# Brighton and Sussex Care Limited

# 19a Rock Street

## Inspection report

19A Rock Street
Brighton
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22 March 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

The inspection took place on 22 March 2016 and was announced.

19a Rock Street is a domiciliary care service that supports thirty people, with enduring mental health needs, learning difficulties or those on the autistic spectrum, with their daily living tasks.

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

The provider had recently merged with another provider. People provided mixed feedback in relation to this. People felt that the management of the transition had been dealt with well. However, due to changes in staffing levels felt that their support hours had been affected. People and relatives told us that this made them feel less safe. One relative told us "Now that the service is under new management it is often short staffed and they are quite often not able to support my loved one. As a result my loved one doesn't feel safe and secure now as there does not appear to be a plan if certain members of staff are off."
This is an area in need of improvement.

People were involved in the recruitment of staff. Those that had been recruited were safe to work within the health and social care sector and were aware of their responsibilities in regards to safeguarding people from harm. Risk assessments enabled people to live their lives in the way that they chose, whilst minimising risks to ensure people's safety.

People were supported by skilled and experienced staff who were regularly supported and encouraged to develop within their roles. One member of staff told us "Staff are encouraged on their pathway, this is then cascaded to the people we support as we try to promote the best in them too."

People were encouraged to make decisions and consent was gained before support was offered. The provider had taken appropriate measures to ensure that people's freedom and independence was not restricted. Relevant professionals were involved in people's care to ensure that they were supported effectively.

Staff had a kind and caring approach. Observations showed warm, positive and genuine relationships that enabled people to feel at ease. One person told us "They are very caring, they're like friends." People were involved in their care and were supported to live their lives in the way that they chose to. People's privacy and dignity was maintained and their rights respected.

People received person-centred and individualised care. Staff adapted their approach to meet people's needs. They ensured that support was tailored to people's preferences. The provider was aware of the

impact of social isolation and had taken measures to minimise risk. This included implementing clubs, in partnership with people, in response to their interests and hobbies, enabling them to socialise and interact with other people. People told us that they valued this and enjoyed participating in the clubs.

There were various mechanisms in place to monitor the quality of the service being delivered. The provider had identified areas to develop or lessons learned to ensure that changes were made to practice to drive improvement.

People, relatives and staff felt that the service was well-led. They found the management team approachable and responsive to their suggestions. One relative told us "There has been no change in the delivery since the takeover. It has all been very seamless. As far as I can tell it is well-led and well-managed, I am very impressed with them."

## 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.

People and relatives told us that since the service had merged with another provider, that they did not always get the full allocation of support hours. They told us that this made them feel unsafe.

People were protected from harm and abuse. There were risk assessments in place to ensure people's safety and provide guidance to staff. People were protected from abuse. They were supported by trained and experienced staff who were aware of the actions they needed to take if there were concerns.

People were supported by staff, who had received training in medicine administration. They had their medicine on time and in their preferred way.

### Is the service effective?

**Good**

The service was effective.

People were supported by staff who had the relevant skills, experience and knowledge to support them effectively.

People were asked for their consent before support was offered. The provider had a good understanding of the legislative requirements in relation to mental capacity and appropriate action had been taken to ensure that people did not have their freedom and independence unnecessarily restricted.

People had their healthcare needs met. They had access to relevant professionals to maintain their physical and mental health. People who required support, were supported to maintain their nutrition and hydration.

### Is the service caring?

**Good**

The service was caring.

Positive relationships had been developed. Staff took time to get to know each person and adapted their support to ensure that

each person was treated as an indidvual.

There were various mechanisms in place to enable people to be fully involved in their care and able to express their views, wishes and preferences.

People's privacy was maintained and they were supported in a respectful, dignified way.

## Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive and tailored to meet their needs.

People had access to complaints procedures, those that had been made had been dealt with accordingly and practice had been changed as a result.

## Is the service well-led?

Good

The service was well-led.

People and staff were positive about the management and culture of the service. Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the service.

# 19a Rock Street

**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 took place on 22 March 2016. This visit was announced, which meant the provider and staff knew that we were coming. We did this, as the service is a domiciliary care agency and we wanted to ensure that appropriate office staff were available to talk with us, and that people using the service were made aware that we may contact them to obtain their views. The inspection team consisted of two inspectors.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. Before the inspection we checked the information that we held about the service and the service provider. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with five people, four relatives, seven members of staff, an external health professional and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected in December 2013 and no areas of concern were noted.

Requires Improvement

# Is the service safe?

## Our findings

There was mixed feedback from people and relatives regarding the safety of the service. One relative told us "I do believe the service is safe, there is someone available at the end of the phone when my loved one feels vulnerable." However, other people and relatives felt that people's safety had been compromised as a result of changes in support hours and the provider's inability to fulfil hours, since they had merged with another provider.

Most relatives felt that the service was safe. One relative told us "We've been impressed with the service and would agree that it is safe. For example, when our loved one first joined the service they walked out of the house on a couple of occasions and would walk or skateboard down to Asda with no money. The provider urgently addressed the problem so that it wouldn't happen again. For my loved one's best interest, an alarm system was installed on their front door so that if they decided to walk out then the carer would be alerted to the door opening." This meant that the person was still able to access the local shops, but could do so with staff support and in a safe manner.

However, some people and relatives told us that since the service had merged with another provider, they had noticed changes in the availability of staff and the provider's ability to fulfil people's support hours. One person told us that they didn't feel as safe as they used to, as they had difficulty seeking support when certain staff were not working. Another person told us "The service has changed, I am not happy with the service now." Relatives and staff told us about occasions when people had not received their full, daily hours of support that were allocated to them. One relative told us "It worries me, bearing in mind that it is still early days in the transition process for my loved one in regards to supported living." Another relative told us "Now that the service is under new management it is often short staffed and they are quite often not able to support my loved one. As a result my loved one doesn't feel safe and secure now as there does not appear to be a plan if certain members of staff are off. It is not as well organised as it was before, my loved one feels it has grown too big."
This is an area in need of improvement.

People were cared for by staff that the provider had deemed safe to work with them. Prior to their employment commencing, staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS) and their employment history gained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. The provider recruited staff that were of suitable calibre and with appropriate values. People were involved in the recruitment and selection of staff. For example, some people had been involved with the interviewing of new staff as well as the selection process, ensuring that they were happy with the staff that the provider was employing. This demonstrated respect for people, ensuring that their opinion, in relation to the staff that were going to support them, was taken into consideration. One relative told us about the quality and calibre of staff. They said "I don't know how they do their selection, but the staff are good, they show tact and care."

People were supported by staff who had undertaken safeguarding adults at risk training. Training was

updated each year and staff were aware of the signs and symptoms of abuse and how to report their concerns. The provider was aware of their responsibility to pass on safeguarding concerns and had worked with other external professionals to ensure people's safety. For example, appropriate referrals had been made to the local authority in relation to safeguarding concerns. The provider monitored the safeguarding referrals that had been made to identify the actions that the local authority had taken and to identify if any further action was needed.

Risk assessments for the environment, as well as people's physical and mental health were in place and regularly reviewed. Each person's care plan had a number of risk assessments which were specific to their needs. These included behavioural needs, sexualised behaviour, internet use, abuse, medicine and physical health. Risk assessments did not restrict people unnecessarily. They enabled people to live their lives in the way that they chose to and provided guidance for staff to support people in a safe manner. For example, one person had a history of displaying self-injurious behaviour. The person liked to undertake gardening and craft work. Risk assessments identified that the person should have restricted access to tools and that these be used with staff support. Therefore, the provider had not entirely negated the risk, but enabled the person to still use these items, with support, to ensure that they benefitted from undertaking tasks that gave them pleasure and enjoyment.

Risk assessments identified hazards, the risks these posed and the measures taken to reduce risks to the person. Staff confirmed that risk assessments were helpful and provided guidance to ensure safety for them and the person supported. One member of staff told us "If one of the people is anxious there are risk assessments in place for staff to follow, in order to protect the person and staff. As much as we are lone working in people's homes, we never are on our own as we can always get support." Accidents and incidents were recorded and regular audits of these had taken place to monitor for trends and to ensure that actions were taken to minimise reoccurrence.

Some people received support with their medicines. The provider had policies and procedures to ensure that people were supported with their medicines in a safe way. Some people required medicines on an 'as and when required' basis. There were clear guidelines for staff to follow to ensure that people were not prompted with this type of medicine in an inconsistent way. For example, a protocol set out steps for staff to contact the on-call system to seek advice and guidance from managers, before they supported people to have this type of medicine. This minimised the risk of people being given medicines when they didn't need to have them. The provider ensured that people's medicines were being administered appropriately. There were monthly audits on medication administration record (MAR) charts to ensure that medicines hadn't been missed and to ensure that staff were completing the records correctly. People and relatives confirmed that they received their medicines appropriately. One relative told us "Staff administer my loved one's medicine. They sometimes resist but staff know them and are really patient. When they refuse, the staff leave it for a while and then try again later, when they are in a better frame of mind and likely to take their medicine."

Good

# Is the service effective?

## Our findings

People were supported by staff who had the relevant knowledge and skills to meet their needs. One relative told us "They seem trained and are very good at monitoring situations when things 'kick off'."

Staff were supported to develop their knowledge and practice from the outset. New staff were allocated a more experienced member of staff as their mentor. They were supported to undertake induction training. This consisted of completing essential training, developing an awareness of the provider's ethos and getting to know the people they would be supporting. Staff told us that their induction training had been useful. One member of staff, who had recently completed their induction, told us "I completed the Care Certificate as well as other training. The training was sufficient to meet the needs of the people we support." The Care Certificate is a set of standards that social care and health workers should work in accordance with. It is the new minimum standards that should be covered as part of the induction training of new care workers. A member of staff confirmed that they had completed their induction and had found it supportive. Another member of staff told us "I completed on-line training and spent time reading the policies and procedures. I met each person that I would be supporting as I was able to shadow a more experienced member of staff, I wasn't allowed to support people who had the potential to demonstrate behaviours that challenged, until I had completed the relevant training." Records confirmed that all staff had completed their induction training before providing support to people.

Staff had access to ongoing professional development, enabling them to gain the skills required to support people effectively. In the handbook given to staff when they first started employment, it stated 'Brighton and Sussex Care are committed to continuous development of staff and recognises the benefits of having a trained and experienced staff team.' Some staff had completed Diplomas in Health and Social Care or were working towards them. Staff told us that they were encouraged to develop within their roles. One member of staff told us "Staff are encouraged on their pathway, this is then cascaded to the people we support as we try to promote the best in them too."

All staff had completed essential training, including safeguarding adults and health and safety. The staff team were divided into four teams. Each team specialised in supporting people with different needs and conditions. For example, one team supported people with enduring mental health needs, another team supported people who had learning difficulties or with autistic spectrum conditions, another team supported younger adults and those that were transitioning from younger people's services and the final team supported people who were transitioning from hospital. Records showed that staff had received appropriate training to enable them to support people effectively. For example, the staff team that supported people with enduring mental health needs, had completed courses including mental health, drug and alcohol abuse and PROACT-SCIP. (A positive range of options that used therapy strategies for crisis intervention and prevention.)

People were supported by staff that had access to effective support systems to enable them to deal with the challenges they faced within their work. This provided them with support, advice and guidance and enabled them to continue to support people effectively. In the handbook given to staff when they first started

employment, it stated 'Supervision is an opportunity for you and your manager to discuss your progress and to highlight any work related problems that you may have.' Staff told us that they had regular supervision sessions with their managers, records confirmed this. One member of staff told us "I have supervision monthly, however, I can speak to my manager at any time." Other members of staff acknowledged the challenging aspects of the job. One member of staff told us "Blood, sweat and tears go into our jobs, which enables the people we support to have freedom and independence. The monthly supervision provides me with the opportunity to debrief about each person we support." Another member of staff told us "I find supervision very beneficial, this can be a stressful job, however there are enough staff around to support you through it." Staff appeared happy in their roles and felt that the service was a nice place to work. One member of staff told us "It is a nice place to work, it feels like you are not working, staff are really good, we have a great relationship with each other and with the people we support." Another member of staff told us "I have realised this is what I want to do, this is my passion."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. For some people, decision specific assessments had been undertaken to ensure they had the mental capacity to make certain decisions. For example, records in one person's care plan showed that a sexual capacity assessment had been undertaken. This looked at the person's ability to understand relationships and sexuality. The person had been assessed as having capacity. These assessments were used to inform the support provided to people. For example, due to the assessment showing that the person had capacity, their support hours enabled them to have hours in the day where they were unsupported and able to have full independence. Each care plan identified people's communication methods and how information was best shared with them. Consideration had been taken to identify the person's best way of communicating, the delivery of information and the best time of day to do this. This enabled each person to understand and make informed decisions.

The provider had ensured that for people who may need additional support to make decisions, appropriate referrals were made. For example, records showed that two people had been referred to the Court of Protection. The Court of Protection can make decisions on whether people have capacity in relation to particular decisions, make decisions on their behalf, appoint or remove people who make decisions on people's behalf and make decisions relating to lasting or enduring power of attorney. The provider had worked within the principles of the MCA and ensured that people were able to live their lives without unnecessary restriction.

People received differing levels of support, dependent on their needs. For example, some people only received support once a week, whereas others received several hours of support each day. Some people required support with their nutrition and hydration. One person's care plan showed that they required assistance from staff to prepare meals. The person's relative confirmed that their loved one received the support and that it enabled them to have access to regular meals. They told us "Staff support my relative to cook and prepare meals, my relative is happy to let staff do this as they don't like doing it themselves. Staff used to support my relative to go to the supermarket to choose the food, however, my relative found this too much of a 'hassle' and used to get very anxious. Staff adapted the way they supported my relative to purchase food, they are still given choice but now the food shopping is ordered on-line." Care plan records

for another person showed that they had stated that they wanted to lose weight.  Staff had supported the person to work towards their goal. Records showed that it had been suggested that the person might like to join a slimming club and undertake activities such as swimming and walking, as this is something that they had previously enjoyed doing. Discussions with the person confirmed that staff supported them to go for walks and undertake activities as well as offer support to prepare some meals.

People were supported with both their physical and mental health needs. The provider ensured that people's health needs were documented in health action plans. The health action plan stated 'Brighton and Sussex Care believe that physical and mental health both have a large impact on an individual's well-being. A health action plan is a personal plan about what you need to do to stay healthy.' Records showed that people's health needs had been identified and they had been supported to access health professionals such as opticians, dentists, hospital consultants, psychologists and psychiatrists. Care records for one person provided information about the person's health conditions. It advised staff of the signs and symptoms to look for that might indicate the person required medical advice and intervention. A health professional who worked with people who used the service, told us "The service shows good results in keeping some of the people who use their service out of hospital."

Good

# Is the service caring?

## Our findings

People and relatives felt that staff were kind and caring and our observations confirmed this. One person said "They are very caring, they're like friends." A relative told us "They are all extremely caring." Cards that had been sent to the provider contained comments such as, 'Thanks for being there for me,' 'Thanks for having hope in me' and 'Thanks for never giving up on me.'

People were supported by staff that were kind, caring and patient. Observations showed staff demonstrating warm and friendly interactions with people. The service had a small communal area where people could meet with staff and other people who used the service. People appeared to enjoy the social aspect that this provided and enjoyed conversations with one another as well as staff. Care plan records for one person stated that the person liked to watch soap operas. Observations showed staff interacting with the person and talking about the soap operas that the person had watched the previous day. The person appeared to enjoy this interaction and engaged in conversation with staff. People confirmed that they liked to go to the service and that they liked talking with staff and to other people who were there.

The provider acknowledged the importance of encouraging relationships. Care plan records showed that people had been supported to keep in contact with their relatives, if this was what the person wanted. In one person's care plan there was a list of birthdays and anniversaries for the person's relatives and friends. The person was prompted by staff to keep in touch with their relatives and friends. Another person's care plan advised staff that the person had a friend who lived out of the area and that they should be supported to keep in regular contact as this was something they enjoyed.

The provider's vision and values stated 'We are committed to the provision of excellence in the care we deliver regardless of gender, age, background, race, disability, religion or sexual orientation.' Records and observations confirmed this. The provider was proactive in promoting equality and diversity. Records of a service user involvement meeting showed that people and staff had discussed the possibility of implementing a lesbian, gay, bisexual and transgender forum. People had suggested that the forum meet regularly to discuss issues and to also invite guest speakers from external agencies. Staff were in the process of implementing this. One member of staff told us "It is a very diverse place to be." Another member of staff told us "It is inclusive and diverse and there is an open culture."

People were treated as individuals and their differences were respected. Care plan records for people were individualised. They showed that each person was supported according to their needs and preferences. Staff adapted their support to meet people's needs and respected people's right to live their lives how they chose to. People were supported to practice their religion. One person's care plan stated that the person was a Christian and that they preferred to worship at a Methodist church. Another person's care plan stated that they were a Buddhist. They told us they drew on their faith as a coping strategy. The person told us that they liked to 'chant.' They told us how staff supported them to get up and begin chanting and how much this had improved their well-being and ability to cope. They told us "They've helped and encouraged me to get on with my life."

People were treated with dignity and their privacy was respected. A relative told us about their loved one, who sometimes had periods of increased anxiety. They told us that staff were very considerate, caring and patient during these times. That they knew their loved one well and were able to recognise signs of the person's anxiety and were able to tell when the person needed time on their own. They told us "They respect my relative's privacy, they know when they need time alone and go into another part of the house to provide them with space, and I'm very impressed by them, especially their caring attitude." People's right to privacy, in relation to the information that was held about them, was maintained. Records were stored in the main office, only accessible to staff, therefore maintaining confidentiality.

Another relative told us about the caring nature of staff when providing support to their loved one. They told us "The carers work very well with my loved one, they are able to judge their mood and support them to choose activities that they feel like doing. It can be challenging because they can get into a very low mood which can last for some weeks, it takes a lot of patience to work with them if they are not feeling well enough for doing anything." The relative went on to say "The carers are very good, carrying out their duties professionally and in a quiet manner, some of them definitely go beyond the call of duty, are pleasant and caring and have got to know the family too." Staff confirmed the caring nature of staff, one member of staff told us "What is lovely about the staff that work here is that even the assistant manager's spare time to go and have a coffee with people."

People told us that they were involved in their care and able to talk to staff about what they wanted. People had access to their key workers, who sometimes acted as advocates for them. Records confirmed this. The provider had various mechanisms in place to enable people to be fully informed of any changes in the service as well as in their support. Regular service user involvement meetings were held, as well as keyworker meetings, that enabled people to discuss their needs and wishes, as well as suggest any changes to the support that they were provided with. For example, records of one person's key worker meeting showed that they had discussed decreasing the amount of support hours they received. The person had been listened to. The provider had taken appropriate measures to ensure the person's safety before the hours were decreased, such as devising risk assessments and having discussions with other professionals.

People's independence was encouraged and promoted. The handbook that was given to people when they first joined the service stated 'We promote independence and assist you to understand your rights.' People told us that staff supported them to be as independent at possible. A relative told us about the support that their loved one received. They told us "I feel that the service is caring and staff have been responsive to my loved one when they have felt alone. It would be helpful for me to have a monthly update on my loved one's progress but I realise that my loved one is being supported to work towards independence and I appreciate this aspect." One person told us about how staff had supported them to become more independent. They told us "I am encouraged and enabled to be independent."

Good

# Is the service responsive?

## Our findings

People, relatives, staff and health professionals felt that the service provided person-centred support to people. Records confirmed this. Individual care plans for people showed that they, and the support provided, was tailored to people's individual needs, conditions, abilities and preferences. People were supported to live their life in the way that they chose to.

The provider was responsive to the needs of people using the service. The service provided support to people with enduring mental health needs, learning difficulties or those with an autistic spectrum condition. It supported people to find homes and secure tenancies as well as offering support to people. The service had been designed to meet the needs of these people. For example, the service provided a separate psychology service. The purpose of the service was to provide people, who had conditions such as autistic spectrum conditions, learning difficulties, personality disorders, behaviours that challenged, offending behaviours, emotional difficulties, depression, anxiety and obsessive compulsive disorders, with effective, person-centred psychological interventions. The team consisted of trained and experienced assistant psychologists and psychologists who provided people with a range of therapies to enable them to cope and manage their conditions. A relative told us "The psychological support they have provided my loved one with has been very helpful. Overall, I am happy with the service and it has been a very positive experience for my loved one."

The provider had a statement of their vision and values, it stated 'We aim to provide a 'person centered' approach to care. Person Centered means doing things in a way that the person wants and which helps them to be a part of their community. If someone is in the centre of something – they are the most important person.' It went on to state that 'We gather information about what support people need from their assessment and their person centered plan and deliver services to meet these needs.' This was embedded in practice, each person was treated as an individual, their needs were assessed and they had a care plan that detailed their needs, abilities, support requirements and preferences.

People's needs were assessed when they first joined the service. A comprehensive care plan was devised and was regularly reviewed with the involvement of the person (if they chose to be involved), their relatives (if appropriate) the staff team and relevant external health professionals. A health professional who worked with a person who used the service confirmed this. They told us "Care plans are detailed and individually tailored to the service user." There were various mechanisms to review the support people received. These ranged from fortnightly keyworker meetings, which enabled the person to meet with their keyworker and discuss their needs and support requirements, a review at the monthly staff meeting and formal care plan reviews. Approaches to reviews were adapted to meet each person's preferences and willingness to engage and be involved. For example, one person's care plan stated that the person did not respond well to being involved in a formal review of their support and that staff should adapt their approach and engage in general conversations with the person to ascertain their views and opinions on the support required and received.

Regular reviews of care ensured that the support people received was up to date and current and provided

staff with information to enable them to support the person effectively. The provider also used an electronic system to monitor people's needs and the support they received. These records demonstrated the support people had received from staff as well as any changes in their needs or support requirements. Staff confirmed that they used this information to ensure that the support they provided was consistent and that it enabled them to be kept informed of any changes in people's needs. The registered manager also took part in a regular meeting with local health trust staff to enable them to have a strategic oversight of people's care and support and an awareness of actions that had been taken. These meetings also provided an opportunity to discuss clinical issues, new referrals and funding.

One person's care plan stated that the person had said that they wanted to learn to ride a horse. It had been identified that due to insufficient funds the person should try to look for some work to help fund this activity. The person had been supported to find part-time work, this had worked for some time but the person did not continue with the work. Records showed that staff had suggested the person join an agency to look for work, it had been agreed that further information be provided for the person to look at and aid their decision. Staff had encouraged the person to take part in voluntary work to increase their experiences and employability. The person had volunteered in the role of catering coordinator for the provider's service user involvement group and they had received positive feedback on their contribution. Care plan records for the same person showed that the person had an interest in music and singing. Daily records, on the electronic care plan system, showed that the person had been supported to access a karaoke bar to sing songs. The person told us that they enjoyed this.

Care plan records for another person showed that the person had an interest in going out for meals, music, researching the weather and that they liked dogs. Records showed that the person had been visited by staff with their own dogs and the person had really enjoyed this. Records of a keyworker meeting showed that it had been suggested that the person visit the RSPCA to look and care for the dogs. The person was visiting the service on the day of our inspection, they confirmed that staff offered support to them, that they accompanied them to go for walks, go out for coffee and that they enjoyed singing and dancing with staff. Observations showed positive interactions between the person and another person who used the service, as well as with staff. The person was observed talking about the weather with staff. Staff encouraged the person to talk about the research they had undertaken on the weather forecast. The person clearly enjoyed telling staff that their weekend plans were going to be spoiled as the weather was forecast to be unsettled and that a storm was on the way. It was apparent that staff had a good rapport with the person. There was lots of laughing and appropriate banter and the person took great joy in thinking of celebrity names for staff. Plans were made between a member of staff and the person to go out for a meal. The person was asked where they wanted to go and what type of food they wanted to eat.

One person's care plan showed that they had identified that physical activities were a productive way to channel any built up anger or frustration. Records of a keyworker meeting between the person and their keyworker showed that the person had been supported and encouraged to pursue cycling, football, swimming, fishing and tennis to meet their needs. Records for this person provided further evidence that people were able to choose how they were supported. The person had stated that they liked to keep their flat unclean and untidy and disliked support from staff. Records of the support provided by staff on a daily basis confirmed that staff respected this person's right, whilst reminding them of health and safety hazards that might occur, through a monthly health and safety audit of the person's home. Records for other people confirmed that they had refused support from staff or had refused to take part in reviews of their support. Staff had respected this.

The provider had various strategies to support people to cope with their anxieties. One of these encouraged people to take part in a meeting with a member of staff and complete a mental health recovery star. A

mental health recovery star was a strategy designed for adults to manage their mental health and who were recovering from mental illness. It incorporated certain areas of people's lives such as social networks, living skills and relationships and supported people on their journey of change. It enabled them to undertake a five step model of change, these steps included: stuck, accepting help, believing, learning and self-reliance. People who had used this model had been supported to develop in various aspects of their lives. One person told us that when they first received support from the service, that they needed a lot of support from staff. However, due to the support offered and the encouragement staff had provided, the person was now very independent and needed minimal support. The person told us that staff helped them to maintain their mental health as they encouraged and motivated them to play music. They told us "They motivate me to get on with my music as I seem to procrastinate. Also I can ask them what they think of my music." The person recognised that this had helped them to become more independent and that their well-being had improved as a result.

Another strategy that the provider encouraged people to use was a 'Brain in hand' App. The app is a unique assistive technology support system that can be downloaded from people's phones or tablets and helped people by providing a coping strategy. It provided people with access to pre-planned coping strategies, a diary to help them structure their time, a monitor to track anxiety levels and a system to request support. This helped people obtain support when they became unsettled before they got to a stage when they were unable to cope.

The charity Mind – for better health, recognises that loneliness and social isolation can have a significant impact on people's mental health. They state that the effects of social isolation such as lower self-esteem, problems sleeping and stress, can have a negative impact on people's well-being.' The provider had taken action to address this. People's social isolation was recognised through the use of the mental health recovery star and the provider had implemented various strategies to minimise social isolation for people. The service is a domiciliary care service, providing support to people in their own homes and to access the community. However, in response to people's feedback during service user involvement meetings, the provider had organised a weekly timetable of clubs, that people could take part in. These included gaming clubs, film clubs, friendship groups, religious groups and a football group. The football group had also been entered into a national tournament with the mental health disability team. People and records confirmed that people had attended the clubs and enjoyed the activities and interaction with other people. One member of staff was developing a website that could be accessed by people, relatives and staff. They explained that it helped people find places of interest, clubs and employment and also provided useful information to people, in a simplified version, to promote understanding, such as issues concerning sexual health.

A relative told us "I have suggested that it would be nice for the service to have a drop in café or meeting room so that service users can meet during the day and have a mingle." The provider had listened to this. The main office of the service had recently been reorganised. The layout of the building had been adapted to create a welcoming entrance area, with chairs and coffee tables, encouraging people to come in and see staff or socialise with one another. Observations showed several people using this area throughout the day. It was a sociable environment and there was positive interaction between people and staff.

One person had been supported to pursue their goal of learning to drive. Records of the person showed that they had identified this as a goal that they wanted to work towards. The person had passed their theory test and was taking their practical test on the day of the inspection. Following the inspection, the registered manager explained that the person had passed their driving test and was being supported to manage their finances so that they could purchase a car and pay for insurance. This further demonstrated the positive impact the support provided by staff, had on people's lives.

The provider had a complaints policy, there was also an easy read version for people who required more assistance to understand the information. Complaints had been dealt with appropriately and according to the provider's policy and were used to inform changes in people's support.

Good

# Is the service well-led?

## Our findings

People, relatives and staff told us that the service was well-led. The provider had recently merged with another provider. Most people, relatives and staff acknowledged that this had been an unsettling and anxious period but felt that the change had been managed well. One relative told us "The recent changes to management have been unsettling but I do believe that staff were completely open with people about the handover and this has helped my relative to accept the situation."

The service was a small bespoke service providing support for people with learning difficulties, autistic spectrum conditions and enduring mental health needs. They had recently merged with a much larger organisation that also specialised in supporting people with complex needs within community settings. The service had a registered manager, two team managers and several assistant managers who were responsible for providing line management to the support staff in each of the four teams. There was positive feedback from people and relatives regarding the management of the service. A relative told us "I am fairly confident with leaving my relative with the service as they are now getting over the transition period, which was hard, but things seemed to have been ironed out. I am confident that if there was an issue the manager would sort it out." Another relative felt that there had been no impact on the delivery of care and support during the transition process. They told us "There has been no change in the delivery since the takeover. It has all been very seamless. As far as I can tell it is well-led and well-managed, I am very impressed with them."

Professionals and staff were equally as positive about the management of the service. A health professional, who supported people who used the service, told us "The management team are considerably invested in providing a good service." Staff felt supported. One member of staff told us "I find the management team very approachable, I feel totally valued." Another member of staff told us "The company is very supportive, it is a very special place to work."

Regular meetings took place for people and staff, providing them with information about the service and for them to have an opportunity to share their ideas, suggestions and concerns. Records of a person's key worker meeting showed that the provider and staff had been open and honest with people. Enabling them to express their feelings on the merger of the service. For example, one person had discussed their anxieties and feelings with a member of staff. This had led to a discussion with people at a service user involvement meeting. People had been informed of the merger, advised of the changes and benefits that this would provide and advised that it would be an 'addition' to the service not a replacement of the one that was provided previously.

The provider was in the process of implementing new ways of gaining feedback from people, relatives and staff. People and relatives told us that the management were approachable and receptive to change. One person told us "The management are definitely helpful if I need to change my support. I'm not sure if I've been asked for feedback but I feel confident that they would change things if I was ever unhappy." Relatives told us that they were involved in their relative's care, if this was what the person wanted and that there was regular contact with the management team. They told us that they were receptive and responsive to

suggestions. One relative told us "Yes, there is regular contact between myself and the office, they are responsive to me when I contact them." Observations further confirmed that relatives were kept informed of their relatives support.

The provider had a statement of their vision and values. This stated 'The staff strive in partnership with service users and one another to work towards agreed goals. We believe that through this partnership we are able to help people to realise their full potential.' This was embedded in the culture of the service and in the practice of staff. For example, observations and records showed staff worked in partnership with people, enabling them to choose how they lived their lives and identifying what support they needed from staff, to meet their aspirations and goals. Staff were positive about the service. One member of staff told us "I like the ethos, we promote independence and recovery, people are at the forefront of what we do. I have seen the company grow, but the ethos has never changed."

The provider was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the service so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. The provider had signed up to various accreditation schemes. These included the Social Care Commitment (a Department of Health initiative that is the adult social care sector's promise to provide people who need care and support with high quality services). It also included the Investors in People award (Investors in People is the standard that defines what it takes to lead, support and manage people well). This showed that the provider strived to constantly improve and ensured that staff and people were provided with a high quality service.

There were various mechanisms in place to ensure that a quality service was being delivered to people. There were regular audits to ensure that the practice of staff and the provider's procedures complied with the provider's vision and values and met regulations. One audit related to the monitoring of accidents and incidents that had occurred. The registered manager had ensured that lessons were learned as a result of the accidents and incidents. For example, one audit highlighted that during one particular incident the staff had experienced difficulties getting through to the manager on-call. As a result, a second telephone had been purchased for the on-call manager, that was to be kept free so that staff could use this emergency number and get an immediate response. The provider had also implemented new quality monitoring systems. These had been based on the CQC five domains of safe, effective, caring, responsive and well-led. They enabled the provider to identify what the service was doing well and what needed to be changed to drive improvement.