Fylde Community Link Limited

Fylde Community Link Supported Living and Domiciliary Support

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

This inspection visit took place on 05 and 06 December 2017 unannounced. We also visited the provider's offices again on 12 December to feedback our findings.

Fylde Community Link Supported Living and Domiciliary Service provides support to adults with a learning disability across the Fylde, Blackpool, and Wyre areas of Lancashire. People's support is based on their individual needs and can range from 24 hour care within a supported living environment to a set number of visits each week from the domiciliary service.

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

This service provides personal care and support to 81 people living in 'supported living' settings, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

They also provide domiciliary care to 34 adults with a learning disability. The service provides personal care to people living in their own houses and flats.

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

At the last inspection the service was rated Requires Improvement. At this inspection we found the service had improved and was rated Good.

Although a number of people had limited verbal communication and were unable to converse with us, we were able to speak with 19 people who received support. They gave us positive feedback about the service they received and told us they were cared for by staff who met their needs and treated them well.

Relatives told us staff were caring, well-trained and attentive to the needs of their loved ones. They told us they were happy with the care provided and gave positive feedback about how the service was provided.

People we spoke with and staff told us there were always enough staff to provide the support people required. Staff we spoke with knew people they supported very well. They were able to share important information about people's care needs and how they preferred to be supported.

The service had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. The service carefully monitored and analysed such events to learn from them and improve the service. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the commission when required.

Risk assessments were completed to assess the potential risk of harm to people while receiving care and support. Staff drew up plans of support to lessen these risks. Risk assessments and associated plans of support were kept under regular review.

Staff had been recruited safely, appropriately trained and were well-supported. They had the skills, knowledge and experience required to support people with their care and support needs.

The provider had implemented a new risk assessment for medicines administration, which had helped to improve the level of independence people had with their medicines. Systems were in place which helped to ensure medicines were managed properly and safely, in line with best practice guidance.

People were treated as unique individuals by staff who supported them. Through conversations with people who used the service and staff, we found the service focussed on delivering personalised support which empowered people to make their own choices and retain their independence.

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Policies the service had took into account people's human rights and protected characteristics. This helped to prevent any discrimination.

People told us staff knew them well, including their support needs and preferences. We saw written plans of care and support were detailed and informative. Clear records were kept of the care and support each person received.

People were supported to maintain their health and to eat a balanced diet. Staff had information about people's dietary needs and these were being met. People had access to healthcare professionals and their healthcare needs had been met.

People we spoke with and their relatives told us they were supported to participate in a variety of activities. The service had also supported people to gain employment and set up a gardening group, which was run by people who used the service, with staff support.

People described staff as caring. Relatives we spoke with gave us consistently positive feedback about the approach of staff. Staff had received training around dignity and respect and put this into practice when delivering care and support.

The service had a complaints procedure. This was available in an easier to read format and was given to people who used the service. People we spoke with and their relatives told us they had no cause for complaint but knew they would be listened to if they wanted to raise concerns.

Staff at the service carried out regular checks and audits on various aspects of the service delivered. People and their relatives were invited and encouraged to give feedback about their experiences of the service they had received. Regular management meetings were held where concerns or areas for improvements were

discussed. This showed the provider had systems to assess, monitor and improve the quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Systems were in place to protect people against the risks of abuse or unsafe practice. Staff had been recruited safely and had been trained to safeguard people who may be vulnerable.

The provider had systems to ensure medicines were managed safely and properly. A new assessment tool had been introduced which helped people to have more independence with their medicines.

Accidents and incidents were monitored and managed appropriately, with an emphasis on learning when things went wrong.

Is the service effective?

Good

The service was good.

Staff received a thorough induction and a good level of training and support.

People had as much choice and control over their lives as possible. The service empowered people to make their own choices.

People's health and wellbeing was monitored and they were supported to access healthcare services when they needed them.

Is the service caring?

Good

The service was good.

People and their relatives praised the caring approach of the staff that supported them.

The service had policies and procedures which took into account people's human rights and helped to prevent discrimination.

People and, where appropriate, others acting on their behalf were involved at each stage or the care and support planning process, including review meetings.

Is the service responsive?

Good

The service was good.

People received a personalised service that was centred on them.

The service supported people to maintain their social health.

The service recognised the importance of providing information to people in an accessible format, tailored to their needs.

Is the service well-led?

Good

The service was good.

People we spoke with, their relatives and staff all told us they felt the service was well-led.

The provider had systems to assess, monitor and improve the service.

The provider had improved their systems to ensure CQC were notified of all reportable incidents.

Fylde Community Link Supported Living and Domiciliary Support

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Fylde Community Link Supported Living and Domiciliary Service provides support to adults with a learning disability across the Fylde, Blackpool, and Wyre areas of Lancashire. People's support is based on their individual needs and can range from 24 hour care within a supported living environment to a set number of visits each week from the domiciliary service.

This service provides personal care and support to people living in 'supported living' settings, so they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service also provides domiciliary care to adults with a learning disability. They provide personal care to people living in their own houses and flats in their local community.

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

We contacted the commissioning department at the local authorities. This helped us to gain a balanced overview of what people experienced accessing the service.

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

The inspection took place on 05 and 06 December 2017 and was unannounced on the first day. We also visited the provider's offices on 12 December to feed back our findings to the Chief Executive Officer who was absent during our inspection.

We visited the office location on 05 and 06 December to speak with the registered managers and office staff. We also reviewed care records, policies and procedures, as well as other documentation related to the management of the service. We telephoned and spoke with people who received support and their relatives on 06 and 07 December 2017. We visited two supported living houses on 06 December 2017 and met some people who lived there. We visited two people who received a domiciliary service on 06 January 2018.

The inspection team consisted of an adult social care inspector and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts-by-experience had a background supporting older people with learning disabilities.

During the visit we spoke with a range of people about the service. They included 19 people who received a service, 9 relatives and a healthcare professional. We also spoke with the three registered managers, the chief executive, three members of the administration team, a project leader and four care staff. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of five people and five medicines records. We looked at staff supervision and recruitment records of four staff. We looked at what quality audit tools and data management systems the registered provider had.

We reviewed past and present staff rotas. For people who received supported living support we looked to see if they received their allocated one to one support. Within the domiciliary service we looked at how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received.

Good

Is the service safe?

Our findings

We asked people who received support if they felt safe in the care of staff. Comments received included, "Yes, I do, they support me." And, "I feel safe and very calm; they keep me safe from risk and harm." Another person told us, "Yes, I'm safe, any problems I talk to the staff, they know what to do." Relatives we spoke with gave us positive feedback about how safe they felt the service was for their loved ones.

When we last inspected the service in August 2016, we made a recommendation to the provider regarding following national and local safeguarding guidelines on reporting incidents. This was because we found the provider had not reported some incidents to the local authority or CQC. During this inspection, we checked what improvements the provider had made. We reviewed documentation related to accidents and incidents and saw the provider had ensured notifications were completed as required.

We looked at how accidents and incidents were managed within the service. Staff completed accident or incident records as appropriate when something went wrong. These records were then notified to the management team who logged them on a central database. This provided oversight for accident and incidents in order to monitor for any emerging trends and themes. Accidents and incidents were discussed each week at a management meeting, where they were analysed in order to identify any potential actions that could be taken to reduce the risk of recurrence. This showed the service monitored and managed accidents and incidents. This helped to keep people safe and helped the service learn from any incidents that may happen.

The service had procedures to minimise the potential risk of abuse or unsafe care. Staff we spoke with told us they had received training to help them to safeguard people who may be vulnerable. We confirmed this when we reviewed training records. They were able to describe good practice about protecting people from poor staff practice or potential abuse. Staff were aware of how to raise concerns through the service's whistleblowing procedure. They were aware they could contact external agencies, such as the local authority or CQC, if they felt their concerns were not responded to appropriately.

When we last inspected the service in August 2016, we made a recommendation to the provider that they follow best practice guidance and their organisational policies with regard to medicines management. This was because people who managed their own medicines had not been assessed to ensure they were capable of doing so without staff intervention. During this inspection, we checked to see what improvements the provider had made. We found the provider had devised and introduced a new risk assessment for medicines administration, which identified people's needs and capabilities with regard to managing their own medicines.

We looked at how the service managed medicines. We found medicines had been ordered appropriately, checked on receipt and given as prescribed. The provider had suitable processes which staff followed, to ensure medicines were stored and disposed of correctly. The majority of people we spoke with told us staff administered their medicines. They explained they were happy with how staff supported them with their medicines and always received their medicines on time.

We spoke with one person who told us, "I am trying to learn to do my own medication." With the introduction on the new risk assessment for medicines administration, some people had been identified as being capable of managing their own medicines. One of the managers we spoke with told us the service was taking positive steps in discussing medicines management with these people. This was in order to give them greater control and independence with their medicines. Another person's relative told us the person managed their own inhaler, which staff encouraged them to use when required.

We saw medicines administration records had been completed and indicated people received their medicines as prescribed. Within supported living settings, team leaders carried out regular checks on medicines to ensure they were managed safely. Where people received support with medicines as part of the domiciliary service, regular checks were also carried out to ensure staff administered medicines as prescribed. All staff who administered medicines had received training to do so safely. Any medicines errors were notified to the management team and discussed at a weekly meeting. Managers analysed the error and, where possible, made changes to reduce or remove the risk of recurrence. This showed the provider had systems for the safe and proper management of medicines.

We looked at how the service identified the potential risk of accidents and harm to staff and people in their care. Care plans we reviewed contained risk assessments and information to guide staff members when delivering support to people. Areas covered in risk assessments and care plans included moving and handling, nutrition, medical conditions, mobility, and environmental safety. We saw assessments and plans to lessen risks had been kept under review with the involvement of each person or, where appropriate, someone acting on their behalf. This helped to ensure risks to people's safety and wellbeing were monitored and managed appropriately.

The Care Quality Commission (CQC) have no regulatory powers or duties to inspect people's own homes. However, this does not mean the registered provider has no responsibilities in relation to the environments people who use their service live in. We looked at how the service ensured people were supported in a safe environment. We saw staff carried out regular checks on the environment in order to remove or reduce the risk to people in their own homes. For example, contact landlords for any maintenance work that was required.

We found staff had been recruited safely. Checks were carried out to ensure potential new staff were of good character to work with people who may be vulnerable. Checks included references from previous employers, checks on employment history and a check with the Disclosure and Barring Service. These helped the provider to make safer decisions about the recruitment of staff.

We looked at how the service managed infection prevention and control. Staff we spoke with told us personal protective equipment such as gloves and aprons were available when they supported people with their personal care. The four homes we visited were clean, tidy and maintained. People we spoke with told us staff supported them to keep their home clean and tidy. One person said, "We do a lot of house cleaning and tidying. We keep the house nice." This showed staff protected people and themselves from potential infection while providing support.

We looked at how the service was staffed. Within the domiciliary service we reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels. One person we spoke with told us, "Staff arrive on time and stay the correct amount of time."

Everyone we spoke with told us they had a regular support worker or support workers who supported them. Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One staff member told us the introduction of a new system which managed staffing, care planning and recording had reduced the amount of time they spent writing details of the support provided. They went on to explain this meant they had more time to spend delivering support to people.

We looked at how the service was staffed within the supported living service. We looked at rotas which indicated people received their assessed one to one hours. Staff we spoke with told us the staff team were flexible in order to accommodate people's preferences for how they chose to spend their on to one support time. All the people we spoke with, and their relatives, told us there were enough staff on duty in order to meet their needs and to support them with activities they wished to pursue during their one to one support.

Good

Is the service effective?

Our findings

People and their families told us they felt staff were well trained and had the right skills and experience. They gave consistently positive feedback about how staff provided support and had built effective working relationships. One person told us, "They [care staff] are very good." Another person said, "The staff are great. They help me with everything I need." Relatives we spoke with told us staff had a very good understanding of their loved one's needs and people were supported by a regular staff team, which provided continuity. One relative commented, "Wouldn't change anything for the world, very happy. [Relative]'s carer is absolutely fantastic." Another relative told us, "I'm very happy with the care provided. I trust them."

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 people lack mental capacity to make particular decisions, any decisions 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 service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

When we last inspected the service in August 2016, we made a recommendation to the provider for them to follow guidance and regulations with regard to applications made under DoLS. This was because the provider had not submitted applications some people who were subject to restrictions for their own welfare. The registered managers submitted the applications when we alerted them to this.

During this inspection, we checked to make sure the provider had followed correct processes with regard to DoLS applications. We saw assessments of people's capacity to make decisions related to their care and support, as well as completed DoLS applications. Where people were subject to restrictions, we saw staff followed a best interests decision making process, in line with the MCA code of practice. This process involved, where possible, the person, people who knew the person well and professionals involved in their care. This helped to ensure any restrictions were appropriate and as least restrictive as possible.

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. People told us their care plans were regularly reviewed and they had agreed to the support they received. People told us they were consistently offered choices during the support they received and could choose what support staff provided, including how they spent their time. Relatives we spoke with told us the service was led by their loved ones.

Records we reviewed showed the service assessed people's capacity to make decisions, including consenting to the support they received. Written plans of care and support evidenced people's involvement in the assessment and planning process. This showed the provider had systems to ensure people consented

to their care and support. Where people lacked capacity to make decisions, the provider followed best practice guidelines and legislation to ensure decisions were made in people's best interests.

We looked at how people were supported to have sufficient amounts to eat and drink. We saw people had access to their kitchen and ownership of the food stored in the kitchen in each of the houses we visited. Each person had a Health Action Plan. This included healthy eating. People we spoke with told us they received a good level of support from staff in this area. Comments we received from people included, "I don't eat ready meals, I cook from scratch, carers help." And, "The food is good. Staff help me eat healthy foods." Another person told us, "Last week I bought a salad, I really enjoyed it, I don't normally like it." Records we looked at showed staff monitored people's weight and held conversations with people and sought professional guidance when required. One person told us they had been supported to attend a weight loss group and now attended by themselves. This helped to ensure people received a balanced diet which helped to maintain their health, without losing or gaining too much weight.

The provider was working with other health care services to meet people's health needs. Care records contained information about the individual's ongoing healthcare requirements. People and their relatives told us staff arranged visits to GPs, dentists, and other health professionals. They confirmed staff sought medical advice appropriately. One person told us they all they had to do was call the office if they needed help with visiting the GP, dentist or hospital and extra staff would be provided to accompany them. Records we looked at showed staff referred people to external agencies when required and included professional guidance into people's written plans of care and support. This confirmed good communication protocols were in place for people to receive effective and coordinated support with their healthcare needs.

Before providing care and support, staff received an induction from the registered provider. The registered managers told us new staff spent time shadowing experienced members of the team, and completed training when they began employment. New staff were not allowed to work with people in their care unsupervised until they were confident and competent. This was assessed through general observations and reviews every three months during a 12-month probationary period. Staff we spoke with told us they felt their induction gave them the knowledge and skills to support people effectively. The induction followed the framework of the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if you are 'new to care'. This showed the registered provider had a robust induction programme.

We saw the provider had a structured framework for staff training. Staff we spoke with and records we reviewed showed staff received regular training to ensure they were able to provide effective support to people. Staff received general training in areas such as medicines administration, safeguarding, positive behaviour and fire safety. In addition, staff explained they received specific training depending on the people they supported. This was because the service recognised people were unique individuals with individual needs, and worked to ensure staff could support each person effectively. This showed the registered provider had systems and processes to ensure staff received ongoing evidence based training to deliver effective support.

Before anyone received support from Fylde Community Link, staff completed a full assessment of people's individual needs and produced a written plan of care and support. This contained information to guide staff to ensure people's needs were met effectively. We saw evidence people or, where appropriate, others acting on their behalf had been involved in the development of care plans. People told us they visited the office for review meetings where they could use an interactive display for review meetings, or they could have review meetings in their home, or elsewhere, if they wished. They told us it was their choice and allowed

communication to be effectively delivered and received in an environment and format of the person's choosing.

Before someone moved into one of the supported living houses, the provider worked to ensure the person would be a good fit with those already living in the house and vice versa. This was done by way of transition hours, where the person would spend time at the home to meet people who lived there and staff before they moved in. Staff told us the transition phase could last quite a while, as they needed to be sure people would get on well living together. This was regarded as very important by staff and managers we spoke with.

We visited two supported living houses. The houses were homely and well maintained, with personal items that reflected people's personalities. None of the people we spoke with during the inspection raised concerns about the environment. Staff we spoke with explained adaptations had been made in some people's homes, for example for easier access for people who used a wheelchair or where equipment was needed for moving and handling tasks. This showed the registered provider worked with people to ensure their home environments had adaptations to allow effective support to take place.

Good

Is the service caring?

Our findings

We asked whether they thought staff were caring in their approach and whether staff treated them with dignity and respect. We received positive responses from everyone we spoke with. Staff were consistently described as kind, caring, respectful and attentive to people's needs. Comments we received included, "Staff are good, I can talk to them if I am upset, they listen and help me." And, "Staff are alright, I like them, they look after me, treat me lovely, listen to me." Another person told us, "They are good at listening and help a lot, they sort things out with me." While another said, "They are caring, very caring, best company I've had."

Relatives we spoke with were equally as positive about how caring the service was. Comments we received included, "I know [Relative]'s happy with the service, and as a family we are also." And, "Staff are very caring, they help in every way they can."

Care plans seen and discussion with people and their family members confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had taken part in. The service had developed an 'Essential Lifestyle Plan' which contained information about people's goals and aspirations. We saw from records and people we spoke with confirmed the process was led by them. People chose what they wanted to focus on; staff supported them in deciding on objectives or targets for the coming months and supported them in working toward their objectives.

Staff had a good understanding of protecting and respecting people's human rights. Staff had received training around equality and diversity and promoting inclusion. They were able to describe the importance of promoting each individual's uniqueness. The service's policies and procedures took into account the need for respecting people's human rights and emphasised people were not to be discriminated against with regard to any protected characteristics under the Equalities Act 2010.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way and were kind, caring and patient when supporting people. We observed they demonstrated compassion towards people in their care and treated them with respect. We observed positive, caring interactions between people and staff who supported them. People we spoke with told us staff treated them and their homes with respect. Examples we received from people included staff ringing the doorbell before entering their home, knocking on doors before entering the room and asking people for permission before carrying out tasks.

People we spoke with told us they were introduced to new staff before they started working with them. People explained this gave them an opportunity to say if they didn't like the staff member for whatever reason. People's wishes with regard to the staff who supported them were respected. People told us if they did not like a member of staff, then the staff member would not be allocated to support them. People confirmed they knew which staff were due to support them by way of a rota. People told us they liked this because they knew who to expect and when.

We spoke with the registered managers about access to advocacy services should people require their guidance and support. An advocate is an independent person who can represent people who wish for someone else to act on their behalf. The service had information details for people and their families if this was needed. By working in accordance with current legislation and best practice, this ensured people's interests would be represented when needed.

Good

Is the service responsive?

Our findings

We asked people who received support from Fylde Community Link if the care they received was personalised and met their needs. All the responses we received were positive. One person told us, "I get very good support. Very good." Another person commented, "I'm really happy with the support staff and the hours." We also received consistently positive feedback from relatives we spoke with. Comments we received included, "If I suggest things, staff do listen, and ask how they can improve. I'm really happy with this and feel that [Relative] gets better care." And, "They have worked very well to support [Relative]. Everything they do is centred around him. I'm very happy with the way they support [Relative]."

Relatives told us staff were responsive to their family members care and support needs. People told us the care and support they received was focussed on them. They were encouraged to make their views known about how they wanted their care and support provided. Care plans we looked at were reflective of people's needs and had been regularly reviewed, with the person where possible, to ensure they were up to date. Staff we spoke with were knowledgeable about the support people required.

We visited two supported living houses. The houses accommodated a small number of people. Each person had their own private bedroom which they could choose to decorate and we saw they reflected the different personalities of people who lived there. Staff told us adaptations were made to premises in response to people's individual needs. Each person we spoke with had their own tenancy agreement with a private landlord. This meant the care they received from Fylde Community Link was separate from their tenancy agreement and, should they choose to change their care provider, they would have the option to remain in their own home. This showed the registered provider was responsive and working in accordance with registering the right support guidance. Registering the right support is a CQC policy for providers supporting people with a learning disability and/or autism.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. Important information about how to communicate effectively with people was recorded to guide staff and to give information to other services if, for example, someone needed to be admitted to hospital. These communication tools guided staff on how to communicate and respond in a person centred way. The provider also produced information, including policies and procedures, for people who used the service in different formats, such as easier to read documents with pictures, to help people understand the information. Staff told us there were some people they would sit with and read through any information to ensure they understood it whereas other people were quite capable of reading and understanding documents. During our inspection, we observed staff using different methods to communicate with people, including sign language and technology. Staff had recently completed training on communication and technology. The service was working with a local school who had links with companies who provided tailored communication facilities, in order to see how technology could be used in assisting people to communicate more easily. This showed the registered provider provided accessible information related to a disability or sensory loss so care delivered could be responsive to people's needs.

We looked at how the service supported people to maintain their social health and to participate in activities of their choosing. People we spoke with gave us many examples of activities they were supported to attend including going to local towns, arts and cookery clubs, public houses, various local groups, exercise classes and an inclusive theatre group. The service had also supported people to gain employment in the locality, which people told us they enjoyed. There was also a gardening group which people who used the service ran, with support from staff. In addition, people told us about concerts they had attended and holidays they had been on recently.

One relative we spoke explained how the service had worked very well with their loved one to tailor activities to suit them. The person had previously attended a day centre and had not coped well, leading to increased anxiety and seizures. Staff worked with the person to find alternative activities such as nature walks, sightseeing and walking in the countryside and parks. This had greatly reduced the person's anxiety which, in turn, helped them to have a better quality of life.
This showed the provider recognised the importance of maintaining people's social health through supporting people with activities that were meaningful to them.

The service had a complaints procedure which people and their relatives knew about. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We noted where they had received a formal complaint the registered managers had recorded the complaint, action taken and the outcome. Complaints were discussed at a weekly management meeting, in order to analyse concerns and to share learning across the service.

Relatives we spoke with said they had not formally complained. They said they when they had raised issues or made suggestions, these had been received and responded to constructively, with a good outcome for their loved one. Relatives explained they knew they could call the office or speak with staff at any time and felt they would be listened to if they needed to raise concerns.

We asked people who received support what they would do if they were unhappy. People told us they could speak with any of the staff or project leaders. They also explained they could call the office to speak with a manager if they felt they needed to. Each person we spoke with told us they were confident their concerns would be taken seriously and responded to. People told us there was an 'on-call' service they could telephone to speak with someone outside of normal support hours.

We looked at how the service planned for end of life care and how people were supported sensitively during their final weeks and days. At the time of our inspection no one was receiving end of life care. We saw end of life care was covered as part of people's written plans of care and support. The management team and staff protected people's rights in line with the Human Rights Act 1998. This included Article Nine of the act, 'Freedom of thought, conscience and religion.' People were able to plan how they wanted to spend their final days and whether they would like a religious service or not. The service had supported people to record videos of their last wishes, so this could be shared with their family members. This showed the registered provider had recognised end of life decisions should be part of a person's care plan.

Good

Is the service well-led?

Our findings

People and relatives we spoke with told us they thought the service was well-led, properly organised and well managed. One person told us, "I think it's extremely well managed." Another person told us, "It's a very, very good service." And another person said, "It's the best company in the world!" Relatives we spoke with also gave us very complimentary feedback about the management of the service. Comments we received included, "The supervisors call up regularly to check how the staff are and ask if everything's okay, they do listen, and are a blessing." And, "When I've needed to have a discussion on something with the office, they have always listened and responded to what I've said every time."

When we last inspected the service in August 2016, we found the provider was not meeting legal requirements in relation to notifying CQC of certain incidents. We found the provider had notified CQC of some reportable incidents, but not others. Following that inspection, the provider sent us an action plan which told us how they planned to make improvements in this area. During this inspection, we checked what improvements the provider had made and found they were meeting legal requirements.

Before we carried out this inspection, we reviewed the notifications the provider had sent us. When we visited to inspect the service, we checked accident and incident logs to cross reference against the notifications we had received. We found the provider had notified CQC of incidents, in line with legal requirements. The registered managers explained following the last inspection, the process around accidents and incidents had been reviewed and improved. All incidents were discussed at weekly management meeting where a check took place as to whether CQC had been notified. This showed the provider had systems to ensure CQC was notified of reportable incidents.

We found the service had clear lines of responsibility and accountability. The three registered managers worked closely with the chief executive, administration staff and project leaders in the running of the service.

Before our inspection, Fylde Community Link had announced it would be merging with another local supported living provider. The chief executive and registered managers had organised meetings and distributed information leaflets on the planned merger. People we spoke with told us they felt the registered provider had been open and honest in their communications. This showed the registered provider had a clear vision that was open and inclusive.

The management team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the registered managers and staff confirmed they were clear about their role and between them provided a well-run and consistent service.

Staff we spoke with, in both the supported living and domiciliary service, told us they enjoyed working for the service and received a good level of support from their managers. Staff explained there was always someone on hand to offer guidance and advice, if they required it. Staff told us all they had to do was speak to their manager or pick up the phone to call the office if they had any concerns to raise or issues to discuss.

Staff felt they were treated well by the provider.

We looked at how the service assessed, monitored and improved the quality of the service provided. We discussed this with registered managers who told us regular audits had been completed. These included reviewing the service's medicines procedures, support planning, infection control, environment and staffing levels. Records we reviewed confirmed these took place. Checks were sometimes carried out by staff who did not have service delivery responsibilities. This helped to ensure checks carried out were robust. The management team also met on a weekly basis at a 'compliance meeting'. This meeting was held to discuss all areas of the service, any concerns, issues, complaints, feedback and incidents, among other topics. This gave the management team an opportunity to discuss, analyse and respond in order to maintain and improve the quality of the service.

We saw the registered provider organised several meetings to allow people, their relatives and staff to share their opinions about how the service was delivered. In addition, the provider used satisfaction surveys as a route to gain feedback from people who used the service and their relatives. People we spoke with told us review meetings gave them an opportunity to discuss what they wanted out of life and how the service was supporting them toward their goals. People were also given opportunity at the meeting to rate staff who supported them. Staff we spoke with told us they were asked for their views and opinions and could make suggestions at any time. This showed the registered provider made sure people, their relatives and staff were engaged and involved.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs, psychologists, hospice and district nurses. Additionally, the service had links with a local non-profit organisation which was a group of providers of services for people with learning disabilities in Lancashire. The group was committed to finding new and better ways to improve the lives of people with learning disabilities. They did so by engaging with stakeholders and sharing innovation and best practice.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.