

Havencare (South West) Limited

Supported Living

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Supported Living is a domiciliary care service that provides care and support to adults of all ages in their own homes. The service provides help with people's personal care needs in Plymouth and surrounding areas. This includes people who may have a learning disability or autism. The service supports some people on a 24 hour basis and others who may require support with personal care needs at specific times of the day and/or night. At the time of the inspection 21 people were receiving support with their personal care needs. None of the people receiving support with their personal care needs could communicate their views to us. We observed how staff supported people and spoke with their relatives about the service they received.

A registered manager was employed to manage the service locally. 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. There were also service managers and team leaders employed to ensure the service ran smoothly.

People, their relatives and staff were unfailingly positive about the organisation, the management team and the support people received. Comments included, ""Havencare's (Supported Living) performance has been outstanding and they are truly a person centred organisation", "They definitely go above and beyond" and "This [service] is a great success story as far as I'm concerned."

Staff described the management to be very open, supportive and approachable. Staff talked about their jobs in a strong, positive manner and were highly motivated. The registered manager and nominated individual demonstrated a strong ethos of personalised support and empowerment, which was communicated to staff and staff shared this vision. One staff member commented, "I'm so passionate about it."

People were supported to live active lives based on their wants and desires. Relatives felt that people valued their relationships with staff and placed trust in them. Staff also prioritised building strong relationships with people's families in order to help understand people better. People's care plans contained detailed information about how they wanted to be supported and were updated whenever their needs changed.

People were encouraged to develop new skills and further their level of independence. Action plans and steps were created to ensure people received all the support and advice they needed to do this, at a pace that suited them.

People received care from a staff team who were trained to meet their needs and who cared deeply for their wellbeing. Regular activities were carried out to assess any gaps in staff knowledge and resources put in place to improve knowledge in these areas. Staff members were encouraged to develop professionally and used their increased knowledge to the benefit of the people they supported.

Staff were recruited safely and detailed information was collected about people's likes and dislikes to help ensure staff's skill suited the person they supported. People were empowered to be in control of who supported them. If people showed they didn't get on with a particular staff member, this was respected and the staff member did not support them anymore.

People were supported by staff who had an in depth understanding of how to keep them safe and alleviate any anxiety they may have. Staff were skilled in using personalised communication methods to understand people's needs and wishes; and respected people's decisions. New technology was embraced in order to gather detailed information to support people to be safe.

Staff had undertaken training on safeguarding adults from abuse, and put their knowledge into practice. Where staff had raised alerts the service managed the concerns promptly and when appropriate, conducted thorough investigations to protect people. Any learning was shared to improve future practice.

People were supported by staff who placed a strong emphasis on the importance of them maintaining a healthy balanced diet. Advice was sought from professionals and family members who knew people well, to help ensure people received the right food for their wants and needs.

People were supported by staff who understood their health needs and recognised minor changes. This meant people received attention from the correct health or social care professional quickly. Risk assessments and guidance were put in place to help ensure staff knew how to keep people safe and healthy. People's individual preferences were taken into account to help ensure any measures put in place suited them and were successful. Healthcare professionals confirmed staff worked positively with them and followed any guidance given.

There were effective quality assurance systems in place. Action was taken to address areas where practice could be enhanced, and as a result, changes had been made to help ensure the service moved forward and continually improved.

Staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was very safe.

People's individual views were taken into account to help ensure measures put in place to keep people safe were successful.

New technology was embraced to help ensure people's safety without encroaching on their dignity and privacy.

Recruitment practices were robust and only staff who reflected the services ethos were employed. Relatives were involved in writing job descriptions and people's views were taken into account to help ensure they felt safe with the people who supported them.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

People were supported with their medicines in a safe way by staff who had been appropriately trained. Staff's competence to administer medicines was reviewed regularly.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs and gave people an outstanding quality of life.

Staff were encouraged to continually develop their skills and expertise. New knowledge was used to benefit people.

The service was proactive when working in partnership with external organisations to ensure staff followed best practice.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act 2005, to make sure people were involved in decisions about their care and their human and legal rights were protected.

Staff were particularly sensitive to people's changes in health and sought professional advice promptly.

People were supported by staff who placed a strong emphasis on them maintaining a healthy balanced diet. Staff sought advice from dieticians to help ensure individual's needs were met.

Is the service caring?

Good ●

The service was caring.

Relatives told us staff made people feel they mattered and developed strong, positive relationships with them.

People were supported by staff that were remarkable in maintaining their dignity and privacy. Staff worked hard to promote people's independence.

People were supported by staff who had an in-depth appreciation of their needs and used personalised communication methods to ensure these were met.

Is the service responsive?

Good ●

The service was responsive.

Care records were very personalised and focused on a person's whole life. Staff had a thorough understanding of how people wanted to be supported.

People were empowered by staff to be involved in identifying their choices and preferences, and have as much control and independence as possible.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture in the service. The management team provided strong leadership and led by example.

There was an open and collaborative culture within the team who worked effectively with people, relatives, volunteers and other professionals to shape the service on offer and ensure people's needs were met.

Quality assurance systems in place were designed to both monitor the quality of care provided and drive improvements within the service. These were changed and developed to improve the standard of information collected.

Staff were invited to contribute to improvements to the service. The staff team showed willingness to learn from mistakes and improve because they felt supported and were well trained.

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.

The inspection took place on 28 July 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

The inspection was carried out by one inspector.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we met four people and spoke with four relatives. We looked at three records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at three staff recruitment files and records associated with the management of the service, including quality audits.

Following the inspection spoke with a community nurse who knew people who were supported by the service.

Is the service safe?

Our findings

People were supported by staff who had an in depth understanding of how to keep people safe. Staff took into account people's individual personalities to help ensure people were happy with the measures put in place to keep them safe. For example, one person was at risk of falling due to their health needs. They refused to wear equipment recommended to protect their head if they fell. Staff respected the person's wishes and were creative about finding alternative measures to keep them safe. The person liked to wear hooded sweatshirts with the hood up, so the staff sewed padding into the hood. They also replaced the carpet underlay with very thick underlay. They told us they felt these measures had reduced the level of injury the person experienced when they fell.

People had risk assessments in place which identified any risks to the person using the service and to the staff supporting them. They included environmental risks and any risks in relation to the health and support needs of the person. The risk assessment included the level of risk as well as action needed to minimise the risks where possible. Where possible, people were included in assessing risks and were supported by staff to identify safety measures. For example, one person was anxious about the risk of fire in their house, so they were supported by staff to visit a local fire station to learn how to keep themselves safe from fire at home.

People were protected by a thorough recruitment procedure which helped ensure staff were suitable and had appropriate skills and knowledge to provide care and to meet people's needs. The registered manager told us, staff were specifically matched to support people on an individual basis and therefore had the right skills, knowledge and experience to meet their unique needs. People and their relatives were involved in writing job descriptions for new staff and interviewing them. Each of these job descriptions were different, according to each person's needs and wishes. A relative told us, "It was inclusive right from the beginning. I was involved in interviewing the potential staff." Other relatives confirmed, "We had a meeting the other day because they need a new member of staff for [...] so they wanted our opinion. The staff member said when they find someone; we can meet them and say what we think. We are reassured by that" and "They put [...] first in absolutely everything they do and have been successful in building an excellent care team. All of whom I trust 100%."

The registered manager explained, "The staff member needs to match the person well as they can be spending a lot of time together," and a staff member told us, "If we find there's a clash of personalities, we'll move the staff member." Relatives confirmed this to be the case. This empowered people to be in control of who supported them and who spent time in their home. A relative told us they thought this made their loved one feel safe.

Staff recruitment files contained all the relevant checks to show staff were suitable and safe to work with vulnerable people. Staff confirmed checks were all carried out before they were able to support people. One staff member explained, "My references and DBS (Disclosure and Barring Service) check had to be returned before I could start work."

Some people had a designated team of staff supporting them seven days a week on a 24 hour basis. Others

had care and support provided at set times dependent on their needs and requirements. Staffing levels were determined by an assessment of need and the tasks and wishes of the individual. For example, one person only needed support from one member of staff whilst at home but two members of staff whilst out. This was always provided to help ensure the person was as safe as possible.

People had telephone numbers for the service so they could ring during office hours and in the evening and weekends if they needed help or support. As part of their support, some people had a telephone or internet call in the evening after staff had left. This was used to help ensure the person felt safe. Staff had time to chat with them, remind them to lock their doors and check whether they had had taken their medicines before they went to bed.

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff were up to date with their safeguarding training. A new member of staff commented, "Safeguarding training was day two of our induction. We covered signs of abuse and how to report it and who to; and how to escalate it if it wasn't acted upon." The PIR stated safeguarding was also discussed during formal and informal staff supervision. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were also supported to understand what abuse is and how to report it. The PIR stated this was done in a variety of ways including providing easy read information for people and including relevant details to report abuse in people's welcome packs.

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. These guidelines also included information about people's medical history and how they chose and preferred to be supported with medicines. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in the person's home had been considered with the person and/or their relatives. Where necessary records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to ensure they were correct. All staff had received training in the administration of medicines.

Is the service effective?

Our findings

People received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided.

New members of staff completed a thorough induction programme. This included being taken through all of the service's values, policies and procedures, and included training to develop their knowledge and skills. It was also tailored to train staff in the specific needs of the people they would be supporting. Staff members told us, "The company took me through an induction period which prepared me really effectively for situations I might face"; "We had a whole week of induction and taught courses before we met anyone. Now I have observations to complete. A senior staff member comes to observe me when I'm working; for example my communication, manual handling or reporting concerns." A new member of staff told us, "I shadowed with staff before working alone; and they made a point of making sure I read support plans before working with anyone." The registered manager confirmed new staff completed the Care Certificate (A nationally recognised training course for staff new to care) as part of their training.

On-going training was planned to support staffs' continued learning. A new staff member told us, "I have to get a learning and development plan signed off as part of my induction." In addition to the mandatory training, staff received tailored comprehensive training that reflected how an individual wanted and needed to receive their care. Where possible people and, where appropriate, their relatives were involved in training staff. This helped ensure staff understood people's individual needs. The registered manager also told us, "It helps the people, their family and staff get to know each other well too; and that results in a positive relationship." Staff comments included, "The company really understands the value of training" and "The training has all been really useful." The registered manager told us, "Staff come to us constantly to ask for new training. Especially if they feel they need updating on something." As a result they had purchased an IT package which included training courses on hundreds of subjects. They explained, "People, staff and relatives can all use it to gain information about a subject area. It will be followed by a more in depth course for those who need it." Further training packs and resources had also available to people and their relatives for example about the Mental Capacity Act 2005, to help them understand what they should expect from the service.

A range of activities were used to assess staff knowledge and identify where further training might be needed. For example, some senior staff members had identified some gaps in staff knowledge during staff one to one meetings. The registered manager employed someone to contact staff to ask questions about a variety of topics relating to their role. They then used the information to produce a resource pack for staff which covered the subject areas identified. This included, the key questions used by CQC during an inspection, safeguarding and positive risk taking. Quality checks carried out by senior staff members checked staff members were implementing new knowledge acquired on training. The registered manager told us, "Staff are encouraged to think about things in a different way through training and it's important that becomes a part of their practice."

Staff were encouraged to develop their skills and knowledge as far as possible with a view to taking on a

specialist or more senior role. Staff were particularly positive about the opportunities for development given to them. Staff members told us, "There's a career pathway so if someone wants to specialise in something, for example autism, they can receive extra training and then advise the staff in each team", "The career pathway is discussed at our induction and the opportunity for progression. It's discussed in our supervision too" and "There are opportunities here to improve and exceed." One staff member had recently been promoted from the role of support worker to team leader. They were given eight weeks of induction training for their new role. They told us, "A lot of it was about how to manage people. It was very interesting. It has prepared me for the role; But they don't just leave you at the end of the induction. I always get good support and the managers are always at the end of the phone."

Another staff member had been asked to fulfil an advisory role to support staff through behaviour that may challenge them. They told us, "I was a bit nervous about it but happy they thought I was good enough to do it. I was flattered. It's a new role and I've had a lot of support." They explained that their role was not only reactive to staff concerns but also proactive in identifying areas where practice could be improved. They said, "I visit all the services and look at care plans and incident forms and talk to staff. If staff tell me of any worries or I see any problems, I offer advice to staff about different ways of working. This can mean looking in detail at incident forms, looking at what's worked and what hasn't. I listen to staff and the person and observe too." They told us they then fed back to their line manager who ensured the team followed through with the recommended actions. This meant people benefitted from having in house specialists who helped ensure staff were following best practice.

Staff told us they felt well supported by colleagues, senior staff and managers throughout their work. One staff member told us, "If I'm stuck on anything, this company's great. There's always someone I can contact." Staff also valued the support they received through supervision, daily handovers and team meetings that took place. A new member of staff told us, "I've met with my line manager and they ask how things are going and booked in a supervision for me." The registered manager told us they also provided one to one time for staff with psychology professionals where necessary. This gave staff the opportunity to discuss and seek advice about any particularly difficult situations they had encountered.

People were supported by staff who were knowledgeable about their healthcare needs and recognised quickly if they were unwell. For example, one person showed behaviour that may challenge the staff in response to ill health. The staff members carefully recorded the behaviour and referred the person to the appropriate health care professional. As a result, the professional gave advice about the person's diet and their level of anxiety had decreased as their health increased. A staff member explained, "We recognise the early signs the person is becoming unwell so we are able to get the relevant medicine immediately. It means they don't get that bad and [...] remains healthy and happy. It's such a tiny thing but so satisfying that we can make a difference." A relative gave another example of staff attention to detail, telling us, "They are very good at picking up if [...] isn't well. They picked up on little signs and eventually it was found that it was a DVT (deep vein thrombosis.) I have 100% confidence they are looking out for [...]s physical wellbeing."

If people needed to spend time in hospital, staff were particularly sensitive to any anxiety this may cause. One staff member told us, "I spent several hours on my day off, in the hospital with [...]. I know they'd be anxious, so I wanted to be there to reassure him. They were more relaxed when I was there and I was able to explain what was happening." A family member confirmed, "If [...] goes into hospital, there's a lot of effort made to reduce any anxiety over it." Another relative explained how staff had been key to the success of their family member recovering after a hospital visit. They told us, "They were absolutely instrumental in getting [...] up an around; much better than we could. They found alternative accommodation where they could use the bath or shower, as they struggled to get up the stairs at home. The staff followed the rehabilitation plan really carefully and because [...] trusts them so well and was happy to do it."

People were as involved as possible in choosing what they wanted to eat or drink which helped ensure they had a healthy balanced diet and were protected from risk of poor nutrition and dehydration. A relative confirmed, "[...] used to impose upon themselves a very limited selection of food they would eat. Now they are eating a much wider selection of foods, including more fruits and vegetables and I am delighted. The team have done a brilliant job." People's care plans recorded what they enjoyed eating and drinking and staff observed people's responses to identify what they wanted or didn't want. One staff member told us, "For some people, we can show them different food and they can tell us what they would like." Another staff member told us, "I share any new information about food with the team and we log how successful new experiences have been."

The staff and registered manager were committed to seeking the best advice and guidance possible to support people's needs. Care records highlighted where risks with eating and drinking had been identified. Staff sought advice and liaised with relevant professionals to seek best practice in supporting the person. These recommendations were then followed to minimise the risk to the person. A relative explained how the staff had gone out of their way to make contact with an expert in autism who had previously worked with their family member. They used the guidance they received from experts to improve the care they provided.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Records demonstrated MCA assessments were taking place as required. People who lacked capacity were encouraged to have a say in their care using communication methods that suited their individual needs for example signing or using pictures. Staff ensured their care was discussed with a range of professionals and the family where appropriate to ensure the decisions were made in the person's best interest. Staff were given clear guidance in care plans about how to support people to make decisions and when they were acting in people's best interest.

Is the service caring?

Our findings

People were described as comfortable in the company of staff. Relatives said staff looked after people in a caring way and always respected them as individuals. Relatives told us they felt their loved ones felt well cared for, they spoke highly of the staff and the quality of the care given. Comments included, "They are very caring", "They are very understanding and very patient", "She seems happy. She loves the ones who are looking after her. You'd know if she didn't!"

People, and those that mattered to them, valued their relationships with staff. One relative commented, "They've all got a great relationship with [...]" Relatives consistently described how the strong relationships their loved ones had with staff had resulted in positive results for people. Examples included, being willing to try new things, increasing independence, following guidance given by health and social care professionals and staying healthy. These were all described as successes because of the trust the person had in their staff team. A relative told us, "They have a knack of enabling her to do things without putting her under pressure." A new staff member also explained they had been particularly impressed with the rapport staff had with people, saying, "[...] showed anxiety but the way staff talked to them really calmed them down. You could tell they trusted the member of staff."

One relative also described how their own relationship with staff was particularly positive which helped ensure their family member's were supported and listened to. They told us, "They understand me too and what I expect from the service. They fulfil everything I want and more – and my expectations are not low!"

Staff were very motivated and demonstrated clearly compassionate about making a difference to people's lives. Several staff gave examples of going above and beyond their duty of care to ensure people got what they wanted. For example, two staff members who were supporting someone to go on holiday to an 80's weekend had decided they would not be paid for all the hours of support they were providing. They explained, "It's really important to him and otherwise he won't be able to afford to go." Relatives confirmed their family members were content and happy and attributed this to the commitment and dedication of the staff team. Comments included, "[...] is much happier in herself and more relaxed." and "Where he is now, he seems to be the happiest he's been. He goes out and they look after him well. I think he's content."

There was a strong emphasis on protecting people's privacy and confidentiality. Staff members told us, "We received training about privacy and dignity in our induction" and "I wasn't told too much about individuals during my initial office based induction, to ensure their privacy was protected." Staff had access to people's care plans and rotas on personal IT devices. The registered manager told us, "We find that it's beneficial for staff to be able to look at people's care plans whenever they need to. The requirements for staff to follow around confidentiality are in the policy and they would not have access to information such as bank details through this means." A staff member confirmed, "In training, they go over the data protection act in fine detail and our obligation to keep information confidential."

Staff respected people's dignity and were aware of confidentiality when visiting people. Individual requirements were detailed within people's support plans so staff understood their importance. For

example, one person's care plan told staff to knock on the person's door and wait to be invited in, when they arrived. A relative confirmed, "They tell me, 'This is her home and she can do what she wants here'." The PIR stated, "Dignity and respect is promoted at all times. The person's home is treated as such." This ethos was explored during personal boundaries training which helped ensure staff understood how to respect a person's home and belongings whilst they were providing support. The registered manager explained, "The course encourages self-reflection and explains, for example, not to use people's electricity to charge your phone or use the shower for too long. We expect staff to refer to the room where they sleep as the 'guest room' not the 'sleep in room'.

Relatives told us how the service had helped to improve people's lives by promoting their independence and well-being. Comments included, "She's so much more independent now. She does household chores that I couldn't ever have imagined her doing", "[...] has come a long way since they started supporting her and I would not hesitate in recommending them" and "They've really encouraged her to increase her mobility."

People received care, as much as possible from the same care worker or team of care workers. Rotas were well organised so people knew who would be supporting them and were kept informed of any changes. Some people had pictures of the staff who would be supporting them on the wall, so they knew who to expect. A relative told us, "If they know we're visiting, they put our picture up too. Just so [...] knows what to expect." In order for us to visit someone in their own home, the registered manager told us, "I will put together a social story for [...] about your visit and then they will understand why you're there." They ensured the person had time to see the story before the visit was planned.

Staff demonstrated they knew the people they cared for. They told us about individual's likes and dislikes, which matched what was recorded in individuals care records. This included a comprehensive knowledge of people's individual communication skills, preferences and abilities. Relatives confirmed staff were skilled at responding to people appropriately no matter how complex the person's needs were to help ensure people felt they mattered, and had control of their care at all times. Comments included, "The staff use the communication tool that [...] knows. It's very important to her and they understand her" and "I think they have a good idea what [...] is asking for." Staff spent time with people, and knew their unique ways of letting staff know if they required them to interact with them or not. These were recorded in people's care plans so all staff could communicate consistently and successfully with the person. Where communication methods were unsuccessful, staff teams worked creatively to find alternative methods.

Is the service responsive?

Our findings

People were supported by staff who were passionate about enabling them to live full lives that reflected each individual's needs and wishes. Staff members told us, "It's all about empowering people to make choices that are right for them", "We're led by what people want" and "I love it. Seeing the progress people make when given the chance to experience life is the best feeling anyone could have." A new staff member commented, "Whenever staff talk about supporting a person, their main concern is what the person wants and what their needs are." Relatives confirmed, "[...] is their priority in absolutely everything they do with her. I think the service is absolutely wonderful", "Nothing's ever done because it's easy. It's all done because it's best for [...]", "They respect [...] as a human being. I get the impression he comes first in everything", "They definitely go above and beyond" and "This [service] is a great success story as far as I'm concerned."

People received consistent personalised care, treatment and support. Once Supported Living and agreed to support a person, an initial assessment took place. The person, those who matter to them and professionals were actively involved in designing the service to meet the person's needs. Staff were then recruited and trained to in a way that focused on the person's identified needs and preferences. This ensured the person remained central to their care plan and the staff complimented this and were able then to fully meet their needs.

People were involved as far as possible in planning their own care and making decisions about how their needs were met. Service design days were held for each person, in a way that suited them, to empower them to communicate how they wanted their service delivered. Where appropriate, loved ones and advocates were invited to the day to support the person. The registered manager told us, "We encourage people to be as involved as possible in their support planning."

Care plans gave staff detailed information to staff about how people liked to have their needs met. Where appropriate, family members were involved to help ensure as much information was collected as possible to provide personalised care. The emphasis was put on each person reaching their full potential with outcomes linked to their care plans which helped them continually develop their skills and experiences. One staff member told us, "I think the outcomes are fantastic. You can see people's real progress." For example, one person had refused to let staff help them with certain personal care tasks and this had impacted on their general wellbeing and the activities they could partake in. An outcome recorded for this person was for them to allow staff to support them with this task. Time was spent with the person explaining why this was important and to seek their support and understanding. Respect was given to what the person could do for themselves. The outcome was broken down into small actions the staff would support the person to complete; these included creating social stories to explain the task and seeking advice from external healthcare professionals. Staff reported the person had benefitted from these steps as they were now more mobile and involved in many more activities. A health care professional commented, "The good work the team have done, developing a trusting and valued relationship, has supported [...] to defy expectations."

Care plans also recorded people's daily activities. Photos could be added and an easy read version created so people could reflect on what they had done. If appropriate, family members could also see the daily

notes so they could keep up to date with their loved one's life.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. The registered manager also told us, "We encourage people to introduce themselves to their neighbours and we're always available to discuss any concerns neighbours may have." Staff members described how they regularly encouraged people to explore their local community and take part in events or activities on offer. One staff member explained, "We try to involve people in activities in the community and using public transport but are also aware of any anxiety or dislikes they may have." A relative described how staff encouraging their family member to do more activities had increased their mobility commenting, "She has started to walk more and that's because she's getting more confident and looking forward to doing the activities she does."

People were supported to follow their interests. Individual preferences and abilities were taken into account to provide personalised, meaningful activities. Staff used information from a variety of sources to plan people's activities with them. One staff member told us, "It's important to have a good relationship with families. The information they know about people is invaluable." Another staff member told us how some new staff had challenged the existing staff team to think about greater opportunities one person could take part in. The staff member told us, "We were too focused on [...]s safety. The new staff pointed out we needed to let him have the opportunity to live his life. We discussed it as a team and started trying new things. Now he's been on a steam train, to the beach and to a theme park. It's very clear if he doesn't want to do something and we listen. He's now really keen to go out because he's enjoying all these new experiences. We check things with the registered manager and make sure he is safe."

Staff gave us examples of how they used different forms of communication to encourage people to make decisions. People were supported by staff who knew their individual communication skills, preferences and abilities. The PIR described different communication tools which were used depending on individual people's needs, such as, picture boards, talk boards, tablet computers and signing. These were detailed in people's individual communication plans and relatives confirmed these were used to support people to communicate their wishes.

People and their relatives said they would not hesitate in speaking to staff if they had any concerns. One person confirmed, "I tell them if there's anything wrong. Oh yes, they listen!" Relatives knew how to make a formal complaint if they needed to but felt that issues would be resolved informally. Comments included, "I have no worries or concerns with the support staff or the management team", "I said once that I didn't know if [...]s two to one (staffing) time was at the best time of the day. The rota was changed accordingly and suits her better now. Even if I mention things to the care staff, they'll take it on board and raise it with their manager."

The service had a policy and procedure in place for dealing with any concerns or complaints. There was an easy read version available for those who needed it. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. Staff also told us how they observed people and would act if there was a change in the person. This would then be discussed to see if there was an issue that needed reviewing. The PIR stated, "All compliments and complaints are recorded, followed up, resolved and any learning points actioned and shared." This helped ensure any improvements to practice were identified and implemented. For example, feedback to the service had stated that communication from the staff and service could be inconsistent at times. In response, a communication agreement was put in place with people and their friends and relatives, which was adhered to by staff and managers to improve consistency.

Is the service well-led?

Our findings

The service was exceptionally well led. Clear lines of governance and accountability were visible at each level of the service. The provider Havencare (South West) Limited has five services in the South West of which Supported Living is one. There was a nominated individual in place. The nominated individual is a person who takes accountability for the service at the provider level. There was a registered manager in place to manage the service locally. They were supported by a team of staff, including service managers and team leaders who were clear about their roles and responsibilities.

The provider demonstrated a quality service by having an overview of audits and feedback received. These were regularly discussed and overarching action plans put in place to improve the service as a whole. The registered manager received all audits and reports produced and was responsible for ensuring actions were taken to improve the quality of the service individuals received.

There was a positive culture within the service driven by the registered manager and provider. The registered manager and nominated individual had clear visions and enthusiasm about how they wished the service to be provided. Staff, demonstrated they had clearly adopted the same ethos and enthusiasm. This showed in the way they responded to and spoke about the people they were caring for. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities. One staff member told us, "I'm so passionate about it." Adding that the person was always central to everything interaction and action they carried out.

The registered manager, provider and staff clearly understood their responsibility to each person, relative and were continually striving to be the best within their field and for each person they cared for. The strategy of the service as set out by the registered manager and nominated individual was to achieve 'outstanding' when rated by CQC. They had collated examples of how they met high standards in each domain looked at during inspection. They also held CQC development groups to discuss how to improve the way they met the standards. They were keen for staff members to be involved in this process and staff who attended were paid for their time. They told us actions were taken as a result of these, for example, the finance policy had been reviewed and updated to give staff guidance about how much money it was acceptable to spend on certain items when supporting people to buy things. A compliment received from a relative stated, "Havencare's (Supported Living) performance has been outstanding and they are truly a person centred organisation." Another relative told us, "We think the service is marvellous."

The service inspired staff to provide a very high quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain the highest standard of care. A senior staff member told us, "Through professional development, we identify areas people excel in and encourage them to develop. It motivates staff and creates a nice working atmosphere." Relatives confirmed they felt staff, senior staff and managers all worked to a very high standard. One relative told us, "The care manager and team are absolutely amazing. The manager is an absolute gem."

The registered manager told us part of the recruitment process was to ensure any new staff would fit in and

understand the values of the service. A staff member confirmed, "There's a strict process for recruiting staff that meet the needs of the individuals they will support. It's been great. What's happening for people is so positive and it's entirely down to the staff."

Staff were positive about how the service was run. Comments from staff included, "They're very proactive at trying to make things right", "I can't say enough about the company. Everyone is approachable. They're very person centred and that includes their treatment of staff" and "They're empowering people and staff. They push people and staff past what they thought they were capable of." A staff forum was held regularly to encourage staff "to be involved in planning any changes for moving the organisation forward."

People, visitors and staff all described the management to be approachable, open and supportive. One relative told us, "They're very on the ball." During the inspection there were regularly people popping into the office just to have a cup of tea and one person was there to produce a newsletter about the service. A new staff member told us, "I've met with some of the team leaders and I can call them if I have any concerns. I have all the managers contact details from the chief executive to the area manager and down" and another staff member told us, "I don't think anyone in the company is afraid to ask for advice." The PIR stated "Staff are encouraged to challenge and question practice and are empowered to change things that may not be working well and try new approaches." Staff told us they felt empowered to have a voice and share their opinions and ideas they had.

People were also involved, where possible, in the governance of the service. One person had recently taken on an ambassador role. This person would be supported to advocate for the wants needs and rights of other people who used the service.

There was an effective quality assurance system in place to drive continuous improvement within the service. Questionnaires were distributed to all stakeholders and action was taken on the results. For example, results of the staff survey highlighted that staff needed to receive more positive feedback about their work and that changes needed to be communicated better. A staff member told us, "The reason for creating the team leader role was to ensure there was more effective communication between the staff and the management team" and another staff member confirmed, "I have heard staff members receiving positive feedback and I have had positive comments during my induction."

The registered manager was continually looking for ways to improve the detail collected by quality assurance activities. They told us, "We didn't feel the questionnaires were truly reflective of people's views as it was their relatives who had to complete them on people's behalf. So we created sets of questions to cater for different levels of understanding. We used signing or pictures or computers to help people tell us 'yes' or 'no'." They told us they intended to improve the questionnaires further next year to help them gather more detailed information about people's views.

Members of the management team visited people's homes regularly to check the quality of the service being provided. Accident and incident forms were completed in good detail and included a process for staff to consider any learning or practice issues. Information collected was then used to aid learning and drive improvement across the service. For example, the PIR stated that all safeguarding alerts were reviewed by senior staff to check whether correct procedures had been followed and share any learning to improve practice. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not

hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.