

Linkage Community Trust Limited(The)

Ferriby Lane

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Ferriby Lane is a large detached property with gardens to the front and rear. It is set on a main bus route in to Grimsby and is close to local shops and other amenities.

The service is registered to provide accommodation and personal care for up to four people with a learning disability and autistic spectrum disorder. There were four people living at the service on the day of our inspection.

Accommodation is provided in a detached two storey building with four large bedrooms, a spacious lounge, a central kitchen dining room, laundry, two offices and self-contained annexe. Three bathrooms are available in the house and the annexe has a bathroom for sole use of the person living there. The service has a large garden with a summer house and some designated off street parking to the front of the building.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a manager registered with the Care Quality Commission (CQC); they had been registered since May 2011.

We undertook this unannounced inspection took place on 15 and 18 January 2016. At the last inspection in January 2014 the registered provider was compliant in all areas assessed.

The people who used the service had complex needs and were not all able to tell us fully their experiences. We used a Short Observational Framework for Inspection (SOFI) to help us understand the experiences of the people who used the service. SOFI is a way of observing care to help us understand people who were unable to speak with us. We observed people being treated with dignity and respect and enjoying the interaction with staff. Staff knew how to communicate with people and involve them in how they were supported and cared for.

We found the service required improvements to one of the five key areas we inspected. We noted some areas that required attention to ensure effective maintenance of the building and these were mentioned to the registered provider, the registered manager and acting manager to address.

Relatives felt every opportunity was provided to safely maximise people's independence. They also told us communication with the service was very good.

The service developed and maintained strong links with external organisations and within the local community. There was a strong emphasis on key principles of care such as compassion, inclusion, respect, dignity and enablement.

The safety of people who used the service was taken very seriously and managers and staff were well aware of their responsibility to protect people's health and wellbeing. People we spoke with told us they felt safe living in the home.

We found people's care plans were written in a way that clearly described their care, treatment and support needs. These were regularly evaluated, reviewed and updated. The care plan format was easy for people to understand by the use of pictures and symbols. We saw evidence to demonstrate that people and their relatives were involved in their care planning.

The staff understood the procedures they needed to follow to ensure people were kept safe. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place.

We found staff were recruited safely and there was sufficient staff to support people. Staff received training in how to safeguard people from the risk of harm and abuse. They knew what to do if they had concerns. There were policies and procedures available to guide them.

People who used the service had assessments of their needs undertaken which identified any potential risks to their safety. Staff had read risk assessments and they were aware of their responsibilities and how to support people in order to minimise risk.

We found staff had a caring and professional approach and found ways to promote people's independence, privacy and dignity. Staff provided information to people and included them in decisions about their support and care.

People's nutritional needs were met and people were supported to shop for food supplies and were assisted to prepare meals. We saw staff monitored people's health and responded quickly to any concerns. People received their medicines as prescribed and had access to a range of professionals for advice, treatment and support.

People participated in a range of vocational, educational and personal development programmes at the organisation's college facility. They also accessed a range of community facilities and completed activities with the service. They were encouraged to follow and develop social interests and be active and healthy and to go on holiday. Staff also supported people to maintain relationships with their families and friends.

Staff had received training in legislation such as the Mental Capacity Act 2005, Deprivation of Liberty Safeguards and the Mental Health Act 1983. They were aware of the need to gain consent when delivering care and support and what to do if people lacked capacity to agree to it. When people were assessed by staff as not having the capacity to make their own decisions, meetings were held with relevant others to discuss options and make decisions in the person's best interest.

Staff had access to induction, training, supervision and appraisal which supported them to feel skilled and confident when providing care to people. This included training considered essential by the registered provider and also specific training to meet the needs of people they supported.

There was a complaints process and information provided to people who used the service and staff in how to raise concerns directly with senior managers.

Medicines were ordered, stored, administered and disposed of safely. Training records showed staff had

received training in the safe handling and administration of medicines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Some areas of the service required maintenance work to be completed to ensure it was safe and suitable for people living there.

People were enabled to take risks as part of their development in order to lead more fulfilling lives and the service managed risk in positive ways. Staff knew people well, and were proactive in reducing risk and promoting each person's safety.

There were sufficient numbers of staff, with the right competencies, skills and experience available at all times to meet the needs of the people who used the service. Safe recruitment practices were followed.

Staff displayed a good understanding of the different types of abuse and were able to describe the action they would take if they observed an incident of abuse or became aware of an abusive situation.

Requires Improvement ●

Is the service effective?

The service was effective.

The registered provider followed the principles of the Mental Capacity Act when assessing capacity and making decisions in people's best interests.

Applications to deprive people of their liberty had been applied for appropriately.

The staff ensured people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the support they received. Staff were experienced and recognised when people's health deteriorated and sought advice appropriately.

People were supported by staff that undertook a range of training, relevant to people's care needs and based on best practice. Staff received supervision, support and appraisal.

Good ●

Is the service caring?

Good ●

The service was caring.

Managers and staff were committed to a strong person centred culture. Kindness, respect, inclusion, compassion, enablement and dignity were key values that were reflected in the day-to-day practice of the service.

People felt care workers always treated them with kindness and respect and relatives considered staff were very caring, kind and compassionate.

The staff supported and maintained excellent communication with people and their relatives to ensure they were involved in all aspects of the enablement programmes and day to day support.

Is the service responsive?

Good ●

The service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People were enabled to maintain relationships with their friends, relatives and the local community. The service allowed staff the time to provide the care people needed and timetables were flexible to accommodate people's changing needs.

People felt able to complain and there were procedures for staff in how to manage complaints.

Is the service well-led?

Good ●

The service was well-led.

The leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care. There was a culture of fairness, support and transparency.

Staff worked as a team; they were dedicated helping people achieve their potential. Staff were supported and encouraged to make suggestions about service improvements and people's individual development programmes. National guidance in supporting people with a learning disability and autistic spectrum disorder was promoted.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents.

Ferriby Lane

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 14 and 18 January 2016. We gave notice of the inspection the day before so staff could inform the people who used the service and provide appropriate support. The inspection team consisted of one adult social care inspector.

The registered manager was unavailable at the time of our inspection. The acting manager was available throughout the inspection and we spoke to the registered manager and the registered provider following our visit to the service. Relatives and professionals involved in the service were contacted by telephone following the inspection.

We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

Prior to the inspection we spoke to the local safeguarding team and the local authority contracts and commissioning team about their views of the service. There were no concerns expressed by these agencies.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were unable to speak with us. We spoke with one person who used the service,

the relatives of two people who used the service, two professionals, the registered manager and three support staff.

We looked at the care records for two people who used the service and other important documentation relating to people who used the service such as two medication administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included two staff recruitment files, two staff supervision records, training records, the staff rota, minutes of meetings with staff, quality assurance audits, complaints management and maintenance of equipment records.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt safe living at the home. Comments included, "Yes, of course I feel safe here, absolutely.", "Our son is safe here and the staff know him really well. Any concerns about anything and they are on the telephone to us." Another relative told us; "We see him regularly so we would know things weren't right. He is always more than happy to go back after a home visit, we have no concerns about their safety.", "All risks are planned for, so they can do all of the things they want to, but everyone is aware of the risks that may be involved in the activity."

Professionals told us, "The service and support is tailored around the individual with clear structure and boundaries in place to enable people to be involved in risk taking in a positive way."

We observed people were confident, relaxed and happy in the company of their peers and staff. Staff were seen to be caring and respectful of the people they supported and were able to observe people easily within the service, without intruding upon their personal space. During our inspection we observed that people who used the service were comfortable in the presence of staff and did not hesitate to go to them or the acting manager for support or assistance.

During a tour of the premises with the acting manager we saw some areas were in need of redecoration and damaged walls had been covered with wood as a temporary measure and not fully repaired. A bathroom had a sign displayed stating that it was out of order. Two doors, one from the landing leading to the office and the door of the office were seen to be wedged open with door wedges; this practice had caused bowing to the door closure restraints and to the paintwork of the doors. We discussed this with the acting manager who removed the wedges immediately. Within five minutes a person who used the service re opened the doors and placed chairs in front of them to keep them ajar.

We looked at the maintenance request book and saw that requests had been made for the repair and redecoration of the areas we had identified. Further requests had also been made to obtain two door guards to keep doors open safely. An additional request had been made in November to provide a wet room within the service, based on the specific needs of one person who used the service. The acting manager explained they were in the process of obtaining quotes for this piece of work. During this process the three people who lived in the house had access to three other bathroom facilities, whilst the fourth person had their own bathroom facilities in their self-contained annexe.

We discussed these issues with the maintenance manager who informed us that the redecoration and the full repair work to the temporary repaired walls was scheduled for two weeks' time, this timescale had not been shared with the registered manager or acting manager. The maintenance manager was unable to give timescales for when the wet room may be finished or door guards would be made available within the service. A later discussion with the registered provider on 25 January 2016 offered assurances they would contact the maintenance team to ensure the door guards would be put in place immediately. The acting manager of the service confirmed with us these had been fitted later the same day. We have asked the nominated individual to consider how information about timescales for maintenance work can be shared

with the services to enable registered managers to be kept informed of progress.

We found the laundry room needed attention to ensure good infection prevention and control was adhered to. For example, the laundry was cluttered and untidy, with items on the floor and in need of tidying. Freshly laundered items had been left next to the washing machine where dirty clothing was loaded.

When we spoke with staff about people's safety and how to recognise possible signs of abuse, these were clearly understood by staff. They were able to describe what action they would take to raise an alert to make sure people were kept safe. Training in the protection of people had been completed by all staff and they had easy access to information on the organisation's safeguarding procedures and a list of contact numbers was available. The registered manager was fully aware of the local authorities safeguarding procedures and their responsibilities to report any concerns.

We saw there was a whistleblowing policy in place. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager or others within the organisation.

We found people were protected from the risks associated with their care because staff followed appropriate guidance and procedures. We looked at the care files for two people and found each individual had an assessment of their care needs which included risk assessments. These covered areas such as accessing the community, horse riding, swimming and support in managing anxiety and changing behaviours that challenged the service and others. Risk assessments were detailed and described the actions staff needed to take, to reduce and manage the risk whilst supporting people to be independent and engage in their preferred activities and routines.

Observations and discussions with people who used the service, relatives and staff members found there were enough staff with suitable experience, skills, knowledge and training to meet people's individual needs. The acting manager showed us the staff rotas and explained how staff were allocated on a one to one basis for each shift, based on individual's needs. Staff spoken with confirmed additional staff were provided where required, for example some people who used the service needed additional support whilst accessing community based activities. This was reflected in the staff rota. The acting manager and staff spoken with confirmed any staff absence due to sickness and holiday was covered by the service staff or bank staff, so people who used the service were familiar with the staff members providing the cover.

Each person who used the service accessed a range of scheduled activities including work experience placements, horse riding, swimming, walking, cycling and support to develop independence skills including menu planning, shopping for ingredients and meal preparation. We saw staff were able to meet people's needs and support them to go out into the community or to participate in their planned activities. When we spoke with staff, they confirmed that there was always enough staff on duty to meet people's identified needs.

We reviewed the files for two staff and saw people were protected by safe, robust recruitment procedures. All staff had completed an application form, provided proof of identity and had undertaken a Disclosure and Barring Service (DBS) check before starting work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The organisation also completed ongoing random DBS checks of their staff following their initial check. The records we looked at confirmed all staff were subject to a formal interview which was in line with the registered provider's recruitment policy. The acting manager confirmed people who had previously used the service had been involved in the interview process with new staff.

We found people received their medicines as prescribed, medicines were correctly obtained, stored, administered, recorded and disposed of. Medicines were seen to be stored in a lockable cupboard within the staff office. All staff had received medicine training and their competency was regularly reassessed. We checked the medicines being administered against people's records, which confirmed they were receiving medicines as prescribed by their GP. People's support plans gave information about what medicines they took, why they took them, what side effects to look out for and how they liked to take them. Relatives we spoke with confirmed their family members did not take many regular medicines and any changes were discussed with them. Protocols were seen to be in place for all medicines that had been prescribed to be taken 'as and when required' (PRN), these described in which situations the medicine was to be administered and to ensure that it was not used to control people's behaviour by excessive use of medication.

Records showed that accidents and incidents were recorded and immediate appropriate action taken. Details of actions taken to keep people safe and prevent further reoccurrences were recorded and whenever an incident occurred, staff completed an incident form for every event which was then reviewed and signed off by the registered manager.

Systems were seen to be in place to protect people's monies deposited in the home for safe keeping. This included individual records and two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service. A recent incident where staff had failed to follow this procedure this had resulted in a sum of money going missing. The incident had been reported to the police, the local safeguarding team and the Care Quality Commission (CQC). A full investigation had been completed and appropriate action taken by the provider including the reimbursement of the money and further action in addressing with staff the importance of following procedures.

The service was found to be clean and tidy. Staff spoken with confirmed there was plenty of personal protective equipment [PPE] to use to prevent the spread of infection.

The registered provider had contingency plans in place to respond to foreseeable emergencies including extreme weather conditions and staff shortages. This provided assurance that people who used the service would continue to have their needs met during and following an emergency situation. We saw records which showed emergency lighting, fire safety equipment and fire alarms were tested periodically.

Is the service effective?

Our findings

People who used the service told us they liked the staff. Comments included, "I like [Name of support worker], they are the best" and "The staff are really good they listen to me and help me when I get anxious." People also told us they liked the meals. They told us, "The food is really nice I like enchiladas, lamb shanks, pizza and chilli best", "We talk about the menus at the meeting, we all choose different things."

Relatives told us they thought staff understood their relative's needs and had the skills and abilities to meet them. Comments included; "I have no doubts the staff are trained to the level they need to be, they know my son really well and have developed positive relationships with him", "The staff are brilliant, I can't fault them." Another told us, "They are very good at keeping us up to date with everything what is going on." When asked about the food provided in the service, relatives told us, "The meals are very good and everyone is involved in shopping and preparing them. Staff go out of their way to accommodate individual tastes and preferences."

We saw people's nutritional needs were assessed and kept under review and there was a good range of food and drink supplies in the service. People were involved in the development of menu through regular house meetings. Staff confirmed that menus were planned in consultation with people who used the service and offered at least two choices of food at mealtimes, but further options were always available and were provided if people did not want these options. The daily records we reviewed confirmed that alternatives choices were regularly provided to people.

Staff we spoke with had a good understanding of people's preferences for food and their individual dietary requirements. They gave an example of one person who particularly disliked vegetables, so they ensured they were always offered the limited choice of vegetables they enjoyed in order to promote healthy eating habits. We saw staff maintained a record of food and fluids where a need for this had been identified. We saw people had their weight monitored and appropriate action taken when there were concerns.

We saw the health care needs of people who used the service were met. Appropriate timely referrals had been made to health professionals for assessment, treatment and advice when required. These included, GPs, dentists, emergency care practitioners and opticians. Records indicated people saw consultants via out patient's appointments, accompanied by staff, and had annual health checks. We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw the registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. There were three people who used the service who had a DoLS authorised by the supervisory body. These DoLS were in place to ensure the people received the care and treatment they needed and there was no less restrictive way of achieving this. Records showed there were no specific conditions attached to these authorisations. The registered manager had notified the CQC of the outcome of the DoLS applications. This enabled us to follow up the DoLS and discuss them further with the registered manager. We found the authorisation records were in order and least restrictive practice was being followed.

During discussions with staff and the registered manager we found they had a good understanding of the principles of the Mental Capacity Act 2005 [MCA] and were able to describe how they supported people to make their own decisions. We saw people had their capacity assessed and where it was determined they did not have capacity, the decisions made in their best interests were recorded appropriately. Throughout our inspection we observed staff offering choices to people and supporting them to make decisions about what they wanted to do, for example; what they preferred to eat and drink and the activities they wanted to engage in.

We looked at staff training records and saw staff had access to a range of training which the registered provider considered to be essential and service specific. This included Team Teach [positive handling strategies training] epilepsy, accredited autism training, Asperger's, safeguarding of vulnerable adults, challenging behaviour, first aid, health and safety, infection control, the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards [DoLS]. Staff were also either working towards or had completed an NVQ [National Vocational Qualification in Health and Social Care].

Staff confirmed they received regular supervision including annual appraisals to review their performance and identify any further training needs. Staff described how they had been fully supported by the registered manager, acting manager and the staff team when they had first been appointed. They told us following their appointment they had completed the organisations induction which covered training which was considered to be essential and included topics such as; medication, safeguarding and care planning. They then had a period of shadowing experienced staff in the service and completed a work based induction booklet. Additional specialist training was also made available to staff during this time including, epilepsy and autism. Staff records reviewed confirmed this process.

The staff we spoke with confirmed they attended both face to face and E-learning training to maintain their skills. Staff told us their training was relevant and covered what they needed to know. They told us that when people's needs changed or they developed particular health needs, training was provided to ensure staff understood how they could support people effectively."

Staff told us they were further supported through regular team meetings which were used to discuss a number of topics including; changes in practice, care plans, rota's and training. Staff told us their training was relevant and covered what they needed to know. One member of staff told us how impressed they were with a new sensory course about living with autism. They said, "It gives you a really good insight into what sensory overload a person with autism may experience from a simple walk to the shops. It helps you see things from their perspective."

Staff we spoke with understood people's routines and the way they liked their care and support to be delivered. Staff described in detail how they supported people in line with their assessed needs and their

preferences. We saw staff communicated with people effectively and used different ways of enhancing communication with people who used the service. For example, using effective communication support plans, this approach supported staff to create meaningful interactions with the people they were supporting. Care records contained clear guidance for staff on how to support people with their communication and to engage with this. This supported people to make day to day choices relating to how they wanted to spend their time, activities, college, meals and about their care and support.

Staff told us they had been trained to deliver 'positive behaviour support approaches' to manage behaviours that challenged the service. These minimised the use of restrictive practices and reduced the use of physical interventions. Discussions with staff and the acting manager evidenced that restraint practices were not currently used in the service as all persons responded well to the positive behaviour support approaches in place.

Bedrooms were personalised and people who used the service had been involved in choosing their own colour schemes and decoration for their rooms. During discussion staff told us about one person had initially declined to engage in any attempt to introduce anything into their bedroom, but how over time they had been involved in adding personal touches to their personal space.

Is the service caring?

Our findings

People told us they were happy with their care and liked living at the service. They told us staff respected their privacy and they had meetings with their key worker to talk about their care. Comments included, "I know everything that is in my care plan and the reason it is there. My keyworker meets with me regularly and we talk through everything, but I can go to any of the staff because they will all help me and listen."

Relatives told us they considered their family member was cared for well by staff. Comments included, "Initially when we were first introduced to the service, I was unsure they would be able to meet their complex needs. I am glad to say I was proven wrong, with them settling very quickly at Ferriby and the staff being more than able to meet his needs." Another told us, "They not only do a fantastic job with him, they offer us support too and are always there for us too."

Professionals involved with the service told us, "He is very settled there and the staff manage his needs really well."

Relatives told us that they felt able to raise concerns. Comments included, "If I have any queries, I drop them an email and they respond very quickly."

During the inspection we used the SOFI which allows us to spend time observing what is happening in the service and helps us to record how people spend their time, the type of support received and if they had positive experiences. We spent time in different areas of the service and we observed staff interacted positively and sensitively towards the people who used the service. We observed people going out from the service to engage in different activities including food shopping, swimming and further educational courses.

We saw staff responded to people's queries and offering reassurances when this was required. One person asked staff if they were still going to the cinema with them at the weekend and staff confirmed they would be and asked them which film they wanted to watch.

People were seen to approach staff with confidence; they indicated when they wanted their company for example when they wanted a drink and when they wanted to be on their own and staff were seen to respect these choices. People were seen to be given time to respond to the information they had been given or the request made of them, in a caring and patient manner. Requests from people who used the service were seen to be responded to quickly by staff.

During our inspection we saw that when one person approached staff, they offered reassurances to them that they were on duty the next day and had remembered they wanted them to help them to make a lasagne for their tea. Staff reminded them they had just both returned from the shop with the ingredients they needed. This reassured the person and helped calm their anxieties over their planned routine. Throughout the day of our inspection there was a calm and comfortable atmosphere within the service.

We saw people who used the service looked well cared for, were clean shaven and wore clothing that was in keeping with their own preferences and age group. Staff told us the people who used the service were always supported to go on shopping trips to enable them to make their own purchases of clothing and

personal items

Staff demonstrated they understood how people's privacy and dignity was promoted and respected, and why this was important. They told us they always knocked on people's doors before entering their room. We observed that when someone attempted to leave the bathroom in a state of undress, staff responded quickly and reminded them discreetly they needed to cover themselves up.

We found the service was caring and people were respected by staff, treated with kindness and were listened to. There was a key worker system where people who used the service were allocated specific members of staff to support them. The staff took time to build up relationships and trust with people and their families. Staff told us about the importance of maintaining family relationships and supporting visits and how they supported and enabled this; in home visits, meeting up with family members during holidays and supporting people to purchase gifts and cards for special occasions. They told us how they kept relatives informed about important issues that affected their family member and ensured they were involved in all aspects of decision making. Relatives were also invited to reviews and if they were unable to attend their views were sought and shared in reviews and other meetings. Discussions with relatives and a review of records confirmed this.

Staff spoke about the needs of each individual and demonstrated a good understanding of their current needs, their previous history, what they needed support with, what they may need encouragement to do and what they were able to do for themselves. Staff offered examples of where people's skills had developed for example; one person had been reluctant to go into a shop when they first came to the service. With the introduction of detailed support plans and risk assessments, staff had supported them gradually to overcome their anxieties in visiting shops to such an extent they were now happy to support staff with weekly grocery shopping.

During discussion with staff they confirmed they read care plans and information was shared with them in a number of ways including; a daily handover, communication records and team meetings.

People's care records showed that people were supported to access and use advocacy services when required to support them to make decisions about their life choices. Relatives spoken with confirmed this.

We found a positive approach to promoting people's right to independence and a 'can do' attitude was clearly demonstrated by all the staff and reflected the organisation's values. Staff described how each person received tailored support to meet their individual needs, enabling them to become actively involved in community life and other activities. One person's relative told us, "It is priceless he has a full life and the staff are brilliant with supporting him with his activities."

Care records showed people were supported to maintain their independence in areas such as their activities, personal care and activities of daily living such as shopping, cooking, cleaning and laundry. This was observed during the visit when people were supported to tidy their room, prepare and cook the evening meal, set the table, clear their plates away after the meal and do the washing up. We saw staff were patient and consistent in their approach.

Is the service responsive?

Our findings

One person told us staff involved them in letting them know what was happening in the service. They told us, "The staff help me to know what is going on, by speaking to me and writing things down for me on my board so I know exactly what I am doing every day and I don't need to worry."

Relatives told us they considered the service was responsive to their family member's individual needs. Comments included; "We couldn't wish for him to be in a better place. They are very good at understanding and responding to his needs." We know he is well looked after and cared for. He is always happy to go back it is such a relief now we don't have to worry.", "We are involved in all aspects of his life and the decision making process. He has a full life and there is always loads going on for him, which he is always keen to share with us." Another told us, "We have no concerns at all about the service, but we know that if we did we could pick up the phone and it would be rectified straight away."

We looked at the care files for two people who used the service and found these to be well organised, easy to follow and person centred. Sections of the care file had been produced in pictorial easy read format, so people who used the service had a tool to support their understanding of the content of their care plan. We observed how people received consistent, personalised care, treatment and support and how they and their family members were involved in identifying their needs, choices and preferences and how they should be met. People's care, treatment and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided.

People were actively involved in developing their care, support and increasing their independence skills including all aspects of their social life and were supported by staff that were competent and had the skills to assess their needs. Staff made every effort to make sure people were empowered and included in this process. They involved family in decisions about the care provided, to make sure that the views of the person receiving the care were known, respected and acted on. Staff told us that routine was very important to the people who used the service therefore care plans and activity timetables were carefully followed, however people's wishes were respected if they chose not to participate in planned activities and alternatives would always be offered in these situations.

They described the holistic needs of people and how they were supported within the service and the wider community. Details of what was important to people such as their likes, dislikes, preferences, what made them laugh, what made them sad, their personal attributes and their health and communication needs; for example, their preferred daily routines and what they enjoyed doing and how staff could support them in a positive way were available.

People's care plans were reviewed monthly, after individual meetings with their key worker, this ensured their choices and views were recorded and remained relevant to the person. We also saw care plans were revised where necessary to reflect the outcomes from reviews. Records of these meetings showed how all aspects of the person's progress in meeting their individual objectives and independent living goals were reviewed and any changes needed were implemented.

The registered provider had a complaints policy in place that was displayed within the service. The policy was available in an easy read format to help people who used the service to understand its contents. Records showed concerns were always discussed at the regular key worker meetings. We saw that no complaints had been received since our previous inspection. The registered manager explained how they encouraged relatives to talk about any issues or concerns so they can be addressed at an early stage. Relatives spoken with confirmed they had never had the need to make a complaint, but were aware of the organisation's complaint policy.

The high ratio of staff to people who used the service ensured people were able to access an extensive range of community based activities including; swimming, bowling, meals out and trips to the cinema. People were able to be supported in both structured educational activities as well as with hobbies and social activities, for example playing football for Grimsby town disability football team

People were encouraged to develop new relationships and the service had an established social network with other houses within the organisation and community based social groups to enable people to meet up at planned events. Staff described the progress some people had made with their participation in activities both in the service and the local community. For example, one person who particularly enjoyed cycling, although they had not been a competent rider initially, staff had supported them to access safe cycling paths. This had enabled them to pursue their hobby safely and develop and practice their cycling skills

Is the service well-led?

Our findings

When we spoke with people who used the service and their relatives about the management of the service, all the comments we received were positive. These included, "I like them both we can go to them and they are always interested in what we have to say." "They always find the right way to explain things to me and check that I have understood everything and that really helps me."

Relatives commented, "I can't put enough emphasis on how good the service, I want the best for my son and that is what they offer him, a full and interesting life." Another told us, "I haven't been disappointed yet, they understand him so well as an individual and this is always considered first", "They involve us with everything and we are asked for our views of the service and get the results back from these", "I know I can pick up the telephone at any time and anyone I speak to will always make time to speak to me."

At the time of our inspection there were two managers involved with the service. The registered manager was supporting a newly appointed manager who was waiting for their registration interview with CQC, once registered they would take on full responsibility for the service. The registered manager was very experienced and had managed this service and others within the organisation for a number of years. The newly appointed acting manager had also worked for the organisation for some time both in education and residential services.

People who used the service and their relatives knew the acting manager and we observed how people approached them and their engagement with them. It was clear the acting manager knew people's needs well and had developed positive, professional and caring relationships with them. We found the acting manager and the staff team spoke very fondly and sensitively about the people who used the service.

Staff were provided with handbooks which explained what the expectations were of their practice. It also described the organisation's vision. This was described as promoting a 'society in which disabled people are seen as people first and are able to live fully- integrated lives.' The mission was to 'deliver excellent education, employment, care and support by providing flexible services to meet individual needs, reflecting individuals' uniqueness, their personal aspirations and goals, and giving them optimum control over their lives.'

The co-founder of the organisation and Director of Care, Rex Richardson had recently won a national award. This award is presented to an individual who is judged to have made a long-term outstanding contribution to the lives of people with a learning disability and/or autism. Staff received remuneration for long service.

We spoke about the culture of the organisation with the acting manager and staff. They [staff] told us, "It's an open culture; the manager listens and makes changes in people's best interests" and "We are all here for the benefit of the people living here, when they achieve anything we all celebrate it." The acting manager told us, "Although I have quite a laid back approach I get things done, I am approachable, genuine and honest and expect the same from my staff. I would never ask staff to do anything I wasn't prepared to do myself. I am committed to taking the service forward, we all want to ensure people using the service

experience the best possible outcomes."

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for specific awards for recognition of good practice. The organisation also had 'Investors in People', which was an accreditation scheme that focussed on the registered provider's commitment to good business and people management

We spoke with the acting manager and they were aware of the importance of effective communication with the people who used the service, relatives, external agencies and staff. They told us they had regular one to one meetings with staff and as a group. Records seen confirmed this. Staff spoken with told us they had the opportunity to request items they wished to discuss to be included into the agenda for these.

The acting manager told us they were supported by a senior management team and by having regular meetings with the registered managers of other services within the organisation. They told us the meetings were a forum where they could share best practice and discuss ideas to improve the service.

We saw a system was in place to monitor the quality of service people received. This included a range of audits, meetings and surveys to obtain the views of people who used the service and their relatives, and observations of staff practices. The registered provider had developed a new five year strategic plan. An annual survey had been carried out in 2015. It gathered views from people and their families. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to. The majority of responses were very positive, with an overall rating of 91% of all people using the service expressing their satisfaction with it. Results from relatives and parents surveys showed a satisfaction rate of 88% overall with 97% stating they would recommend the service. We found the results for the relative's surveys weren't linked to specific services and discussed this with the acting manager who agreed that more specific surveys would be advantageous in that they would provide clearer information and identify shortfalls more easily, e.g. if it was an educational or residential issue [the organisation provides both education and residential services]. They confirmed they would share this information with the senior management team.

The quality monitoring programme included a structured programme of peer reviews by registered managers from other services within the organisation. These quality reviews were completed every two months and covered all aspects of service provision. We looked at the latest review which was carried out in November 2015. This showed positive results with few issues identified. The records showed where shortfalls had been identified, action plans had been developed and compliance dates achieved.

Records showed the acting manager regularly completed a range of internal checks of areas such as care plans, personal finance accounts and medicines management, results of these internal checks were positive. The medicines systems were also checked each year by the contracting pharmacy.

Accidents and incidents record were maintained and demonstrated appropriate immediate actions were taken following this. The acting manager confirmed how all accident, incident and safeguarding reports were sent to the senior management team for analysis and review to identify any patterns and outcomes to inform learning at service and organisational level.

Staff told us how the organisation's values were embedded on a daily basis through training, supervision and daily discussions.

We saw the registered manager had arranged for regular safety checks to be carried out on all equipment

used in the home and maintenance was carried out as required. Where there were areas of general maintenance required in the home these were recorded in a maintenance book and were signed as completed when the required work had been carried out. All these measures meant the registered provider was carrying out on-going checks to ensure the care provided and the environment people lived in was maintained to a good standard.