The Brothers of Charity Services

# Lancashire Domiciliary Care Service

## Inspection report

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## Ratings

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

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|---|---|
| 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 was an announced inspection, which took place on the 4 and 6 October 2016. Our last inspection report was published in June 2013. All the regulations we reviewed at that time were met.

Lancashire Domiciliary Care Services is run by Brothers of Charity and is part of a wider service, which also provides day care, supported employment and residential and nursing care to people with learning disabilities in the Chorley and South Ribble areas. Lancashire Domiciliary Care Services is registered to provide personal care. Support is provided both to individuals living in their own home and to people living in small group settings. At the time of our inspection there were 150 people using the service.

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

People were involved and consulted with about their needs and wishes. Care records provided good information to direct staff in the support people wanted and needed. Where risks had been identified, plans had been put in place to help protect people. Information was provided in an 'easy read' format so that people could understand what was written about them. Records were stored securely ensuring confidentiality was maintained.

Staff understood their responsibilities in ensuring people were protected from the risk of abuse. The service had acted accordingly when issues needed to be raised and investigated so that appropriate action was taken and people were kept safe.

We found staff understood the principles of the Mental Capacity Act. Where people lacked the mental capacity to make decisions for themselves appropriate steps were taken to ensure their rights were protected.

We found the system for managing medicines was safe. Staff worked closely with healthcare agencies so that people received the care and treatment they needed. Information was shared with other services, where necessary, so that people continued to receive safe and effective care.

Sufficient numbers of staff were available to meet the individual needs of people so that their social, emotional and physical needs were met. Recruitment procedures were thorough so that only suitable applicants were appointed.

Staff received on-going training, development and support. This helped to ensure staff had the knowledge and skills needed to meet the specific needs of people who used the service.

During our inspection we saw staff treating people with respect and dignity. People and their relatives were complimentary about their experiences and the support staff provided. We saw interactions between staff and the people who used the service were warm, friendly and relaxed.

People were encouraged and supported, where necessary, to take part in social, educational and employment opportunities based on their individual wishes and preferences. This helped to promote people's independence and community presence.

People were encouraged to choose healthy and nutritious food. Where people were at risk, due to a poor diet, appropriate health care advice had been sought.

We saw accommodation provided for people in the shared houses was of a good standard and was clean and well maintained. Checks were made to the premises and servicing of equipment. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

Systems to monitor and review the service provided were in place to check that people received a quality service. People, their relatives and staff spoke positively about the management team in place. People and their relatives told us the managers and staff were approachable and felt confident they would listen and respond if any concerns were raised.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People's health and well-being was protected as risk assessments and management plans had been completed where areas of concern had been identified. Property and equipment was well maintained so that people were kept safe.

Systems were in place to protect people from harm. We found the management of medicines people's was safe. Staff had procedures to guide them and had received training on what action to take if they suspected abuse.

People were supported by sufficient numbers of staff. Recruitment checks were completed prior to new staff commencing work.

### Is the service effective?

Good

The service was effective.

We found that, where possible, people were involved and consulted about their care and support. Where people lacked the capacity to make decisions for themselves and were potentially being deprived of their liberty, the service had liaised with the local authority. This helped to ensure people's rights were protected.

Opportunities for staff training and development were in place to help ensure staff had the knowledge and skills needed to meet the needs of people safely and effectively.

People were supported to make healthy choices so their nutritional needs were met. Relevant advice and support had been sought where people had been assessed as being at nutritional risk.

### Is the service caring?

Good

The service was caring.

People spoke positively about the support offered by staff. We

were told staff were kind, caring and respectful towards them.

Those staff we spoke with were able to demonstrate they knew the people they supported well. Opportunities were provided to enable people to be as independent as possible.

People's records were stored securely so that confidentiality was maintained.

## Is the service responsive?

Good

The service was responsive.

People and their relatives were involved and consulted about how they wished to be cared for. People's care records included good information to guide staff about their individual likes, dislikes and preferences.

Information about people was person centred and provided in an easy read format. This helped people to understand the information recorded about them and provided clear and accurate information to guide staff about what people wanted and needed.

Systems were in place for the reporting and responding to people's complaints and concerns. This demonstrated people were listened to and concerns were acted upon.

## Is the service well-led?

Good

The service was well-led.

The service had a manager who was registered with the Care Quality Commission. People we spoke with, relatives and staff spoke positively about the management team in place.

Systems were in place to monitor and review the quality of service provided. Opportunities were provided for people and other stakeholders to comment about their experiences.

The provider had notified the CQC as required by legislation of any accidents or incidents, which occurred at the home. This information helps us to monitor the service ensuring appropriate and timely action has been taken to keep people safe.

# Lancashire Domiciliary Care Service

**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.

Prior to the inspection we contacted the Local Authority Commissioners and safeguarding teams and Lancashire Healthwatch to seek their views about the service. We also considered information we held about the service, such as notifications received from the provider and information from the local authority adult care teams. We had been made aware of issues which had been raised as safeguarding concerns. The provider had cooperated with the local authority where additional information was required. We also considered the responses received from the feedback surveys we sent out prior to our visit. We received feedback from six people who used the service and the relative of one person.

We also asked the provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and helps to inform some of the areas we look at during the inspection. This was provided prior to the inspection.

This inspection took place on the 4 and 6 October 2016 and was announced. The inspection team comprised of two adult social care inspectors.

As part of the inspection, with their permission, we spoke with eight people who lived at two of the supported houses. We also spoke with three support staff, two team leaders, the registered manager, operations director and director of care. As part of the inspection we also contacted people by telephone. We spoke with three people who used the service, the relatives of three people and four staff.

We looked at four care files, three staff recruitment files and training records, the management and administration of medication in one of the supported houses as well as information about the management and conduct of the service.

Good

# Is the service safe?

## Our findings

People and their relatives spoke positively about the support provided. One person commented; "We have a laugh together. We are like one big family so I definitely feel safe here." The relatives of three people also told us; "There are always two staff on so I feel [relatives name] is very safe", "Everything is fine up to now. So far I feel [relative's name] is safe, things have been going very smoothly" and "I feel [relative's name] is quite safe. [Relatives name] is always well cared for. Anything [relatives name] wants is sorted. I really can't fault them."

As part of the inspection we looked at how the service protected people from abuse. We had been made aware of eighteen incidents, over the last year, which had been reported to CQC and the local authority. A number of the issues were minor and dealt with internally by the service. Where necessary the service had co-operated with any investigation carried out by the local authority and appropriate was taken.

We saw that policies and procedures were available to guide staff in safeguarding people from abuse. This was supported by a programme of training. Those staff we spoke with told us they had received training in safeguarding and were able to tell us signs of abuse, what they would do if they suspected abuse and who they would report it to. A review of training records confirmed what we had been told. Further dates had been scheduled for those staff requiring refresher training in line with the programme of training provided. This training is important and helps to ensure staff understand what constitutes abuse and their responsibilities in reporting and acting upon concerns so that people are protected. Staff spoken with were also aware of the company whistleblowing policy.

One staff member we spoke with told us they were also regularly reminded about the 'whistle blowing' policy and that they can contact outside agencies if they feel their concerns are not listened to. This staff member also said; "The culture within the service was one where staff are taken seriously, particularly as a result of Winterbourne View."

We looked to see how the medicines were managed in one of the supported houses we visited. We saw policy and procedures were in place to guide staff. We found the systems for the receipt, storage and administration of medicines were safe. Medicine stocks were stored securely in a locked cupboard in the kitchen. We found medication administration records (MAR's), stock checks and records for items returned to the supplying pharmacy were completed in full. There was also evidence that the team leader carried out checks to ensure the system in place was safe. One person told us; "I get my medicines at the right time." A relative of one person also commented, "There's no problem with medicines. [Relatives name] has epilepsy and has to be given their medication a certain way, staff have listened and administer it as they did at home."

We were told that staff completed training in the safe administration of medicines and competency assessments were undertaken to ensure practice was safe. A review of training records showed that medication training and competency assessments had been completed. However annual competency assessments for some staff had not been updated for some time. This did not reflect the homes procedure which identified assessment would be completed on an annual basis or more frequently if issues were

identified. We raised this with the registered manager and operations director who said this would be addressed. Three staff spoken with confirmed they supported people with their medication. They said they had completed training and a competency assessment had been carried out by their team leader.

We found there was a safe system of recruitment was in place. We looked at three staff personnel files. We noted that all the staff personnel files were well organised and contained an application form where any gaps in employment could be investigated. The staff files we looked at contained at least two written references, copies of identification documents including a photograph and information about terms and conditions of employment. We found that the provider kept copies of interview records which provided evidence of applicants' knowledge and skills. One staff member told us that people who use the service were involved in recruitment of staff. They said "Staff sit down with tenants to go through what qualities or interests they want new staff to have. We draw up a person specification and this is sent to HR for them to advertise."

All of the personnel files we reviewed contained a check with the Disclosure and Barring Service (DBS); the DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff. We saw that relevant information was also sought when agency staff were used to ensure they were suitable to work at the service.

We saw the service had policies and procedures to guide staff on staff recruitment, equal opportunities, sickness and disciplinary matters.

The people we visited lived in properties rent from private landlords. We saw there were systems in place to ensure the premises in which people lived were safe and that regular checks were carried out by staff in relation to each home environment. Records we looked at showed regular health and safety checks were carried out in each of the homes and that equipment was appropriately serviced and maintained. Each of the homes we visited was well maintained, clean and tidy. They were decorated and furnished to meet each person's personal choice and preferences.

We saw that the service had an infection control policy and procedures. These gave staff guidance on preventing, detecting and controlling the spread of infection. They also provided guidance for staff on effective hand washing, disposal of contaminated waste and use of personal protective equipment (PPE) such as disposable gloves and aprons.

We also found that during the recruitment process staff signed to agree to notify the service if they became unwell with an infection such as a cold or vomiting. Records showed that staff had received training in infection control.

We looked to see what systems were in place in the event of an emergency or an incident that could disrupt the service or endanger people who used the service. The service had a business continuity plan in place. This informed managers and staff what to do in the event of such an emergency or incident and included circumstances such as; outbreak of disease, flood or burglary, loss of gas or electric, severe weather, loss of use of buildings and loss of computer systems. This means that systems were in place to protect the health and safety of residents in the event of an emergency situation.

People's care records contained risk assessments. We saw these included, weight loss, risk of falls, risk of choking, transport, nutrition, challenging behaviour, moving and handling. These were reviewed regularly and updated when changes occurred.

We saw that appropriate environmental risk assessments had been completed in order to promote the safety of people using the service and members of staff. These included fire, lone working, vehicles, medicines, and use of ladders.

This meant the provider had taken seriously any risks to people's health and well-being and put in place information to guide staff on how to reduce or eliminate identified risks.

We found that regular fire safety checks were carried out. We saw that fire risk assessments were in place and Personal Emergency Evacuation Plans (PEEPs) had been completed for people who used the service. PEEPs described the support people would need in the event of having to evacuate the building. One staff member told us they had regular evacuation drills at the property the worked at and was aware people had a PEEPs in place.

The service had an incident and accident reporting policy to guide staff on the action to take following an accident or incident. Records we looked at showed that accidents and incidents were recorded. The record included a description of the incident and any injury, action taken by staff or managers and whether it had been reported had been reported to CQC or local authority safeguarding team. We found that managers of the service kept a log of all accidents and incidents so that they could look for action taken and identify any patterns or lessons that could be learned to prevent future occurrences.

We were aware prior to our inspection that concerns had been raised with the local authority about staff shortages. The director of care and operations director acknowledged that there had been some issues with staff retention. Further recruitment had been undertaken to fill current vacancies. Staff we spoke with told us that vacancies and staff absence were usually covered by permanent staff or regular bank worker from other properties, who knew people well. Two staff members said the team at the supported house they worked at was generally stable with a number of staff having worked for the service for years. A review of the staff rota at one of the supported houses we visited showed that the same bank staff were used to cover shifts. This helped to ensure continuity of care was offered.

We were informed that some people were funded for additional one to one support hours. A team leader we spoke with told us that people who used the service could 'bank' some of these hours. This meant that they could build up support hours so that they could be supported on an activity or trip where they would need more staff hours than they usually had. They told us a record was kept of these hours to ensure people received the support they were assessed for. Staff we spoke with felt that people received the individual hours they had to support activities.

Rota's we examined showed that additional staffing was planned for so that people could follow individual activities of their choosing. Staff we spoke with were confident people received their commissioned hours, including one to one support. We were told this would be discussed with the service manager if there were any issues. Another staff member told us that additional staff would be recruited should this be necessary.

People's relatives we spoke with felt staffing had improved. The relative of one person said, "There seem to be enough staff on. They have increased the staffing levels because [relative's name] needs have increased. [Relatives name] now needs two staff as person who used the service has to be hoisted. It is generally the same staff on duty." One person we spoke with told us; "There are enough staff on", "It's nice to have a constant staff team" and "If we get new staff we do an induction with them."

Good

# Is the service effective?

## Our findings

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the registered provider was working within the principles of the MCA. We saw the service had procedures for staff to refer to. Easy read formats were also available for people to explain what the MCA means and people's right when they may lack the mental capacity to make decisions for themselves. We were told the service was liaising with the local authority where potential restrictions/deprivations were in place. This was confirmed when we spoke with the local authority.

We saw that staff completed MCA training as part of the on-going programme of training. Those staff we observed and spoke with were able to provide good examples of how they sought people's consent when offering support. Another staff member we spoke with by telephone demonstrated a good understanding of MCA and best interests and confirmed they and the staff they worked with had received training.

A discussion with people and their relatives and a review of care records showed that people were involved in making their own decisions. One example we looked at provided good information to show how they had tried to engage the person in making the decision process. We saw mental capacity assessments were completed, along with a record of any decisions made in the person' 'best interest'. Where people needed help to make a decision, records showed that relevant people had been consulted with.

One person said when asked if they were involved in making decisions about their care and support, "We get to make our own choices. Staff help me if I need to make a big decision." The relative of one person said they too were consulted with as their relative was unable to verbally communicate. They told us, "I have attended reviews and staff listen to my views."

Where people who used the service did not use words to communicate there was guidance for staff on how best to communicate with the person. Care records we looked at included very detailed information about how people communicated. They included a 'Communication Passport.' This had sections such as; 'when I do this, we think it means this.' We saw these included descriptions of what certain gestures, facial expressions and body language meant. It also had information about how to support people to make decisions and choices. One record said when asking the person who used the service to make a decision staff should, "Give me time to think and process the information. Check that I understand it by getting me to repeat it."

During the inspection we looked at how staff were supported to develop their knowledge and skills. Records we looked at showed that when they started working for the organisation staff received an induction. We were told that recently appointed staff who were new to the care industry or had no recognised

qualifications completed the 'Care Standards Certificate' The Care Certificate is a standardised approach to training for new staff working in health and social care and is completed within the first 12 weeks of employment. We saw the induction training also included; policies and procedures, moving and handling, medicines, MCA and DoLS, food safety, fire safety and safeguarding. Training records confirmed what we had been told and showed which staff had or were currently completing the certificate.

Staff we spoke with told us their induction had been helpful for them in understanding their role. One staff member said the induction had been 'really good'. They also told us they had completed all mandatory training and a period of shadowing, adding "I felt well prepared for the role."

Records we looked at also showed that staff received supervision. These meetings enable them to talk about their work and any areas of training or development they may require. Staff we spoke with told us they received regular supervision and felt supported by their line manager. Two staff told us they worked within a stable team and that communication was good. They added, "Everyone knows what's going on."

The training records we looked at showed that staff received training relevant to their role. We also asked staff their views about the training offered and if this helped them in their work. Staff told us, "We get good training" and "The training is fantastic." One staff member told us that had completed safeguarding, medicines management, fire safety, first aid, moving and handling and infection control. They also told us they were due to start an Open University course about anxiety so that they could better support a person they worked with. Another staff member told us they were planning to complete a Diploma once their probationary period was completed and a new team leader said they were also being supported to complete the QCF Diploma at Level 5 in management. This helped staff to develop the knowledge and skills they needed in relation to their individual role and responsibilities.

We saw that the service had looked at a variety of ways of supporting people when they showed behaviour that challenged the service. Records we saw included very detailed guidance for staff on what certain behaviours the person showed may mean and what the staff needed to do to help the person. We saw that records contained information about what may make someone upset or angry and guided staff in how to respond, what to say and what to do to help the person and prevent or diffuse situations.

We saw that any incidents of behaviour which others found challenging were recorded. This included what happened before, during and after the incident. Staff and managers also reviewed how they could learn from each incident to improve the support they gave the person.

Records showed that staff were trained in the theory and practise of physical intervention and breakaway techniques for people whose behaviour may challenge the service. These would help to ensure that people were responded to effectively and that people and staff remained safe.

We looked to see if people were provided with a choice of suitable and nutritious food. During our inspection we saw that people were involved on planning their weekly menus and shopping for the ingredients.

Staff we spoke with and records we looked at showed staff had received training in food hygiene and staff we spoke with were aware of people's likes, dislikes, allergies and special dietary requirements. A staff member told us that one person had a self-imposed restricted diet and would only eat certain foods. We saw that staff respected this choice but monitored the person's weight regularly and offered food supplements to ensure that the person's nutritional needs were met.

Care records we looked at showed that people were assessed for the risk of poor nutrition and hydration. We saw that, where required, records were kept of people's weights, personal bathing, people's food and drink intake and positional changes to prevent pressure sores. We saw these were reviewed regularly.

We found that people had access to a range of health care professionals including doctors, dietician, chiropodists, dentist, occupational therapist and physiotherapists. We saw that records were kept of any visits or appointments. The relative of one person told us: "If [relative's name] is ever ill they always ring us immediately" and "They have sought medical advice when necessary."

The relatives of one person said their family member had difficulties eating. They told us staff got a speech therapist involved and staff now followed the advice given and provide a soft diet. Another relative told us, "Staff have to feed [relatives name] now. [Relatives name] is on thickeners and staff make sure they have a good diet."

Good

# Is the service caring?

## Our findings

We asked people and their relatives about the care and support provided by staff. One person we spoke with told us, "I feel I have a good life." Another person said, "Staff are alright; I like them all. They are kind." All the people who responded to our feedback surveys told that staff always treated them with dignity and respect and provided support in a caring and kind way.

The relatives of people we spoke with told us they were happy with the care and support their relative received. Comments included; "We are so pleased about the service. We couldn't have asked for anywhere nicer for [relatives name] to go. We feel so lucky that [relatives name] is in such a lovely place", "The house is well furnished and looked after" and "Staff are wonderful. They are like a family to us. I can't praise them enough."

We also looked at what opportunities were provided to promote people's independence. During our inspection we found that the staff we spoke with were able to tell us about the people who used the service. They knew their likes, dislikes, support needs and things that were important to them. We found that staff worked in small teams for each house or person and this allowed people to get to know each other and helped with continuity of care.

Staff we spoke with told us how they supported people to maintain their independence. One staff member said, "Staff know they are there to support not create dependence by doing things for people." One staff member gave us an example where staff had supported a person through small steps to get the bus to work independently. Another staff member told us "The key thing is enabling people to do what they want to do." Adding, "We support people to be as independent as possible" and "The company is all about promoting people's independence. We encourage people to do as much for themselves as they can."

During our inspection, with their permission, we visited people in their homes and spent time observing how staff interacted with people who used the service and talked with staff about the people they supported. We found staff spoke affectionately about people and took pride in providing a person centred service.

People we visited were seen to enjoy a good rapport with staff and interactions were polite, friendly and good humoured.  From our observations and discussions with people we found staff assisted people to develop their independent living skills. We found that people were encouraged to follow a lifestyle of their choosing and were supported to find opportunities available to them in the local and wider community. This included voluntary work at local shops, visiting pubs and restaurants, attending church, sessions at the local leisure centre and members of community centres, swimming, to the driving range and train spotting. A staff member commented; "We fit into the day what each person wants to do."

One group of people we spoke with at their home were looking forward to a canal boat trip taking place the following the week. One person told us; "They help me to be independent. I travel independently most of the time but staff will go with me if it is a new place or a special event". Another person said "Staff help us to cook if we need it" and "Staff team are really good. They go out of their way to take us to appointments and

days out. They do everything they can for us."

People's relatives also said that their family members were offered activities both at home and in the wider community. One family member said, "[Relatives name] loves it there. They get on well with everyone. [Relatives name] does lots of activities and goes out three days a week." Another family member said their relative lived with dementia. They said that staff had encouraged family to bring in photographs so they could look at them with the person to prompt memories and discussion.

People were also supported in meeting their spiritual and religious needs. Whilst the service was now a multi faith service, those people who wished to could join the 'Saturday Space' group. This was a social gathering in the Chapel at Lisieux Hall and included a discussion workshop as well as art, music and drama activities. One person we visited told us they enjoyed attending the local church each week.

People were also encouraged to maintain relationships with their family and friends. People spoke about family visiting them or them going to visit family and friends. We were given one example where the relatives of one person lived some distance away and found it difficult to travel. Arrangements had been made for the person and staff to visit them so that their review could be held with everyone present.

We were also told that people were involved in an advocacy group 'Voice for All', which was led by people who used services. The group involved people across the provider services as well as people from the wider community. We were told the group met regularly and provided people with an opportunity to discuss things that were important to them. For example; people spoke about their different experiences when accessing health care. They had also produced information leaflets to help development people's understanding about safe sexual relationships and the need to have health checks. The group had also taken part in training with the Clinical Commissioning Group (CCG) to tell them what it's like to have a learning disability and the difficulties people experience when they use NHS services.

We saw minutes from a recent 'Voice for All' committee meeting. This involved a number of people who use services, staff and visitors to the group. Items discussed included social events taking place across the region such as Preston Pride; challenging discrimination towards lesbian, gay and transgender people or a Gala Dinner in Blackpool to raise funds for the North West Regional Self Advocacy Conference. A presentation was also provided from Disability Equality in relation to Hate Crimes. These meetings and events helped to promote people's involvement and take control over their lives.

We were provided with further examples of how the group promoted people to be as independent as possible. We saw a training session had been offered on how to use Facebook so that people could maintain relationships with family and friends.

We saw that information such as support plans, minutes to meetings and relevant policies, were all provided in an 'easy read' format. This helped people to participate and understand information that was important to them.

In the two supported houses we visited we were told records were kept securely in the staff room. This helped to ensure that confidentiality was maintained.

Good

# Is the service responsive?

## Our findings

We asked people and their relatives if staff listened and responded to their needs and wishes. The relatives of two people told us; "I am absolutely delighted. [Person uses the service] is very happy. They [staff] listen to us. We feel confident because they take into account everything we say" and "If we suggest something they do their best to follow it up. They are very responsive to us."

A staff member told us that one person who used the service had recently been unwell. This had resulted in them becoming less mobile. We saw that the service had arranged for the persons bedroom and equipment to be specially adapted to enable the person to remain independently mobile.

We found that before people start to use the service an assessment of the persons support needs was completed. The local authority and other professionals also supplied details about the person's needs. Care records we reviewed showed this assessment was detailed and covered all aspects of a person's health and social care needs and identified the support they required and how the service planned to provide it. It included a 'Getting to know you' document. This was person centred and identified what was important to the person, the support people required, how support should be provided and also placed great importance on recognising what people could do for themselves.

We looked at four people's care records. We found they contained risk assessments and care plans that were very detailed and person centred and written using very respectful terms.

We saw care records also included information about people's needs in relation to personal care, moving and handling, medical conditions, health and nutrition, communication and capacity. Care records also contained an 'About me' section which included information about people's social history, personal preferences, likes and dislikes interests and hobbies in order to promote person centred care. They provided staff with sufficient detail to guide them on how best to support people. This meant the service could ensure people were suitably placed and that staff knew about people's needs and goals before they moved in.

We found that care records had been reviewed regularly. We saw that changes were made to the care plans and risk assessments when people's support needs changed.

Annual person centred reviews are carried out involving people who used the service, their families and outside agencies. People were given a book and encouraged to write about their achievements and include pictures to show what they had been involved in. One person confirmed what we had been told; saying "I know what's in my support plan and I have a review every 12 months."

Staff we spoke with told us they were made aware of any changes in a person's support needs in updates in their care records and in communication diaries that were used in each house and were used to pass important information and planned activities for the day such as medical appointments. Records we reviewed showed that these communication diaries were used by staff during each shift.

One staff member said staff worked well together as a team. They told us there was good communication between the team leader and staff to ensure they were kept up to date about any changes in people's needs.

We looked to see what activities were available for people who used the service. We found that people were supported to access a wide variety of community based activities. People's care records contained detailed information about their interests, hobbies and goals. People we spoke with and records we looked at showed that some people took part in activities such as cycling, gym, art, music, voluntary work, college and Saturday space, At one of the houses we visited the people who used the service attended network 50. This offered a range of activity's for people who were over 50. People we spoke with told us they enjoyed this and took part in singing, drama, cake decoration, darts and dominos. We saw this timetable was in pictorial form so that people could see what activities were on offer each day. People also attended other services run by the provider such as day services, a café and social enterprise work opportunities. People were also supported to attend religious services.

Records we looked at also showed that the service used learning logs to review with people the activities they had taken part in, to see what people had enjoyed or not about the activity and how the activity might be improved for the person. We saw that where people did not use words to communicate, there were comments about people facial expressions and how they had been during the activity.

We looked at the system for managing complaints in the service. People and their relatives said they felt able to raise any issues or concerns. One relative said staff were 'completely approachable'. Another person told us; "I would talk to the team leader if I was unhappy with anything. I know that she would definitely listen to me."

We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. It gave contact details of people within the service who would deal with people's complaints and how long staff within the service would take to respond to complaints. It also gave contact details for other organisations that could be contacted if people were not happy with how a complaint had been dealt with. Records we saw showed that there was a system for recording complaints and any action taken.

We saw the service used a colour coded card system for people who used the service to send to senior managers any questions, concerns or complaints.  We saw these used a traffic light system with red being an issue the person thought was very important. All of the people who responded to our feedback surveys said they knew who to contact if they had any issues and responded well when any issues were raised with them. We found effective systems of reporting people's complaints and concerns were in place and helped to demonstrate issues were taken seriously and people are listened to.

Good

# Is the service well-led?

## Our findings

The service had a manager who was registered with the Care Quality Commission (CQC). The registered manager was supported by the director of care, operations director, service managers and team leaders.

We asked people, their relatives and staff about their views of the management and conduct of the service. One person told us, "I would give the service 10/10." The relatives of two people said; "It's like winning the lottery that [relative's name] was able to move there" and "I would give the service a score of 10/10. They are very supportive to us as a family and it's a brilliant service for [relative's name]."

Staff also spoke positively about working for the service. Their comments included; "The managers are approachable. It's fantastic, there's not a problem to ask for help or support." One staff member said they felt the leadership of the service was good and the culture enables people to express any concerns they might have. Other staff members told us, "You can definitely make suggestions and managers are always willing to listen", "I really enjoy working for them." "The service managers have all been fantastic. They have spent time with me and told me that I can go to them with any queries or questions", "The manager is really good. She comes to the house regularly to check we are ok", "[Manager] is great. She is always on the end of the phone if you need her" and "If I need help I always have someone to go to."

We looked at what opportunities were made available for people who used the service to comment on the service provided. We were told and information showed that people who used the service had regular meetings. We saw that at recent meetings people had discussed day time activities, plans for Christmas and furniture for their houses.

When people started to use the service they were given a service user guide. We saw this explained the service's aims, objectives and services that were provided. It also gave details of how care records that people would have, medicines management, what support they would have, information about being a tenant, safeguarding, how their confidentiality would be protected and how to make a complaint. These documents gave people sufficient information so they would know what they could expect from the service. We saw that this guide was also available in easy read pictorial form.

Records we reviewed and staff we spoke with also confirmed that the service held regular staff meetings. We saw that notes were kept of these meetings and that staff could raise any issues they wanted. Issues discussed at recent meetings included, staff training, activities, communication and health.

We looked at how the senior management team monitored the quality of the service provided. We found daily and weekly quality checking and auditing in place. We found these checks included cleaning, building maintenance, health and safety, medicines storage and infection control. Records we looked at showed that a log was kept of all accidents, incidents and safeguarding's. These were reviewed each month to look for patterns and identify any action that may be needed to reduce or prevent future occurrences.

Periodic checks were carried out by the service managers who visited and reported on their findings at each

of the supported house. These visits included areas such as; observations of staff interactions, staff knowledge of people, decision making and a check that person centred reviews were complete and up to date.

The operations director told us, and we saw, that an electronic system was being developed so that a more robust system of monitoring the service could be undertaken. We were told this would explore more qualitative information so that any areas of improvement could be easily identified and actioned by the relevant department.

In addition the provider had also developed a five year financial strategic plan exploring the development of the current service provision and the retention, training and development of staff.

The operations director told us that the service was currently undertaking assessment for the 'Customer Service Excellence' (CSE) Accreditation. This involved the completion of a self-assessment by the provider in relation to their service delivery, identifying areas and methods for improvement. Once completed an independent assessment would be carried out to check the service is meeting the standards set out by CSE in relation to the culture, involvement and quality of service delivery.

Prior to our inspection we reviewed our records and saw that events such as accidents or incidents, which CQC should be made aware of, had been notified to us.