Kisharon

Kisharon Supported Living

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Outstanding**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This service provides care and support within a Jewish framework to adults with learning disabilities and autism living in their own houses and flats in the community and in five 'supported living' settings, so that they can live in their own homes as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Not everyone using Kisharon Supported Living receives regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager. This 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.

At the last inspection of this service, in July 2014, the service was rated 'Good'. At this inspection, the rating changed to 'Requires Improvement'.

There was positive overall feedback from people using the service, relatives and community professionals. Everyone recommended the service.

The service ensured good standards of overall safety, in terms of safeguarding, risk management, medicines, staffing levels and infection control. Lessons were learnt when things went wrong, as conscientious reviews were undertaken and new systems were set up as needed.

However, we found recruitment checks of prospective staff were not always sufficiently comprehensive and timely, and signs of unsuitability were not always given due attention. The provider's governance systems had not identified this safety risk. The service sent robust action plans following our visits to demonstrate improved systems and that an audit of all staff recruitment checks was occurring.

People's potential was recognised and valued. There were many examples of how people using the service received individualised support that helped them develop skills and independence. This included for household tasks, community travel, and vocational and paid work. People were helped to follow their interests, both at home and in the community.

There was a thorough approach to planning and coordinating people's moves into the service. The service worked collaboratively to find effective ways to deliver joined-up support to people. Arrangements fully reflected individual circumstances and preferences, so enabling positive and successful outcomes.

People were treated with kindness, respect and compassion, were listened to, and were given emotional support when needed. The service supported people to be understood, including through technology or equipment to assist with communication. Trusting relationships with staff and managers were developed, including through people having a say on who worked with them.

The service supported people to undertake culturally relevant activities and to be part of the local community. A rabbinical adviser was employed to lead the service on actively supporting people to follow the Jewish faith. People were able to maintain and develop relationships with family and friends, for example, through cultural celebrations.

Staff had the knowledge and skills needed for their support roles, and received appropriate developmental supervision. In some cases, staff received specific training to meet the needs of people they worked with.

There was good liaison with healthcare professionals where appropriate. People were supported to eat and drink enough, and there was some support to maintain a balanced diet. However, there were some inconsistent support for ongoing healthcare within one scheme which we brought to the attention of the management team.

There was some very individualised work in support of helping people to undertake mental capacity assessments, to help establish if they could consent to specific care decisions when this was in doubt. However, further work was needed to complete the process for some decisions.

The service supported people to express their views and be actively involved in making decisions about their care and support. There was an emphasis on listening and understanding people as a means of helping them to develop.

The service had a clear vision for high quality care, and promoted a positive and inclusive culture that achieved impressive outcomes for people. The provider's overall holistic approach, such as through day centres and dedicated employment services, supported people to develop and enabled equal life opportunities.

Systems at the service enabled sustainability and supported continuous learning and improvement. Where feedback had identified service delivery concerns, there was recognition and engagement to address matters. There was also much emphasis on incorporating best practice into the service, particularly through partnership working with other agencies.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Whilst recruitment checks of prospective staff were routinely carried out, the process was not sufficiently comprehensive and timely, and signs of unsuitability were not always given due attention.

Risks to people were assessed and managed to balance autonomy and safety. The service's systems, processes and practices safeguarded people from abuse. When things went wrong, reviews took place to ensure learning and improvements.

There were sufficient numbers of suitable staff to meet people's needs, promote safety, and ensure the proper and safe use of medicines.

Is the service effective?

Good

The service was effective. People's needs and preferences were assessed so that support was provided that achieved effective outcomes. This included though good co-operation with other organisations.

Staff had the skills, knowledge and experience to deliver effective care and support.

People were supported to eat and drink enough, and there was some support to maintain a balanced diet. The service supported people to have access to healthcare services.

The service was not consistently assessing people's mental capacity to make particular decisions when appropriate, although they involved people very well when assessments occurred.

Is the service caring?

Good

The service was caring. People were treated with kindness, respect and compassion. People's privacy and dignity was respected and promoted. Trusting relationships with staff and managers were developed.

As far as possible, the service supported people to express their

views and be actively involved in making decisions about their care and support.

The service worked hard to support people to develop skills and independence. People's potential was recognised and valued.

Is the service responsive?

Outstanding ☆

The service was very responsive. There were many examples of where the service had helped people to develop and improve their quality of life.

The service provided excellent support to people to access the community and develop their skills by attending college courses, religious learning and jobs or voluntary work.

The service supported people to undertake culturally relevant activities, and to maintain and develop relationships with family and friends.

Concerns and complaints were listened to and responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Governance and auditing processes had not identified the unsafe recruitment practices that we found.

The service had a clear vision for high quality care, and promoted a positive, holistic and inclusive culture that achieved good outcomes for people.

Systems at the service enabled sustainability and supported continuous learning and improvement. There was recognition and engagement to address where feedback had identified service delivery concerns.

The service worked in partnership with other agencies, people using the service and their relatives to support care provision and development.

Kisharon Supported Living

Detailed findings

Background to this inspection

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

This inspection took place on 31 October and 1 and 14 November 2017. It was carried out by two adult social care inspectors. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often at one of the supported living schemes as part of their managerial roles. We needed to be sure that they would be available for the inspection visit.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also contacted the local authority and other community professionals involved in the service for their views, receiving three replies.

Inspection site visit activity took place on all three days of our visits. It included visits to two supported living schemes, to meet people living at those schemes, staff working with them, and to check records kept at the schemes. We also carried out observations of people's interactions with staff and how they were supported, as some people were unable to communicate with us due to the complexity of their conditions.

We also visited the office location on 31 October and 14 November 2017, to meet the registered manager and office staff; and to review records relating to the management of the service.

There were 22 people receiving a personal care service in their home at the time of this inspection. During the inspection, we spoke with nine people, six people's relatives, one visitor, eight support staff, three

scheme managers, two office staff, and the registered manager.

During our visit to the office premises we looked at seven support plans for people using the service along with other records about people's care and treatment including visit schedules, medicines records and care delivery records. We also looked at the personnel files of five staff members and records about the management of the service such as staff visit rotas, complaint records and the provider's policies. We also requested further specific information about the management of the service from the registered manager in-between and after our visits.

Requires Improvement

Is the service safe?

Our findings

Staff recruitment checks were routinely carried out, but the process was not sufficiently comprehensive and timely, and signs of unsuitability were not always given due attention. The provider's recruitment procedures did not ensure there was documented evidence, as far as reasonably practical, of reasons applicants left previous care employments. Application forms did not prompt applicants to record this, and interview records did not check this.

One staff member was employed from September 2016. Records showed a Disclosure and Barring scheme (DBS) disclosure for the staff member was not obtained until February 2017. It was contrary to safe practices and legislative requirements to employ the person without a DBS disclosure.

During recruitment processes, the staff member had declared historic information that may be on their DBS disclosure. One of the interviewers told us the matter was discussed during the interview process, however, neither interview record documented this. There was no documented risk assessment of the provider's decision about employing the person, despite this being required within the provider's recruitment policy. Whilst it was ultimately a reasonable decision to employ the person, this was not established and documented in a timely manner.

A previous care employment reference for a second staff member recorded some disciplinary concerns relating to performance. There was no documented exploration of a year's employment gap. There was nothing further in their personnel file to document the provider's decision about employing the person. Records did not therefore demonstrate a robust recruitment process had been followed.

A third staff member had been employed with two references, but there was no record of attempting to acquire a reference for the last care employment they declared on their application form that ceased in 2016. Satisfactory evidence of conduct for previous care employment had not therefore been established.

The above evidence demonstrates a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sent us action plans soon after our visits to show they were taking action to address these matters and minimise the risk of reoccurrence. Further updates were sent before this report was drafted, to show the action that had been taken and what they still planned to do, primarily to complete an audit of all staff recruitment records.

Risks to people were assessed and managed to balance autonomy and safety. People told us they felt safe with the service, but one person added they could do things when they wanted to. Where the service supported people to manage their money, one person told us, "They always give me money when I ask for it" but that records were kept that they signed. Relatives' comments included, "I have always felt that he was in safe hands" and "They know exactly how to cope with their sometimes very challenging behaviour."

There were comprehensive risk assessments for each person that were specific to their needs. These fed into people's support plans, were considered when their goals were set, and were updated when people's needs changed. A staff member told us of supporting someone with a new community activity but being concerned for their safety if left to do it independently. They discussed this with the scheme manager, then the person, to agree a way forward.

There were regular health and safety checks at the schemes we visited, including for fire safety and equipment maintenance. Comments and actions were recorded if anything was not working or in need of repair. Each scheme had a general safety risk assessment that we saw had been kept under review. The provider had an up-to-date business continuity plan, to help address unexpected or highly impactful events.

The service's systems, processes and practices safeguarded people from abuse. Staff had a good understanding of safeguarding processes and were able to give examples of different types of abuse. They were aware of the provider's policy and where to report any concerns. The policy was kept under review, and a recent update had been circulated to managers for discussions with staff teams.

Each person's individual risk assessment included specific consideration of how they may be vulnerable to different types of abuse, and what precautions had been put in place to address this. For example, to make some people aware of 'safe haven' logos on some local shops should they feel vulnerable in the community. The management team told us of acquiring awareness and safety training on hate crime for people using the service, from people with learning disabilities.

The service raised a safeguarding alert about the hospital discharge process one person experienced. They had also reviewed their own procedures and implemented a hospital discharge form by which to check on people's safety and needs within this process.

The service made sure there were sufficient numbers of suitable staff to meet people's needs and promote safety. People told us there were always enough staff. One relative told us of "appreciating" there now being waking night staff supporting their family member due to increased needs. The registered manager told us of reviewing and increasing staffing levels to make sure people were safe. Staff also fed back about there being enough staff.

Staffing rosters at each scheme showed mainly permanent staff working. There was occasional reliance on agency staff who have been working at the service for a long time, in one case, since our last inspection. Staffing levels were assessed when needed, such as with new people moving into one of the schemes. The management team also gave an example of when they increased staffing numbers due to an incident.

The service ensured the proper and safe use of medicines. There were risk assessments for each person to determine whether they could look after their own medicines. Staff were trained in how to administer medicines safely. Medicine administration records were correctly filled in, indicating people were supported to receive their medicines as prescribed. There was guidance for where to apply topical creams in people's care records and staff recorded when they had applied it. Changed medicines were promptly communicated. Monthly medicine audits had been carried out. A recent audit identified an incomplete staff signature list. The subsequent audit showed it had been addressed.

The service protected people by the prevention and control of infection. People's relatives told us of clean premises. There were documented cleanliness checks at the schemes we visited. Food in communal fridges was seen to be in-date. Some people had goals around hand-washing within their support plans.

The service learnt learned and made improvements when things went wrong. Incident forms were completed if any person had an accident or incident. These recorded what happened and any action taken such as calling an ambulance or passing on information at staff handover if no injury was sustained. Forms were signed off by the scheme manager. Additional security had been installed at one scheme following an incident, but we saw people could still freely come and go from the scheme. One person positively described the increased security as a "massive change." Staff meeting records at different schemes showed learning from other schemes was discussed everywhere.

Good

Is the service effective?

Our findings

People's needs and preferences were assessed so that support was provided to achieve effective outcomes. One relative told us of particular staff and managers from the service meeting their family member "over a long period" in their previous care setting and with other community professionals, to understand the person's needs and develop trust. They added, "They were really determined that this new placement would flourish." Another relative said, "The transition from home to their new place was extremely smooth." A community professional praised the service's effective approach to working in partnership with them and people's families.

The management team explained how they worked with one person whose care package with another care provider broken down. They had supported the person to move back out of an NHS assessment and treatment centre. Staff were recruited especially for working with the person, based on their ability to meet the person's identified needs. They received training from community professionals in support of that. The service paid attention to understanding why previous community care packages had not worked, and on the specifics of how the person was successfully engaged in the centre. This learning continued once the person was using the service, as reviews with staff and where possible, the person themselves, took place on how well aspects of the support were working. There was subsequently praise from community professionals at review meetings as the professionals had had their doubts the service would work based on previous experiences. The particular service had now been successfully in place for a year, with the person developing independent living skills and there being an ongoing reduction of behavioural incidents.

The management team told us of careful and patient planning with another person, their family, community professionals and a day service in support of enabling the person to start living at a scheme in a way that addressed their complex needs. We saw that the service had therefore adapted a toilet and wet room. The bedroom was made to look like where they were moving from, to make transition to the service less disruptive. The person had dedicated staffing. There was equipment in place to alert staff if the person got up or left their flat, to provide ongoing support. Care staff had also shadowed day service staff, to better understand the person's needs and preferences and how staff responded to the person. This all indicated how the service went to great lengths to support people to successfully use their service.

In summary, the service was very effective at working in co-operation with other organisations to deliver effective care and support, particularly for people newly using the service.

Staff had the skills, knowledge and experience to deliver effective care and support. People using the service told us of "good" staff. Relatives described staff as "knowledgeable" and "capable." One relative said, "Staff were of a calibre I had never experienced before - well educated, caring, kind, observant, patient and pro-active." Staff told us of "very good" training. Records showed new staff completed a 12-week national training programme which was signed off by the scheme manager. New staff told us shadowing experienced staff before working alone, to find out about each person.

The management team told us specific training was acquired for staff working with people with complex

needs, for example, on communication and positive behaviour support. A community healthcare professional confirmed such training took place. Records showed over half the staff team had a national qualification in care, with more booked onto relevant training courses.

Staff received regular developmental supervision and appraisal in line with the provider's policies. Records of these showed detailed and individualised meetings. Staff confirmed these provided them the opportunity to receive feedback on their performance as well as raise any concerns or make any requests. Staff told us they felt supported for their roles and that there was good team work. Records showed regular staff meetings to discuss expectations on staff plus developments at each scheme and across the whole service.

The service supported people to eat and drink enough, and there was some support to maintain a balanced diet. People told us of staff support for cooking where needed. A staff member told us the service "encourages service users to eat a healthy balanced diet." People were supported to follow a kosher diet with additional support from a rabbinical advisor to ensure that all food was prepared in the right way. There was guidance on healthy eating and specific dietary needs within people's support plans. Records showed one person's weight loss goal was being achieved. The management team also told us of people being supported to go swimming or to the gym.

However, we identified one person had steadily gained weight across the course of the year, in contrast to their support plan that advised for supporting them to follow a balanced diet without specifics on how to achieve that. There were no records to show the weight gain had been identified and considered, including nothing in the person's individual risk assessment. Records were not kept of what the person was eating. There were records of them attending exercise sessions, but the overall support was not helping them enough to maintain a balanced diet in practice.

The files of another person included a guidance document on monitoring their risk of constipation. It stated for the scheme manager to be informed after a period of days, so that as-needed medicines could be offered to the person. Records in-between our visits highlighted the guidance had not been followed, as three days of entries had been missed. The scheme manager told us nothing had been brought to their attention, despite the records indicating that should have occurred. Records across the previous months had not been completed on a daily basis as per the guidance. The scheme manager said they would ensure staff followed agreed protocols for this person.

The service supported people to have access to healthcare services. One relative told us when their family member is "unwell they let me know immediately and take them to the doctor, get their meds and really take good care of them." Records and staff feedback showed people were supported to attend healthcare appointments such as GPs and dentists. The service's support had enabled a few people to have blood tests when they used to refuse.

Support plans helped staff attend to people's specific health needs. One person's individual risk assessment and support plan identified risks relating to eye care, including the specialist eye hospital they were to attend in certain symptoms presented. Their health records showed the plan was promptly followed when needed. People had hospital passports and health action plans in place to help convey key health and communication needs to healthcare professionals.

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. We found the service to be working within the principles of the MCA. People had mental capacity assessments in place for making decisions about their support, for example, managing their finances, medicines, or receiving personal care. Assessments were detailed and described the situations when people were assessed, who was present and how people responded to the questions which supported how the outcome of whether people had capacity or not was reached. The assessments showed attention was paid to understanding how people communicated, to give them the best opportunities to demonstrate capacity. For example, there was a record of the person choosing which staff member they wanted present to support them with the process that was being carried out by a specialist for the provider.

However, we identified some people did not have capacity assessments in respect of consenting to their easy-read tenancy and care arrangements, despite other records indicating this may not have capacity for those decisions. We also noticed that where four-stage capacity assessments resulted in any stage having a 'no' answer, the form stated this demonstrated the person lacked capacity for the decision. However, all such cases resulted in an outcome of not being able to assess capacity rather than lacking it, which did not followed the stated guidance. The registered manager told us these matters would be reviewed and addressed.

Where people were assessed as not having the capacity to a decision for themselves, the service held best interests meetings which took account of the views of the person, their family, key-worker and healthcare professionals where relevant.

The service had requested Court of Protection applications from the local authority for anyone whose liberty was being deprived at a scheme. There were records of the update requests for formal decisions.

People told us they were not stopped from going out. One person explained they told staff they were going out, out of courtesy and for safety's sake. People told and showed us keys to their flats and the main entrances of schemes they lived in.

Good

Is the service caring?

Our findings

The service ensured that people were treated with kindness, respect and compassion. People described staff as "Terrific", "Good" and "Nice." One person told us staff responded to requests for support. Another said, "I can always talk to staff." A third person told us, "Staff tell me to be on time." They explained this was for things like jobs and appointments, and clarified the staff did this in a "nice way."

Relatives described the staff as "friendly" and "caring and considerate at all times." One relative said, "The service staff are certainly caring; they listen to him and make time for any of his problems which he would like to talk through." Another relative told us of the behaviour their family member could exhibit, but added, "I have greatly admired the stoicism of the support staff. They have been very forgiving in difficult circumstances." The management team confirmed the direct challenges staff faced with this person, but told us staff were greatly supported and wished to continue working with the person. There was also community healthcare professional praise for the service's support of this person.

The management team told us of supporting people before and after family bereavements. The support was tailored to what the person could manage, but with the aim of enabling as much involvement as reasonably possible with, for example, attending funerals. Where a bereavement occurred abroad and the person was not able to attend, they were supported to connect with family online. The emotional support then continued across subsequent months, to help people process the bereavement at their pace.

We saw people engaging with staff in a trusting manner that indicated the development of positive and caring relationships. For example, one person held staff members' hands and hugged them which showed they liked and trusted staff. At another scheme, there was some jovial interaction between people and staff. One staff member told us of having patience with people who could not verbalise their thoughts easily, to "always get to the bottom of what they're trying to say."

Staff spoke warmly about people using the service and showed they knew people well. They were able to give examples of how people had met different goals, were proud of the progress people had made, and knew what their future aspirations were.

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. One person told us, "I chose the staff" and the location of a holiday they needed support with. They also told us of being given copies of staff visit schedules, telling us, "I need to know who's coming." Some other people told us of being emailed staff visit schedules. People's preferences were respected and support plans recorded who people preferred to support them with their care. The management team told us of ensuring staffing rosters reflected these preferences.

Scheme meetings were held monthly. An easy-read template was used to make them more accessible for people, although they were yet to be adjusted in line with the different things that were discussed at each meeting. Topics discussed included scheme safety measures and plans for cultural celebrations. It was evident people could influence what was discussed at the meetings.

The service worked hard to support people to develop skills and independence. People's potential was recognised and valued. One person told us, "A lot of us are independent, but staff help me with hygiene, cooking and travelling." Another person said, "Staff help me do stuff such as cleaning the flat." A third person listed many things they could now do by themselves, including tidying up, showering, and going to work. A relative told us their family member had "become more independent in most areas of their life which is our main goal."

The management team showed us how one person was now managing their medicines themselves. Some people attended one of the provider's two day centres, to help them develop independent living skills. One person was now directly booking health appointments with staff being close by to help them if needed. Another person was now able to answer the phone at a scheme and help with fire safety checks. Some people's achievements were highlighted in words and photos within the provider's regular newsletter.

One person had recently begun working in a local shop for a few hours a week. This was a goal the person had been working towards over a long period of time. Staff were proud of the person achieving the goal. They were clear about how they did things with people rather than for people. One staff member said, "We aim to encourage." They explained finer details of supporting one person to develop self-care and plate-washing skills.

The service had a comprehensive understanding of the needs of young adults when they transitioned from children's services. The management team told us their employed social worker worked with families to plan transitions to the type of adult service needed, with a focus on development of independence and positive but safe risk-taking. The provider was therefore able to provide a more holistic service based on long-standing knowledge of people's needs and preferences.

People's privacy and dignity was respected and promoted. People and their relatives had no overall concerns about this. People's support plans included detailed guidance for staff to carry out support such as personal care, to ensure the person's dignity was maintained and enable the person to do as much as they could on their own.

Outstanding ☆

Is the service responsive?

Our findings

We found the service to be very responsive to people's needs, as there were many examples of where the support had helped people to develop and improve their quality of life.

People using the service told us they were happy with it and people's relatives told us they would recommend the service. Relatives' comments included, "I would absolutely, without any hesitation highly recommend this amazing, caring and super service to anyone and everyone", "All in all we are very satisfied with the care our son gets" and "We would recommend the service wholeheartedly."

Community healthcare professionals told us the service focused on providing person-centred care and support, and achieved positive results. One such professional told us the service had successfully supported people with very complex needs, working in partnership with them and people's relatives to ensure successful placements.

A volunteer told us of how the service had supported the person they visited to develop. The person was now "very, very independent" in travelling places when once they always needed staff support. This meant the person could work in the city and go horse-riding outside of London. The person themselves confirmed this, telling us for example, "I go to work by myself." The management team described the horse-riding as "a big dream" of the person. They emphasized it involved much support and many safety checks before independent travel was achieved. The volunteer explained the person was "no longer scared" of situations they might encounter, but instead used learnt strategies to cope such as breathing exercises.

The management team told us of one person being listened to and responded to consistently, which had enabled them to respond in more appropriate ways and to develop their quality of life. They had gradually started participating in weekly music sessions, and now helped to set up and join in with session where once they only sat and listened. They had also acquired work in a local food outlet.. The scheme manager put much of this progress down to the person developing trust in the staff they worked with, and to the service recognising the person's potential. There had also been liaison with a community professional to help the person learn relaxation techniques.

One person told us there would be a fire drill later during our visit to one scheme, and showed us records of previous drills undertaken. The management team informed us the person used to get anxious about fire drills, but had been supported to overcome this by gaining responsibilities for undertaking the drills regularly.

One relative told us that staff listened to and understood their family member, which helped the family member prepare for any changes which they found challenging. Community professionals also praised the service's individualised approach to meeting people's needs and preferences.

The service provided excellent support to people to access the community and develop their skills by attending college courses, religious learning and jobs or voluntary work. The provider had a separate

employment support service that helped people find paid or training opportunities. A number of small businesses were operated in support of this, including a bike shop, a print shop and a newly created gift shop. People spoke of using this service to explore options and gain work that suited them. For example, one person told us of having four jobs, including for raising money for charities they liked. However, the management team also told us of people gaining work from independent employers. For example, with support from the employment service, one person gained work at a local library after their placement at another library ceased following that library's closure. The service had also supported the person to find work later in the day, after recognising the person's difficulties with attending early-morning jobs on time.

People told us of good support with following their interests. One person spoke of a concert they were going to at the weekend, and that they were able to get help going out. Another person spoke of using regular key-worker meetings to make plans, as "I have to make sure staff are available." They went on to explain about day trips and a holiday they had been on with staff support. A staff member told us how important it was to support someone to attend an annual concert of a beloved musician. We saw many photos of events people had been to. Staff had supported two people to attend a premiership football match of their favourite team some distance away. Each person had an activities folder which contained pictures of activities that they had done such as bowling, shopping and attending college. Some people spoke of the summer holiday to Bournemouth that a number of people using the service went on, but a few other people chose their own location and which staff to support them.

The service specialised in providing care and support within a Jewish framework. People and their relatives told us the service supported them to undertake culturally relevant activities. One person spoke of a visiting rabbinical advisor, employed by the service, who helped them and others with regular "Jewish studies." Another spoke of visiting their family for many cultural festivals. One relative told us their family member's "spiritual needs are taken care of." Another said, "Every festival is celebrated and every Shabbat is peaceful and happy." A third relative told us the service "meets religious needs and staff have full training about dietary laws, festivals etc."

Staff spoke respectfully about people's religious and spiritual needs and about the support and training they received from the service's rabbinical advisor. One staff member told us of being invited to informal training on each Jewish holiday before it occurred, which made it easier to support people appropriately. Staff were able to talk about different religious festivals and events that they had supported people with this year. The rabbinical advisor knew people well and so was able to support them according to their individual abilities.

The management team told us of the service enabling links within the local community to support people to form friendships with neighbours and at synagogues. This had led to invitations for Sabbath meals, special responsibilities at synagogues, and employment opportunities with local businesses.

Support plans identified a broad range of each person's specific needs and preferences, and how staff were to provide support. This included how able the person was to do tasks for themselves to maintain their independence. Plans were kept under review and updated to reflect changed needs and goals. The views of the person, relatives and social workers were sought as part of that process. Goal progress was then reviewed and adapted on a regular basis. Therefore, the service enabled people to receive personalised care that was responsive to their needs.

The service identified and addressed the communication needs of people with a disability or sensory loss. Documents such as tenancy and support agreements were provided in an easy-read format with pictures and photographs so that people were better able to understand them. People's support plans were very specific about what support each person needed to communicate. For example, one person's plan advised

on the support needed for their hearing aid and that the person spoke quietly but would repeat if asked respectfully.

The service had recently developed an easy-read Pesach guide, to assist people using the service with following the traditions of that particular Jewish holiday. Work had just started on government-sponsored scheme to pilot the use of four books relating to training and employment of people with learning disabilities. The management team also told us of people being supported with making Makaton choices, a sign language develop specifically for people with a learning disability, and of one person using assistive technology devices to help them communicate and structure their day.

The service supported people to develop and maintain relationships that mattered to them. People's support plans paid attention to this. Records and feedback from people showed us people maintained contact with friends in the schemes they lived in and within the wider community. The management team told us the service supported people to invite and host their own guests for Jewish holidays and occasions.

People also confirmed they were supported where needed with visiting family. The management team told us of supporting one person to re-establish visits to and from their wider family. The person now shared Jewish festival celebrations with them. Another person was supported to attend family occasions in Manchester. Culturally-appropriate staff attended with people where needed.

Concerns and complaints were listened to and responded to. People using the service told us they could approach staff or a manager, and that they were occasionally reminded of how to raise concerns. One person said, "If I'm unhappy, I tell the boss" which they explained was the scheme manager and who was responsive to their concerns.

Most relatives found the complaints system effective. One relative said, "I speak or email someone higher up in the hierarchy up to the Director, all of whom are available." Another told us of occasional complaints to the scheme manager "who responds speedily and positively either by email or phone." A third told us the scheme manager "is always very responsive to whatever I have to say."

There were two documented complaints for 2017. These showed that actions were taken in response to matters raised by a relative and a neighbour.

Requires Improvement

Is the service well-led?

Our findings

The provider did not have consistently effective systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. This was because governance and auditing processes had not identified the unsafe recruitment practices that we found. We noted the provider took immediate actions to address the identified shortfalls in the inspection and advised on making auditing processes more robust.

People's comments about managers included, "I can trust them" and "I have no problem talking with managers." People told us of managers generally being available, including via phone and email.

People's relatives generally praised the management of the service. Comments included, "It's very well-led", "My family member has an excellent support manager" and that the service is run "very professionally." However, some relatives told us they experienced communication difficulties with the service on occasions, generally in relation to inconsistent availability of managers. One relative told us of speaking with staff about small matters but not being sure "if it was taken on board." Another relative said, "The service badly needs as on-site person to encourage and prompt staff. There are three levels of line managers above care staff. There would be more point in having an on-site competent deputy." The management team told us additional senior staff at each scheme was being considered, to help with leadership. A staff member told us of recent work to better communicate with people's relatives, including a meeting in which staff ideas and feedback to enable this were sought.

The provider involved stakeholders in the development of the service. The management team told us annual surveys to people and their relatives had identified improvements were needed in communication with families and with addressing maintenance issues quicker. They felt improvements had been made but not yet completed. There had also been 'Have Your Say' groups for people using the service. This resulted in some people attending first aid training with staff support.

The service had a clear vision for high quality care, and promoted a positive and inclusive culture that achieved good outcomes for people. One relative told us of being pleased their family member was "part of this warm and vibrant organisation." Staff said they thought it was a good service which they were proud to work for. One staff member told us, "It is a well-led service because management care about how daily things are running." Another said they were most proud of supporting people "to do what they want to do." Staff were aware of the whistleblowing policy, for any concerns about the operation of the service.

The inspection process demonstrated the provider's stated values of Education, Opportunity and Support were being upheld throughout the support of people using the service. This was most evident in the development of people's quality of life, increasing independence and achievement of goals.

The provider had an extensive business plan that was kept under review, and produced annual reports each year to demonstrate accountability. Within that process, there was recognition that there was significant local demand for services such as this one, and hence the number of people using the service had greatly

increased over time. A strength of this process was how well the service liaised with everyone involved for each new person potentially using the service, to maximise the chance of them being at the centre of the planning and thereby ensuring they experienced a successful service. A further strength of the service was the provider's overall holistic approach, such as through day centres and dedicated employment services, to create a collection of wider services that supported people to develop and to realistically enable equal life opportunities.

The provider notified us of all required matters, including safeguarding allegations and significant safety incidents. Further information was provided on request. This helped demonstrate appropriate levels of transparency in how the service operated.

The provider's governance framework generally ensured that responsibilities were clear and that quality performance, risks and regulatory requirements were understood and managed. Scheme managers submitted weekly reports to the registered manager. These included assessment of service delivery and an opportunity to raise any issues and identify improvements. Quarterly audits at schemes covered several areas including people's needs, culture, finances, medicines, staff support and health and safety. Action plans from these were updated to show identified matters had been addressed.

Systems at the service enabled sustainability and supported continuous learning and improvement. A service improvement plan had a broad range of areas under consideration. Most had been addressed, and there were explanations where progress was not as prompt as planned for. One theme of the plan was the attention paid to more efficient and effective scheduling of staff, to better meet people's needs.

On our final day of visiting, a scheme manager showed us how people's risk assessments and support plans had been updated to reflect good practice suggestions we had made at our first visit. After our visits, we received updates on addressing concerns we identified with staff recruitment processes.

The management team told us of beginning trials of a software package that enabled easier communication between staff at different projects. It also allowed managers to monitor that tasks within people's support plans had been addressed, as staff would be using the software to immediately record each part of the support plan the person had been supported with. These tasks could include one-off matters such as special events or healthcare appointments. The package could also allow people using the service and their family members degrees of access depending on individual circumstances.

The service undertook reviews of their practices when significant incidents occurred. This included as a result of a safety concern when someone returned from hospital, and when an unexpected death occurred. The management team explained in some detail about revising processes as a result of what was learnt from these matters, including revised end of life plans and return from hospital checklists being introduced.

The service worked in partnership with other agencies to support care provision and development. Community professionals told us the service engaged with them, took on board recommendations and made positive changes. There was praise for the commitment of the staff and managers at the service. The management team showed us records of working closely with the local authority to review and improve on the quality at one scheme last year. Senior staff attended professional conferences and worked with care initiative groups such as local colleges for the development of national best practice in specific areas.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered persons failed to ensure persons employed for the purposes of carrying on the regulated activity were of good character, and failed to ensure the following were available before employing anyone to provide care: •□A criminal record certificate •□Satisfactory evidence of conduct in previous care-related employment •□A full employment history, together with a satisfactory written explanation of any gaps in employment. Regulation 19(1)(a)(3)(a) S3 parts 3, 4, 7.