

Gemstone Care Ltd

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Inspection report

48 Traps Hill
Loughton
Essex
IG10 1TB

Tel: 02085025987

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Gemstone Care Limited is a domiciliary care agency (DCA) which provides twenty-four hour care and support across four supported living locations to people with a learning disability. At the time of our inspection eight people were using the service who were supported in their own homes.

The inspection took place on 4th July 2016 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that the registered manager would be available. The last inspection of this service took place on 6th December 2013 and at that time the service was meeting all the required standards inspected.

At the time of inspection there was a longstanding registered manager in post who was also the registered provider. '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 and associated Regulations about how the service is run.

The service was extremely well led. The provider demonstrated passion and dedication towards improving the lives of the people the service supported. Using their years of experience in the field of learning disability they were creative and innovative in their approach to support staff to empower people to lead meaningful and fulfilling lives.

Staff felt well supported by the provider who took a hands-on approach and was always accessible and visible within the service. A consistent support system of regular supervisions, appraisals and competency checks meant that staff felt confident and competent in their roles. A comprehensive programme of training was provided with opportunities for specialist training relevant to meeting the needs of the people and professional interests of staff.

The provider was highly valued by people, relatives, staff and professionals and was described as someone who always gave a hundred and fifty per cent. Despite actively encouraging people, staff and professionals to raise complaints or concerns, annual satisfaction surveys to monitor quality and drive improvements were relentlessly positive with the service described as 'brilliant' and 'faultless.'

People felt safe and were happy at Gemstone as the provider had managed to strike the right balance between protecting people from harm whilst at the same time promoting their freedom and independence. People were given opportunities to take acceptable risks in their lives with the right level of support provided by staff. Activities were planned around what people wanted and not restricted because of the potential for harm.

Where necessary the provider took action to reduce any risk of harm whilst at the same time helping the person to do what they wanted. Any incidents or accidents were fully investigated with the emphasis on

what could be learnt to reduce the potential for harm whilst not restricting people's personal development.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. People were supported to manage their medicines and be as independent as they could be. Safe recruitment practices were adhered to and there were sufficient numbers of staff employed to safely meet people's needs. People were included in the recruitment process as their opinions and feedback regarding new employees was valued and acted upon.

Staff and the provider had an excellent understanding of the principles of the Mental Capacity Act 2005 and empowered people to make their own decisions wherever possible. People were supported to make choices about what they wanted to do in their day to day lives including exploring interests, education and job opportunities and maintaining and developing relationships that were important to them. Consequently, people's confidence and abilities had grown since they started using the service. Relatives had noticed that people had become more assertive, making more decisions for themselves and had become much more independent and capable and were thriving under the nurturing care and support they received.

People received individual one to one support from staff and the provider so were able to take part in a wide range of activities that were important and relevant to them, both inside and outside of their homes. They were protected from social isolation because of the high level of support and opportunities made available through the service.

People received a high level of support to maintain their health and wellbeing. The service worked extremely effectively with healthcare professionals and were pro-active in referring people for assessment or treatment. The provider kept thorough and highly detailed health records and shared this information appropriately with relevant health and social care professionals. This meant that people's health was closely monitored to ensure they received any treatment they required in a timely fashion.

Staff upheld the vision and values of the service which placed people at the heart of all that they did. Staff treated people with the utmost dignity and respect and looked for ways to help people feel valued and to promote their independence. This resulted in people forming very positive relationships with staff who were valued and held in high regard by the people and families they supported.

The care and support people received was personalised and tailored to meet their individual needs and preferences. People, and their representatives, where appropriate, were involved in making decisions about how the support was delivered so they felt listened to and included.

People were integral in shaping the service and making decisions about the way it was run. The provider and staff team recognised the importance of placing people at the heart of the service and empowering their involvement. There were effective systems in place to monitor the service and people benefited from an open and transparent culture where their views were sought and acted upon.

People were cared for by staff that knew them really well and understood how to support them to attain their goals. Staff respected people's individuality and encouraged them to live the lives they wanted. People's progress was monitored and celebrated.

The service was viewed as an organisation that went 'the extra mile', providing a level of dedication and commitment to the people it supported that often exceeded expectations. People were encouraged to express their hopes and dreams and the service looked for ways to make their aspirations a reality. .

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.

Staff were aware of safeguarding procedures and knew the correct action to take if they suspected abuse had occurred.

There were sufficient numbers of skilled staff that had been recruited safely.

People were supported by a consistent staff team who were aware of the risks to people and knew how to manage these safely.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good ●

The service was highly effective.

The level of care and support provided promoted an excellent quality of life for people.

Staff understood and knew how to apply legislation that supported people to make decisions and consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

People were supported to access to healthcare services and their health and wellbeing was closely monitored to ensure they received timely and appropriate treatment.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff had formed positive relationships with the people they supported and looked for ways to make them feel valued.

People were encouraged to express their hopes and dreams and the service looked for ways to make these a reality.

Staff knew people really well and used this knowledge to care for them and support them to achieve their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with the utmost respect and dignity.

Is the service responsive?

Good ●

The service was very responsive.

People received highly personalised support by staff who knew them well. People were encouraged and supported to reach their goals.

People's confidence and independence had improved since they began using the service.

People's achievements were recognised and celebrated.

People were able to maintain relationships with those who mattered to them.

People had access to a wide range of personalised and group activities and were supported to have a say in all aspects of how the service was delivered.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

People benefitted from a service that had a dedicated registered manager whose experience and qualifications were used to support people to lead full and meaningful lives.

The values of the provider were consistently demonstrated by staff in their interactions with people and with each other.

People's views were sought and acted upon.

Robust quality assurance processes ensured the safety, high

quality and effectiveness of the service.

Gemstone Care Ltd

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 was 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 4th July 2016; it was conducted by one inspector and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

Prior to the inspection we reviewed the information we held about the service. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit, we observed three people who received care and support in their own homes. We spoke with two people who were able to express their views regarding the service they received. We also spent time observing the interactions between people and staff.

As part of the inspection process we spoke to the provider who was also the registered manager and five members of staff. We spoke with three relatives of people who used the service and also obtained feedback from five health and social care professionals who worked closely with the service.

We reviewed six people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how information was gathered to improve the service. This included medicine records, the provider's quality assurance audits, satisfaction surveys and records of complaints, accidents and incidents. We also looked at four staff record files, the training programme and staff rota.

Is the service safe?

Our findings

Relatives told us that they trusted the service to keep their family members safe. One relative said, "I can only speak good of them [the service], it feels like a dream, I can sleep at night." A person who used the service said, "Before I used to run away, I don't anymore, I love it here."

People were safe as the service had a very clear understanding of what was needed to ensure people's safety whilst at the same time promoting their independence. Relatives told us that they felt their family members were kept very safe but at the same time their rights to freedom were respected. Comments we received included, "I feel that I can trust them to look after [Person], they wanted their independence and we wanted them to be safe, thanks to Gemstone we are both happy," "We get safety but with a lot of independence as well which is fantastic." And, "[person] has always got someone with them to keep them safe but support their independence so they can do whatever they want."

Risks to people were very well managed. We saw that the service had completed a range of risk assessments that were individually tailored to meet people's specific needs. These assessments held information identifying where people were susceptible to harm or exhibited behaviours which could place themselves or others at risk.

Risk management plans which provided detailed information and guidelines were available to staff so they knew how to support people in these circumstances and what actions needed to be taken to alleviate the situation or behaviour. Consequently, staff knew what to do to keep people safe when supporting them both in and out of their home. For example, one worker told us, "[person] has no road awareness, they will often trip and fall as they don't look where they are going, when we are out with them we need to keep them focussed."

People's records around risk were reviewed monthly or sooner if necessary. These were 'live documents' which evolved as people's needs changed and staff's knowledge of the people they supported developed. For example, one person had a risk assessment relating to when they were at their place of work and when a member of staff noticed a new behaviour which posed a risk to the person and others in this setting, this information was added to the document along with a plan on how to manage the behaviour. This additional information was then immediately shared with the rest of the team.

We saw that when people's risk assessments were amended, all staff members were required to sign a front sheet to say that they had read the document. This ensured that all workers had the most up to date information to continue to support people safely. Information around risk was also shared at staff handovers and at staff meetings. We found that the service had effective systems in place for communicating information around risk as all of the staff we spoke to were able to tell us about any risks to people and how they could be managed safely. We found that the information they provided us with matched what was held in people's records.

When people were supported to go on holiday additional risk assessments were completed, for example, on

what to do if the person became lost. Workers who accompanied people away took a comprehensive folder with them which contained all of the relevant risk management plans so that they could continue to support people safely away from their home environment. This included extremely detailed health information to support people if they became unwell and needed to see a health professional.

Staff and the registered manager had a clear understanding of how to safeguard people from the risk of abuse. They understood the different types of abuse and how to recognise the signs that someone might be being abused and what they should do if they thought someone was at risk. We found that the provider reported safeguarding concerns swiftly to the appropriate authorities and management plans were put in place to keep people safe. Feedback from professionals confirmed what we found. They told us, "Gemstone have always been prompt at getting in touch and seeking advice when there are any safeguarding issues or any concerns at all." We saw that a visual, easy-read safeguarding booklet was on display in people's homes to help them understand about keeping safe report any concerns or worries they might have.

The service was pro-active in enlisting the help of health and social care professionals to promote multi-agency working so that people would have access to any support services they might need. For example, we saw a safeguarding incident where the provider had requested input from the behavioural support advisor, advocacy services and a social worker, all of whom contributed to the risk management support plan to ensure the person's safety and wellbeing.

We also found that where incidents of abuse occurred between people who used the service, the organisation adopted an empathetic and sensitive approach, demonstrating an excellent understanding of the people they cared for and avoided labelling people as 'victim' and 'perpetrator'. The service understood that the people they supported were extremely vulnerable with complex learning and mental health needs and that all parties involved required equal understanding and support.

We saw that in these types of situations the provider kept a detailed audit and analysis of events. The information was then used to source the appropriate help from external agencies, for example, through referrals for psychiatric evaluations. In this way the service sought to minimise future risks and provide the appropriate level of support to meet people's needs.

Incidents and accidents were well reported and documented and the provider conducted a thorough investigation of each incident. Consideration was given to the impact of incidents on people and what help and support they might require as a consequence. Staff felt confident to report incidents and were assured that the provider would deal with them appropriately.

Staff told us that there were enough workers to keep people safe which confirmed what we saw on the day. Each person had one to one support provided to meet their individual needs. The registered manager was always available to provide additional support and cover if required, for example, to support people with medical appointments.

Staff told us that if they needed any additional support at any time they only had to ring the provider and they would be there immediately as they lived only a short distance away. One member of staff told us how they had phoned them at three o'clock in the morning to support them with managing a person's behaviour that they were finding challenging. The provider came within minutes and stayed through the night to provide assistance to the staff member and person concerned.

Recruitment processes were robust. All of the relevant checks had been completed before staff began work, including taking up references and obtaining a Disclosure and Barring Service (DBS) check on all staff before

they started 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.

People's medicines were managed safely and they received regular reviews of their medicines by the GP. There were appropriate arrangements in place for the storage and recording of medicines. People were supported to collect their own medicines from the pharmacy. All medicines coming into people's homes and medicines returned for disposal were recorded in an electronic log by the provider.

We checked medicine records and found that people were receiving their medicines as prescribed. The medicines administration records (MAR) were accurate and contained no gaps or errors. There was guidance in place for people who were on PRN (as needed) medicines. Records included details about the amount of these medicines people should be given and the reasons why they should have it.

All of the staff who administered medicines had been trained and observations of their competence were carried out regularly. Staff told us they had all been enrolled on an advanced level of training to promote a more in-depth understanding of how to support people with managing their medicines safely, for example improving their knowledge of potential side-effects. One staff member told us that the training had challenged their current thinking and resulted in them exploring whether a particular person they supported could be helped to be more independent by managing their own homely remedies.

People were supported to manage their finances safely and be as independent with money as they could be. They were supported to pay their own bills and purchase items when out shopping in the community. People's monies were kept secure in a locked cupboard in their homes with records and receipts kept of money going in and out. Where people required additional support to manage their money this was provided either by family who had been granted a lasting power of attorney or through an independent agency. This ensured people's money was kept safe and their rights were protected.

Is the service effective?

Our findings

The service was extremely effective as people were supported by a stable and consistent workforce of competent staff who provided individualised care and support which promoted an excellent quality of life for people. A relative told us, "I am very happy with the care my relative receives. They are in a safe environment that attends to their emotional and physical needs and the staff are brilliant at dealing with all situations."

After the inspection we contacted a number of health and social care professionals for their opinion of the service. One professional told us, "The quality of care they gave to my client was evident in the positive improvements made by them with regards to their level of increased engagement and with developing their daily living skills; my client has continued to improve emotionally." Another said, "My view is that Gemstone Care provides a very good quality service and I would happily recommend them to others."

When new staff joined they received a comprehensive induction which provided essential training, based on the care certificate. The care certificate represents a set of minimum standards that social care and health workers should stick to in their daily working life. The provider told us that they were asking all existing staff to complete the care certificate even if they already held other qualifications in care so that all staff would be up to date with current best practice.

The induction process included the opportunity for new staff to shadow more experienced workers for a number of weeks so that staff could get to know people and equally people could get to know new staff before they worked unsupervised. The service asked for feedback from people during the shadowing process to ensure that they were happy with the staff who had been employed to support them.

Staff provided feedback regarding the level of training and support they received and told us it was the best they had ever had. Comments from staff included, "We get the support & training we need to carry out our duty to our service users, all of whom have really developed in all area's due to the good support they receive from consistent staff." And, "We get the information, support and training needed to support our service users fully in every aspect of their daily lives and to develop their skills & knowledge. "

Where staff had expressed an interest in specialist training we saw that this had been organised. A worker told us, "I was interested in stress management to support my working life and they [registered manager] arranged this for me." Another member of staff told us how they had been supported to complete training in end of life care because they had a professional interest in this.

Staff told us they received regular supervisions, competency checks and annual appraisals, all of which helped them to feel competent in their role. One worker said, "We use supervision to identify our strengths and any weaknesses, it gives you confidence." We saw written records which confirmed that supervisions took place at least every two months or more often in response to a particular need.

Supervision was used constructively to talk about any concerns staff might have regarding the people they

supported, monitor their progress and identify any professional development needs. For example, we saw one staff's annual appraisal which highlighted they were having difficulty managing behaviour perceived as challenging. In response to this the provider arranged for the worker to be enrolled on a course to support their understanding and improve their knowledge and skills in this area. The regularity and quality of the supervision and appraisal process meant that staff were consistently monitored and supported to maintain their skills and develop professionally. Consequently, people were supported by staff who had the knowledge and expertise to care for them effectively.

It was clear that the level of training and support provided had been effective as staff were able to discuss in detail people's care and support needs, including any behavioural issues and how to manage these effectively. Staff showed an excellent awareness of people's behavioural triggers and understood what action was required to prevent escalation of people's agitation or anxiety. For example, one staff member told us, "[Person] will try to self-harm to release emotion so we keep all sharp objects locked away. There are triggers, thinking about [Name] for example, if this happens we know they might try to hurt themselves so we are extra vigilant."

All of the staff we spoke with had a very good understanding of the Mental Capacity Act 2005 (MCA) and how to apply the principles of the act in practice to support people to make decisions. This legislation provides a legal framework for acting and making decisions on behalf of people who lack the capacity to make their own decisions. Staff understood the importance of assessing whether a person could make a decision and the steps they should take to support decision-making, for example, presenting information in a way that people could understand and giving people the time and the space to process information. One staff member told us, "It's all about working to their beliefs, culture, making suggestions, showing people things then giving them time to think and respecting their choices." Another staff member told us, "We don't take decisions on people's behalf, we give people lots of time, give the information in a simple way so they can understand."

We saw that people had been supported by the service to make a decision about where they wanted to go on holiday. Information had been presented to them in a number of ways to help them to understand and make a choice. This included discussions with their key worker, looking at pictures and brochures and doing research on the internet. This process had taken place over a number of weeks to check people's understanding and allow them time to make an informed decision.

The provider demonstrated an excellent grasp of the principles of the MCA and was creative in looking for ways to assess people's capacity and support them to make decisions. We saw an example where there were questions around a person's capacity to manage their own money or make the decision about who would help them to do so. The provider used 'social stories' to assess the person's understanding of the situation. A social story is a short description of a particular situation, event or activity, which includes specific information about what to expect in that situation and why. The provider used language, objects of reference and scenarios that the person was familiar with to facilitate their understanding. An advocate was also employed to provide independent support to the person to ensure their rights were protected. This meant that the person was protected from the risk of financial abuse whilst having access to the right level of support which did not undermine their own capabilities.

The service provided twenty-four hour care and support to people which meant that they were under continuous supervision and were not free to leave their homes unescorted. The provider was aware that this level of support represented a deprivation of people's liberty albeit in their best interests. They had therefore taken steps to protect people and safeguard their rights through applications to the court of protection where appropriate.

Staff knew about people's dietary needs and where they had particular cultural dietary preferences these were respected. Where people were under health professionals such as dieticians we saw that the advice provided had been followed, for example, keeping food charts to monitor what people were eating and monitoring people's weights.

People were supported to have enough food and drink which took account of their choices whilst helping them maintain a healthy balanced diet and weight. A relative told us, "They have supported [family member] to lose a bit of weight and be healthy through diet, education and activities."

People were involved in menu planning, choosing what they would like to eat and making shopping lists for ingredients. People were supported with food preparation and staff helped them be as independent in the kitchen as they wanted to be. Weekly menu plans were printed off and displayed publicly, using pictures and words to remind people what they would be having each day. The provider told us that people were accompanied on several 'small shops' throughout the week rather than a weekly trip to the larger supermarkets as they found this overwhelming and it caused them anxiety.

People had access to a wide range of health professionals to support them to stay healthy. A relative told us, "When [person] had trouble with their teeth and ears, they got them the right treatment and made sure they had the right medicine." Research has shown that people with learning disabilities often experience inequalities in the health care they receive. The service took a pro-active approach in addressing these inequalities and supported people to maintain good health. They made sure that everyone had a hospital passport which is a document containing relevant health information that travels with the person when they have health appointments or hospital admissions. In addition to the hospital passport, the provider had also compiled a separate comprehensive health action plan for each person who used the service. This document contained an extremely detailed chronology of people's medical history and included details of every appointment people had been to including, GP, hospital and dentist appointments, treatment provided and the outcome. It also included details of therapy services such as occupational therapy and details of all prescribed medicines, medical tests and the results.

Consequently, the service had an excellent knowledge of people's health needs which could be shared with relevant professionals to ensure people received appropriate and timely treatment as needed. This was confirmed through feedback we received. A health professional told us, "The patients I see from this service come in clean and healthy. They are happy and often discuss trips and holidays they have had. Their carers know about them and pass on any useful advice and information which could help me to treat the individual. Dental treatment can be stressful for people with learning difficulties, and the staff are supportive and helpful to the service users. I would be happy for a family member to be in the care of the staff from this service."

Is the service caring?

Our findings

People, relatives and professionals all gave really positive feedback about the caring approach of the service. Comments we received included, "They are all so caring and kind, they really do care, [registered manager] takes people to the GP themselves, they always give a hundred and fifty percent." And, "The best thing about the service is how caring they are." And, [registered manager] is brilliant, they help me fill in forms and have taken [person] to hospital and sat up all night with them."

We observed people being supported in their own homes and saw that staff showed kindness and interacted with them in a positive and meaningful way. We saw a staff member ask a person to teach them some words in sign language and used this as an opportunity to praise the person for their abilities which made them feel valued. This person's relative told us how much the person enjoyed teaching staff how to sign. We saw that people were happy and laughing, enjoying being with staff and the registered manager with whom they chatted enthusiastically.

It was clear that people had developed positive relationships with staff that were based on mutual trust and respect as people and staff were relaxed and at ease in each other's company. Staff were very enthusiastic about working at the service. One member of staff told us, "This is a lovely care agency, it's like a big family." Another member of staff commented, "It is rare to find a company that cares for both their service users and staff with as much passion. I feel supported and therefore able to give the best possible support to people."

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values such as knocking on doors before entering, covering people up to protect their modesty when providing personal care and providing any personal support in private.

Staff recognised the importance of helping people to be well groomed and dressed appropriately whilst at the same time respecting their choices and demonstrated an excellent understanding of people's preferences. This enabled staff to support people to live their lives the way they wanted. We received feedback from a professional who worked with a person supported by the service. They told us, "I feel there is a high regard for [person], they are treated with respect and dignity, the staff team are small and know them well."

We found that the service was sensitive to people's feelings and looked for ways to help them express how they felt and manage their emotions. For example, where a person was experiencing anxiety and distress around the idea of visiting the dentist the staff worked with that person completing a poster together to help the person to understand what they could expect on the day. This had the positive effect of helping them cope with what was a previously very frightening experience. We were advised that on the day of the dental appointment they were calm and told the dentist that they knew what was going to happen.

The provider continuously promoted its values and ethos of providing high quality support that was caring and compassionate and sensitive to people's individual needs and wishes. One of the ways it did this is

through holding regular team meetings. These meetings were used as a forum where staff could challenge existing practice and share thoughts and ideas to improve practice. We saw how this approach motivated and inspired staff to develop their ways of working. For example, through developing communication tools which promoted people's independence and upheld their dignity.

The service was very considerate of people's self-esteem and thought about how to help people feel valued and to avoid causing them any embarrassment. For example, where a person was supported by staff to attend college, a risk assessment was in place which detailed how the person could exhibit behaviours which disrupted the class. To manage these behaviours the person sometimes needed prompting and instructions from their keyworker in order to remain settled and focussed in class. The provider had devised a system of communication using small laminated picture cards on a keyring which staff could use to communicate with the person silently and discreetly so as not to embarrass them in front of other people during the lesson.

Communication between the service and the people who used it was tailored to meet their individual needs. Staff used sign language and pictures to support people's understanding. We saw that all of the information the service provided was in an easy-read visual format including the safeguarding booklet so that people could be assisted to communicate any concerns or worries they might have. The provider told us how this booklet had enabled a person to talk to staff about their childhood experiences which had increased staff's understanding of the reasons behind their behaviour. This meant that staff were better able to provide sensitive and compassionate care which met the person's needs.

People knew where their care records were kept and were very familiar with the contents. They told us that they could look at them whenever they wanted. The information held in people's records was also provided in 'easy read' formats and included pictures and diagrams to support people's understanding.

Staff spoke about people in a kind and caring way and knew their likes and dislikes. They were familiar with people's life histories which helped them to understand how their past experiences might affect them day to day. This knowledge was used to support people so that they could be independent whilst still feeling safe and secure. For example, a worker told us how they supported a person with swimming but would avoid certain times of the day as the pool was too crowded and this would cause the person anxiety and distress.

People were supported and encouraged to be as independent as they wanted to be. We saw that there were rotas in place in people's homes identifying who was responsible for specific tasks such as cleaning, cooking and laundry. The rota took into account any difficulties that people experienced, for example, one person was scared of the oven so was given the task of preparing drinks rather than being involved in cooking tasks.

We saw an example where a person experienced particular difficulties with managing their personal care and required support with this. This person expressed a desire for greater independence in managing this themselves. In response, the provider developed an activity pack to work through with the person to help to teach them the skills they needed to become more independent. Staff told us that this had been very successful as the person was now able to brush their own teeth and had become more aware of the importance of good hygiene and how this helped with forming relationships with people.

Another person was supported to take responsibility for their health by completing a daily exercise programme prescribed by health professionals. There was a daily record which the person signed to say they had done it. We saw that there was a space to write comments on the daily record which staff had used write positive comments and praise to motivate the person and help them feel a sense of pride and achievement. Staff told us the person responded very positively to praise and we saw evidence of this during

our inspection.

Independence was also promoted outside of the home. Where a person had identified that they would like to be able to use public transport to visit places of interest, staff had supported the person with 'travel training', teaching them how to use buses and trains to help them become more self-sufficient. We saw that the provider had devised a pictorial booklet using simple vocabulary which people could use to plan their visits out. This prompted people to think about what transport they might need, what they might want to take with them and how much money they would need for their trip.

The service was caring and sensitive when managing transitions for people moving in to the service. Consideration was given to the potential impact on everyone concerned and people were given the reassurance and support they needed to help them adapt to the change. We saw an example where the provider had worked with a person who had anxieties about moving in to their new home and using the service. Together they developed a social story using pictures and words that the person chose to represent how they were feeling and ideas on how they could manage their feelings and make the transition a positive experience.

Transitions out of the home were also dealt with thoughtfully. The provider told us of plans for a person to move on from the service in the near future. The transition had been carefully thought out with the plan that existing staff would accompany the person to their new home and spend time with them there to help them settle. They would also be able to support new staff to manage any anxieties which might arise from the move. People were encouraged to be fully involved in making decisions about the care and support they received. This included everything from whether they wanted lunch at home or would like to eat out to bigger decisions about where they would like to go on holiday and what career aspirations they would like to explore. Where people had expressed a preference for particular hobbies and interests the service went out of its way to try to meet people's expectations so that they felt happy and fulfilled. For example, through matching people to staff with similar cultural backgrounds and shared interests. The provider told us about a member of staff who had lent a person some DVD's from their own personal collection so they could enjoy films spoken in their native language.

We found that the service really listened to people and was interested in people's hopes and dreams and tried to make them a reality whenever possible. A relative told us, "When [Person] first moved into their own home they had always wanted a milkman so they [the service] got them one." We were told about another person who had always wanted to go to an Indian Wedding. The provider knew of an upcoming event and secured an invitation and took the person with them so they could experience this for themselves.

Is the service responsive?

Our findings

We found that the service was highly responsive and often went the extra mile to ensure people's needs were not only met but exceeded. For example, where people had expressed an interest in attending church, the provider had arranged this and took them every Sunday. However, they went a step further in finding a church that had an interpreter who translated the service using sign language so that the person could be fully included. This person's relative told us that the person loved going to church and had told them that they found it very peaceful.

When new people joined the service they contributed to the initial assessment which detailed how they would like to receive their care and support. Where people had particular communication needs, the service organised the appropriate level of support, for example, arranging for an interpreter. In this way people were helped to feel included in the process and were able to express their wants and needs. People's communication needs were also considered when people suffered bereavements and required help to manage feelings of grief and loss. A relative told us how the service had organised for a person to have bereavement counselling with a specialist service that could meet their specific communication needs.

The service also completed a skills assessment which looked at what people could do for themselves. This assessment was completed over the first month after people joined so that staff could accurately assess the level of support each person required. This approach focussed on people's strengths which helped to empower people and promote their independence. We found this had a positive impact on people as relatives told us how their family member's capabilities and self-belief had increased since they started using the service.

The assessment process used by the service enabled them to produce a detailed care and support plan that people had been included in and had consented to. We looked at six people's care plans and saw that they were written from the perspective of the person. Also, they were worded in a way to help people understand what had been written about them through the use of simple language and pictures. These records demonstrated that the service was extremely 'person-centred' which means it viewed people as individuals, considered their strengths, skills, interests, aspirations and preferences and thought about how their needs could be met so that people felt listened to, fulfilled and valued.

People's care plans were reviewed annually or sooner if necessary with the involvement from people and their families or representatives if appropriate. A relative told us, "We have reviews, they get printed out and we get to see a copy, they always keep us up to date." People were fully included in the review process using a system called 'My review'. This involved people first choosing who they wanted to support them at their review which usually included the person's key worker and/or family members. With help from their chosen supporters they then completed a 'life plan'. This document helped people identify their future goals and aspirations, hopes and dreams and work, education and social life aims and this information formed the basis of the review. Relatives told us that the inclusive approach adopted by the service had a positive impact on people who used the service. One relative told us, "[Person] is allowed to do things now, they are asked for their opinion rather than people making a decision for them which has given them confidence and

trust in the staff."

We looked at six people's care records and saw that they had all contributed to their reviews and had given consent to their updated support plan. Where people had identified goals we saw that the service worked at supporting people to achieve them. For example, one person had stated that they wanted to learn how to operate the cappuccino machine in their home. We were informed that with staff support the person was now completing part of the coffee making process which they enjoyed.

The service supported people to maintain relationships that were important to them and helped them to manage these in a way that people felt comfortable with. For example, one person had experienced unannounced visits by family members to their own home which had left them feeling distressed. This person wanted a relationship with their family but on their own terms. The service helped this person put appropriate boundaries in place so that they felt in control which alleviated their anxieties around family visits. Staff, including the registered manager, regularly supported people to visit their families and friends if this was their choice. A relative told us, "They will always bring [family member] to us if we are celebrating something so that they can join in, they [staff] puts themselves out to help us."

A complaints procedure was in place which staff and relatives were aware of and knew how to use. However, every-one we spoke to advised us that they had never had to make a complaint. A relative told us, "I have never had to complain but if I needed to I would talk to the manager." Another relative said, "I have never had to complain but [registered manager] always says if you feel you need to complain you are welcome to come here and talk to me anytime day or night."

We saw that a complaints leaflet written in 'easy-read' language with pictures to help people understand was displayed publicly in people's homes. During house meetings staff were pro-active in reminding people about the complaints process and checking whether they had any concerns.

People, family and professionals all told us that the service supported people to lead active and fulfilled lives, engaging in a wide range of activities that they had specifically chosen. One relative told us, "[Person] swims now, they love James Bond so they take [person] to the movies." And, "[Person] likes walking so they do that too, they walk to the pub for lunch etc." And, "[Person] went on holiday recently, they were shown brochures and they chose where they wanted to go, I've seen pictures of the holiday, it looked amazing."

People were well supported to engage in education opportunities that were of interest to them. We spoke with a person who told us how much they enjoyed taking pottery and photography classes and they took pleasure in showing us their work which was displayed around their home. People's keyworkers attended college classes with them providing any additional support needed to help people get the most from their classes. One keyworker told us how a person they worked with had asked for close support in the classroom to help keep them focussed. We spoke to the registered manager about this person, they told us that the level of support provided had been agreed with the person and that this was being gradually reduced as the person's confidence grew.

People had work plans so that everyone who wanted to work was supported to do so. We found that the service went above and beyond in trying to source work placements that people identified as meaningful to them. We saw an example where a person had expressed a strong desire to work in a bank. In response, the provider spent many months trying to source a work placement of their choosing and eventually found a placement for them. This person told us how much they enjoyed their job which they viewed as 'important work' and they demonstrated a visible sense of pride in their accomplishment. Their family member told us, "Fridays [Person] works in a bank, it's brilliant, they didn't want to do certain other jobs but this they really

wanted to do."

Is the service well-led?

Our findings

The service was exceptionally well led by the registered manager who was also the registered provider. They possessed a wealth of experience and qualifications in the field of learning disabilities and managing challenging behaviour and drew upon this knowledge to provide a high quality service. To ensure continuous professional development the provider was accredited with SITRA, an organisation which promoted best practice by providing up to date information and advice to promote positive outcomes for people requiring care and support through supported living services.

We saw that the provider kept extremely well organised and detailed care records which were up to date and were easy to read and understand. This meant that staff and other professionals working with people had access to current and accurate information in an easily accessible format about how to provide safe and effective care and support to people in the way that they wanted. The thoroughness of the record keeping was noted and commented on by external agencies who worked with the service. One professional told us, "I find that the care plans/risk assessments are of a very high standard and are very detailed."

The provider used their skills & experience in creative and innovative ways for the benefit of people who used the service, for example, through devising alternative methods of communication and the use of teaching aids and resources to promote people's independence. They were able to draw upon their professional knowledge and expertise to support staff to provide consistently high quality care and support. This was confirmed through professional feedback we received. One health professional told us, "I have found the organisation to be very understanding of the needs of my client."

The service was extremely pro-active in seeking guidance and involvement from relevant health and social care professionals, for example, psychiatrists and the behavioural advisory team. The provider routinely worked with external agencies to ensure people received the support and treatment they required. Professionals told us that the provider was an excellent communicator who kept them well informed and shared information appropriately. Comments we received included, "The owner is very good at communicating, they have reported concerns to me and others quickly, I find they are open and honest in their communication."

The quality of the service was assessed and monitored by the provider through the use of a range of mechanisms including audits, competency checks on staff, supervision sessions, appraisals and staff and resident meetings. Where improvements were required we saw that they took the appropriate action. For example, we saw the provider had completed a monthly medicine audit and where they had found an error this had been addressed during staff supervision sessions.

The provider also completed an annual audit of satisfaction surveys which were used to obtain feedback from people, relatives, staff and professionals to drive improvements. They told us that they tried to ensure accurate and honest feedback was obtained from people by arranging for someone such as a family member or social worker to support people to fill in the survey. This was done to encourage people to feel they could answer honestly and openly without feeling under pressure by staff. We reviewed the most recent

satisfaction survey of people which had been completed by them with the help of an independent person. The responses were universally positive and everyone had expressed their happiness and satisfaction with the service and had no complaints.

We also looked at the satisfaction surveys completed by professionals and relatives and saw that the feedback was equally positive. A relative told us, "They always ask for feedback but I have never given them anything to improve as they haven't needed to as they do exactly what we want." In addition to formal methods of obtaining feedback, informal feedback was continuously gathered by staff and the provider who were with people every day. Relatives told us how the provider regularly took people out on their own for lunch or outings to spend time with them to make sure they were happy.

The service also organised regular monthly meetings to give people who used the service the chance to say how they would like their care and support delivered. We looked at minutes of these meetings and saw that they provided an opportunity for people to express how they were feeling and share their thoughts in a safe space. People had expressed excitement about holidays they had been supported to take and shared their enthusiasm for the range of leisure, work-based and educational activities they were enabled to participate in. The provider used these meetings as an additional means of promoting the organisational values and ensuring people's satisfaction with the quality of the service provided. We saw that people were actively encouraged to express any concerns or complaints they might have so these could be dealt with promptly by the service.

The provider promoted a person-centred, open and caring culture within the service which was embraced by everyone who worked there. Feedback from health and social care professionals confirmed this. One health care professional said; "I have been impressed by the service's commitment to the person I am involved with. The staff and manager have provided a person-centred approach around some very specific needs."

We found that the values and sentiments of the service were continuously reinforced during staff supervision sessions and staff meetings. This ensured that all workers shared the same vision and principles that the provider promoted which included treating people with the utmost dignity and respect and supporting them to exercise choice and control and feel valued and listened to.

We looked at copies of minutes of staff meetings and saw how the provider used these interactions as opportunities to share information on best practice and promote the positive values of the service. For example, we saw that staff were reminded of the importance of continuously checking that people were still consenting to their care and support plans. Staff were advised to monitor whether people were happy with their choices around education and work placements so that these could be reviewed if necessary. Tips on good communication practices such as looking at body language and then feeding back any observations to the provider were shared to ensure the happiness and wellbeing of people was consistently promoted.

This approach had a positive impact on people's lives which was confirmed through feedback we received from relatives and professionals. A relative told us, "The staff have time for [person], they used to be a loner but not now, [person] is a part of everything, they told me they are happy." A social care professional told us, "Working with Gemstone for the past three years I have found the company as a whole to engage well, to work hard to promote the rights of the individuals they work with and to strive to enable people to lead full and active lives."

Staff meetings were also used as opportunities to share any information of concern about people to improve the quality and safety of the service they received. We saw minutes of a meeting where it had been

identified that a person who was new to the service was having difficulty remembering staff names and who was on duty which was causing them distress. In response an action plan was developed to make a chart with staff photos on Velcro strips so the person could be involved in preparing a staff rota each day to support their understanding and reduce their anxiety. On the day of inspection we saw that this system was in place at the person's home and they were able to use this to identify which member of staff was working each day.

Feedback we received from staff regarding the qualities of the provider was extremely positive. Staff told us, "They are the best manager I have ever worked for, very approachable and helpful." And, "We have a very good leader, very hands on, mucks in. They are very approachable and will always ring you back straight away if you call." Staff said they felt very well supported at work. One worker said, "All the staff work very well together and support one another in any way we can and our manager is always on hand if we need information or support or just a general chat." This positive relationship between staff and the registered manager meant that staff felt confident to raise any concerns such as 'whistle-blowing' if needed. They said they felt confident they would be listened to and their concerns would be actioned without repercussions.

We received equally positive feedback from relatives regarding the qualities of the provider. Comments included; "[Provider] is extremely dedicated, always puts people first." And, "I think they are absolutely fabulous, I can't fault them, they are excellent communicators, empathetic, sympathetic, I'm so glad my [relative] is at Gemstone, they are absolutely brilliant."

A recurring theme throughout our inspection was that the staff and provider listened to people and fully involved them in all aspects of their care, decision-making and how the service was delivered. Relatives told us that the impact of this inclusive approach was that people had blossomed since using the service in terms of their confidence and self-belief and that their lives had become fuller. One relative told us how their family member now had a bus pass and used public transport which they never thought would have been possible.