kept a log of medication errors and checked for any trends or patterns.

All the staff had received training on the use of rescue medication used for the treatment of prolonged epileptic seizures.

We concluded there were suitable arrangements in place to support the safe management of medicines.

At the last inspection we found risk assessments were in place to protect people from harm. During this inspection we found the provider continued to identify and manage risks to people's safety and welfare.

Accidents and incidents were monitored and analysed to identify any trends or patterns and this information was used to reduce the risk of recurrence. The registered manager told us the introduction of Positive Behaviour Support (PBS) training for staff had led to a reduction in the number of incidents involving people who used the service. This was supported by the records we saw.

When people were referred to the service safety checks of their home environment were carried out and these checks were repeated every year. This helped make sure that people were living in and staff working in a safe and secure environment. It also meant staff had access to information which they might need in an emergency such as the location of water or gas stop taps.

There was a disaster plan in place which provided guidance for staff on how to keep people safe in the event of unforeseen emergencies. This was supported by an on call system which ensured staff had access to management support. All staff received first aid training during their induction.

Good

Is the service effective?

Our findings

Relatives told us they were confident staff were trained to provide safe and effective support to people. The relative of one person with complex health care needs told us they had no concerns about the ability of staff to use the various items of equipment, such as a nebuliser, the person needed to maintain their health and wellbeing. In a recent survey carried out by the provider people who used the service were asked if they had any suggestions for further staff training. Only two topics were suggested, epilepsy and Positive Behaviour Support, (PBS). Epilepsy training was already provided and PBS training was being implemented.

Newly appointed staff received three and half days induction training in a classroom setting and were required to complete first aid and moving and handling training before starting to work with people who used the service. Since April 2015 the provider has supported newly appointed staff with no previous qualifications in care to complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers designed to equip them with the knowledge and skills they need to provide safe and compassionate care. When staff had previous qualifications they were assessed and any gaps in their knowledge were addressed by completing modules of the Care Certificate training programme.

New staff had a six month probationary period which could, if necessary, be extended to nine months. During their probation they had performance reviews at three monthly intervals until they were signed off as competent to support people who used the service. Mandatory training on assessing risk, capacity and medication was completed during the first six months of employment. Other mandatory training included fire safety, infection control, food hygiene and equality and diversity

In addition we saw all the staff had completed specialist autism training. Other service specific training included epilepsy, safe swallowing, the use of suction and Positive Behaviour Support (PBS). Staff were supported to undertake distance learning on a variety of subjects including nutrition and hydration, dementia and end of life care.

Training was recorded and monitored by means of a training matrix which flagged up when staff were due for training updates. The matrix showed staff training was up to date.

Staff supervisions were carried out every month during the first six months of employment. Thereafter they were carried out at approximately 8 weekly intervals depending on the individual staff member's needs, with a minimum requirement of four a year for full time staff. The purpose of staff supervision is to support staff with their day to day work and give them the opportunity to discuss their support and training needs. Staff supervisions followed a set agenda and staff received copies of their supervision records. The registered manager carried out annual performance appraisals for all staff.

This demonstrated people who used the service were supported by staff who were trained and supported to carry out their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Within domiciliary care services applications to deprive people of their liberty must be made to the Court of Protection.

None of the people who used the service had a court order in place at the time of our inspection. The registered manager understood their responsibilities in relation to the MCA. All staff received training on the MCA during their induction and it was a standing item on the staff supervision agenda.

The registered manager explained they worked closely with the commissioners, such as the local authority, and people's relatives to make sure the best interests of people who used the service were safeguarded. This was supported by information in people's care records.

When people's package of care included support with eating and drinking this was clearly recorded. In one person's records we saw they had been identified as being at risk of choking. Their records included information about the use of thickening powders to ensure they received fluids at the correct consistency in line with advice from the Speech and Language Therapist (SALT). In another person's records we saw they had expressed a wish to lose weight and staff were supporting them towards this goal. The person had been supported to access the services of a dietician and provided with information on healthy eating, such as the 'eat well plate'. We saw this was effective and the person had lost weight. We saw information about people's dietary likes and dislikes was recorded. This showed people received appropriate support to meet their nutritional needs.

Care records showed people were supported to meet their health care needs and access health care services. In addition to dieticians and speech and language therapists mentioned previously we saw evidence of the involvement of other professionals such as community matrons and epilepsy nurse specialists.

Hospital passports were completed so that information about people's needs was readily available and accessible to hospital staff in the event of them needing hospital admission.

Good

Is the service caring?

Our findings

Relatives of people who used the service were very complimentary about the service and spoke highly of the staff and management team. One relative told us they were "full of admiration" for the staff and management team.

Relatives told us one of the best things about the service was that they were involved and listened to. One relative said they were, "Very much in the loop" when it came to making decisions about their relatives care. They went on to say they felt there was "a lot of trust on both sides."

Another relative said they were, "More than happy, they listen". This view was echoed by another relative who told us, "People [staff and management] listen to what you want, it makes it easier."

Relatives told us support workers had a flexible approach and supported their relatives to make decisions about what they wanted to do and how they spent their time.

Staff provided people with one to one support several times a week or month and this helped with the development of positive, caring relationships. For example, one person told us their relative was supported by a small team of staff and they felt this was good, they said, "It helps everyone to know who is coming."

The registered manager told us they put a lot of emphasis on matching staff to the people they supported in order to promote the development of positive and caring relationships. They told us they worked closely with people and their families to build a detailed picture of their needs and preferences and kept staff changes to a minimum. This was reflected in people's care records and in people's feedback.

The registered manager used different ways of monitoring people's satisfaction with their support. For example, the time sheets, which were signed by people and/or their relatives, included a section where people could indicate whether or not they were happy with the support they had received. Their responses were monitored by the registered manager. In another example the registered manager told us about one person who started to cancel their planned support appointments. They contacted the person to explore the reasons for this and found the person felt their allocated support worker was not compatible. The registered manager was able to provide a different support worker whose personality traits were more compatible with those of the person being supported. This showed how the service put their stated commitment to developing positive relationships with people into practice.

The registered manager told us people's care packages were reviewed at least once a year and people who used the service and their relatives/representatives were involved in the reviews. They told us they used different ways of supporting people to take an active part in their reviews, for example using photographs and symbols to assist with communication. In addition, before the review staff spent time with people talking about their goals for the following year. This was supported by the feedback we received from relatives and in the care records. We found people had ownership of their support plans. For example, we saw one person had requested their support plan be updated to include a new goal they had set for

themselves. We saw this had been done and they had been supported to achieve their goal.

We saw evidence people who used the service and their relatives were supported to become involved in how the service was run. For example, we saw one person had been supported to take part in the recruitment of new staff by taking part in interview panels. The records showed one of the management team had spent a considerable amount of time supporting them to prepare for this and helping them to think about the questions they wanted to ask. In another example we saw the parents of a person who needed support had been involved in preparing the job advertisement and interviewing the staff who would deliver their support.

People who used the service were given the opportunity to take part in 'Voices to be Heard' forums. These forums take place across the entire HF Trust organisation, they advise the organisation on what needs to be changed and work on specific projects at the request of the management team. The registered manager told us about one person they had supported to join the local group and how much the person now enjoyed attending the forums.

We saw people who used the service were supported to access advocacy services where appropriate.

The service sent questionnaires to people who used the service and relatives in 2017 and a report of the findings was compiled in March 2017. The results based on seven responses, from eleven questionnaires, showed a high level of satisfaction with the service. All the people who responded stated their relatives were benefitting from the service.

Everyone who responded to the survey carried out by the provider stated they felt valued and respected by staff.

We saw people's individual likes and dislikes were recorded in their records. This included information about any preferences with regard to the gender of their support workers.

The provider's survey asked people if they felt their relatives' interests, characteristic, abilities and needs were being met. All the responses were positive; one relative commented, '[staff name] is very attentive with [person's name] and family. Open communication is key which family appreciate. With [staff name], she is very helpful and [person's name] enjoys his time with [staff name]'

We spoke with the manager about the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke about the protected characteristics of disability, race, religion and sexual orientation. The manager demonstrated a thorough understanding of how the service acted to make sure people's rights were protected and promoted and provided strong examples to show how staff had done this through the day to day support they provided.

The registered manager told us staff completed person centred active support training. In addition, staff were observed in the work place to ensure they were supporting people to do as much as possible for themselves to promote independence and give people control over their lives.

At the time of our inspection the service was not supporting anyone with end of life care. Three staff had completed end of life training and the registered manager had identified this as an area of development for the service.

Outstanding ☆

Is the service responsive?

Our findings

We found the service was very responsive to people's individual needs.

Involvement was a key feature of the service and was central to staff's approach to care delivery. We saw multiple examples where staff had worked in conjunction with other organisations and acted on people's feedback to help ensure people's individual care and support needs were met.

The registered manager explained how the service had responded to a need for more services for people with autism. They had developed an outreach team which could provide people with one to one support, or more, in response to referrals from social services. The outreach service offered people support in a variety of settings such as their homes, at school and in the community. All the people supported in the outreach service were on the Autistic spectrum and had transition timetables in place to support their transition into adult services. All the staff involved in this aspect of the service had received specialist BILD (British Institute of Learning Disabilities) accredited training about supporting people on the Autistic spectrum. In addition, the service had engaged the services of a consultant to help develop an effective model of care for the outreach services.

People who used the service and their relatives had been asked for their views on the transition process in a recent survey sent out by the provider. The feedback provided was consistently positive. One relative commented, 'Settled well – manager/ staff worked with family to ease a difficult transition.' Another relative commented, 'Transition was good, worked well. Hard for the family having lots of staff coming to the house to get to know the client but we knew we had to go through this process.' When asked about suggestions for improvements to the service the majority of people stated they had none, one person stated, 'None, all the staff and support workers are my friends.' One relative suggested the service should, 'Ensure there is another carer who can step in, in the event that the main carer is ill or on holiday.' We saw the provider had acted on this feedback and additional staff had been recruited and introduced to people's care packages to provide back up in the case of illness or absence. This showed us the service listened to and valued people's feedback and used it to drive improvements and ensure the service was flexible and responsive to the individual needs and preferences of people who used the service.

People were consistently involved in planning their care and we saw numerous examples where staff had worked in partnership with people and relevant health and social care professionals to develop meaningful and personalised support plans. This inclusive approach ensured that people's care and support was truly personalised and responsive to the person's individual needs and preferences. We saw staff used individualised methods to ensure people who used the service had a voice.

For example, one person who used the service was unable to communicate through speaking. Staff supported the person to develop a communication book which used pictures to help them express their needs. The photographs had been taken by staff who had worked in partnership with Speech and Language therapists and an NHS health facilitation team to build up a library of symbols which were appropriate to the persons individualised needs and preferences and covered areas such as food, drink, music, transport

and emotions. The pictures had then been cut down to a set of small laminated cards which were attached to a key ring. This meant they could easily be carried around and used in everyday communication which made it easier for the person to make their needs understood. Our discussions with the registered manager and review of records demonstrated that staff consistently used these picture cards to support the person to make key daily decisions about the care and support they received. The picture cards also helped staff to recognise and respond to the person's changing mood, needs and preferences. This showed staff were committed to using and incorporating alternative communication methods into their daily care practices to ensure people were empowered to express their views.

People's support plans were formally reviewed at least once a year. Between formal reviews we found staff continuously involved people who used the service and their relatives in reviewing the care and support they received. We saw multiple examples where staff responded to adapt the support people received due to people's changing needs and feedback from people and their relatives. This showed us people were able to directly influence the care and support they received.

For example, one relative told us staff had initially overestimated their relative's abilities and therefore for a time the support being delivered was not always fully meeting their needs. However, because the service was continually assessing the person and the way they were delivering support this was promptly identified and addressed by staff. Their inclusive approach to care planning ensured staff had quickly developed a better understanding of the person's support needs. This had resulted in positive changes to the way the person's support was delivered. They told us the person was now much happier with the service and they (the relative) were happier because the person was able to make choices and do the things they wanted to do. They told us this service was exceptional because staff listened to people and acted upon what was right for the person. This ensured staff made subtle changes to the support delivered to ensure their relative received truly personalised support.

Some people with learning disabilities find changes to routines and trying new things challenging. We saw staff recognised this and put plans in place to ensure people were supported to try new activities in a structured and positive way.

For example we saw staff had gone to exceptional lengths to support a person to have a screening procedure which they were very nervous about. The person's main support worker spent several weeks talking to them about the procedure explained what was involved and got easy read information leaflets to further support the person in understanding what was involved. The support worker then accompanied the person to their appointment explaining that they could still change their mind if they did not want to go ahead. This support had enabled the person to undergo the screening procedure. This boosted their confidence and the positive result removed a source of anxiety and enhanced the person's sense of wellbeing.

We saw staff's person centred approach to care delivery was also reflected in the way people's support plans were written. The language used in the support plans encouraged staff to understand situations from the person's perspective. Information was individualised and specific to the person. For example, in one person's records we saw detailed information so that staff could understand how the person's autism may impact upon their day to day life. This included detailed explanations and strategies about how to recognise and respond to signs of increasing anxiety or discomfort. We saw staff used this information to promote the person's wellbeing and to support them to live an independent life. In another person's care records we saw different information about how to recognise and respond to their anxiety which were individual to them. For example, for that person we saw that staff were told not to use certain words as they were known triggers to anxiety. In another example a support plan stated the person did not like sudden, loud noises

and explained how staff should support the person if this happened when they were out in the community. We saw a support plan with the heading 'How I express myself when anxious, fearful, distressed or finding it hard to get my needs understood, (sometimes referred to as behaviour).' Support plans contained a three step, traffic light, approach to de-escalation when for example a person experienced sensory overload. This demonstrated how the organisations culture of working in partnership with people was at the centre of day to day working practices and service delivery.

We saw examples of how the service had gone above and beyond what was expected of them. In one instance they had supported a person and their relative to move to more suitable accommodation. Although the service was not providing support to the relative they had identified they (the relative) had care needs which were not being met and this was having a negative impact on the quality of life experienced by the person they were supporting. They had involved and worked with external agencies and advocacy services and supported the person throughout; they continued to support the person after they had moved. The support provided by the agency had enhanced the quality of life of the person they supported and their relative.

In another instance we saw the service had supported a person's relative to improve the security of their home. The relative was not being supported by the service but the registered manager told us they felt supporting people's relatives was an integral part of what they did. This showed us that staff were proactive in helping people to maintain positive relationships with people who were important to them which helped to reduce the risk of social isolation.

In another example we saw a member of the management team had stayed overnight in a home of a person they supported although this was not part of the agreed package of care. They had sought the person's permission to stay with them to ensure they were kept safe. They told us they had done this because the person was unwell but did not want to go to hospital and they did not feel they were well enough to be left alone. This showed that staff genuinely cared about the people they supported and were willing to go above and beyond what was expected of them in response to changes in people's needs and to ensure they delivered an exceptional quality of care.

One of the objectives of the service was to enhance people's lives where possible. This included when accessing the community, supporting and empowering their life experiences and independence. We saw people had opportunities to mix with their peers and learn new skills, which helped reduce the risk of them being socially isolated.

In the recent survey carried out by the service relatives and care workers from other organisations were asked if they felt the lives of people who used the service had been enhanced by involvement in the community. Everyone responded positively. Comments from relatives included, 'If she did not access the community with staff support she would have little or no opportunity to do so.' 'By [person's name] getting out in the community he does not feel different and is seen as a normal person without disabilities.' 'Able to get out more thanks to personal support. His experiences and learning about [named activity and location] have really enhanced his life.' 'Meets other people, learns social skills. Able to join in activities. Learns new skills. Feel valued.'

This was consistent with our finding which showed people were supported to access community events, attend social activities and follow their interests. One person who was big fan of a popular singer had been supported to attend concerts and visit their birthplace. We saw this had a positive impact upon the wellbeing of the person and showed us staff thought of creative ways to engage people in activities which were of interest to them. Another person who had not been out of their house for a long time wanted to go

to the cinema. They were supported to do this. Although this had initially increased the person's anxiety, staff had celebrated this success with the person and used it an opportunity to reflect on their practices and gain a better understanding of how to plan future outings. This showed us staff were willing to continually learn and adapt their practice to ensure people were able to have an exceptional quality of life.

In other examples we saw people were supported to take part in activities which they enjoyed and which enhanced their self-esteem such as gardening, housework and working on a farm.

In addition we saw people were supported to join organisations which provided opportunities for them to meet people, develop relationships and take part in social activities. These included 'Luv2meetU' and 'Hum Tum'. 'Luv2meetU' is a friendship and dating agency and 'Hum Tum' is a similar organisation which was set up to take account of the cultural and religious needs of people from Asian communities. The registered manager told us about one person who was initially wary of going to a 'Luv2meetU' event and requested support to attend. The support was provided and the person subsequently enjoyed several events over the Christmas period.

Staff actively encouraged people to feedback about their experiences of using the service. People's feedback was seen as a key driver for improvement to ensure the service continued to evolve to meet people's changing needs and preferences. The registered manager had a positive approach to complaints and saw them as an opportunity to learn and improve the service. The registered manager told us they dealt with issues as they arose and this meant people seldom felt the need to make formal complaints. This was confirmed by people we spoke with. Relatives told us they had no concerns or complaints about the service and they knew who to speak to if they had. They told us they were confident they would be listened to and any concerns would be dealt with.

This echoed feedback from people who had completed survey questionnaires for the provider earlier in the year. One relative had commented, 'I have no complaints. If there are any I deal with them at once.' Another relative commented, 'Complaints which have been made on each party regarding staff have been dealt with promptly and professionally.'

The service had not received any complaints in the past 12 months and the local authority commissioners told us they had not received any concerns or complaints about the service.

People who used the service and their representatives were given information about the complaints procedures. Easy read information about the complaints procedure was given to people who used the service and was also available on the provider's website. The surveys sent to people who used the service asked if they were aware of the complaints procedures. We saw in the most recent survey one person had responded they were not aware of the procedure and they had immediately been sent an easy read version.

The provider also kept a record of compliments so that they knew where they were meeting or exceeding people's expectations.

Good

Is the service well-led?

Our findings

The results of a survey carried out the by provider earlier this year showed 57% of people who responded rated their overall experience of the service as 'excellent'; the remainder rated it as 'good.'

In the providers survey people were asked for feedback about the management and staff and the responses were all positive. Comments included, '[name of one of the managers] has been very supportive and caring especially during transitions between support workers.' 'Good team now identified suitable staff, work well together and with client to meet needs and interact. New manager, excellent now, listens to family and client. Meet's client's needs, very approachable.' 'Manager is excellent, total control, aware of concerns and tries to solve them. Manages staff well, not afraid to speak to staff, listens to concerns.'

These views were echoed by relatives we spoke with and by the local authority who told us they found the management team open and transparent. They said they were always willing to share concerns and learned lessons about how to improve the service.

During the inspection we also found the management team were open and transparent about the service. They displayed a passion for their work and were clearly committed to delivering services which enhanced the lives of the people they supported.

The organisation had a clear set of values which were set out in the statement of purpose and included in the staff induction programme. The provider worked to a model of care called 'The Fusion Model'. The model emphasised putting people at the 'heart of everything we do' by focussing on how support was provided. We saw the service was monitoring its performance against its stated values and objectives through self-assessment and action plans.

There were effective processes in place to monitor and assess the quality and safety of the services provided. These included monthly compliance audits, annual audits by the provider's compliance team and spot checks on staff supporting people in their own homes. Action plans were put in place to address any shortfalls.

The service continually sought feedback from people who used the service, their relatives and other stakeholders. This was done through individual care reviews, meetings and surveys. For example, there were regular meetings with the local authority, social workers and continuing health care teams.

In addition to individual staff supervisions and observations of practice there were staff meetings which provided staff an opportunity to share their views and contribute to the development of the service.

The service worked in partnership with external agencies and was continually striving towards best practice. The provider had achieved the Silver Award for Investors in People. In another example the service had worked with BILD (British Institute of Learning Disabilities) and a local college to develop positive behaviour planning and practice accredited training.

We concluded the service was well led. There was a well-established culture of openness, transparency and a commitment to the continuous development and improvement of the service.