

Green Light PBS Limited

Littlecroft

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 8 and 9 January 2018 and was unannounced.

Littlecroft is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Littlecroft provides accommodation for up to three people with a learning disability and complex needs. The service uses three detached bungalows with gardens. There were three people living at the service at the time of our inspection.

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

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

Some people who lived at Littlecroft had limited communication skills meaning we were unable to gain some people's verbal views on the service. We observed staff interactions and spoke with two people who lived there. We observed that people were relaxed, engaged in their own choice of activities and appeared to be happy and well supported by the service. We also spoke with people's relatives and staff to understand their experiences.

The service provided an extensive range of personalised activities chosen by people to participate in. People were encouraged and supported to take up both paid and voluntary job opportunities in their local community. One person had received recognition in their local newspaper following work they had undertaken with an animal rescue. People told us they were supported to achieve their goals and aspirations and to live happy and rewarding lives.

There was a positive atmosphere within the service and it was noticeable that staff and management put people at the centre of the service. Staff were enthusiastic and passionate about the service. Comments included, "I believe people receive very good care and support here. Everything we do here is individualised to the people who live here."

People were supported by a stable and consistent staff team who had received training specific to their needs. Staff told us they enjoyed their work and were well supported through supervision, appraisals and training. New staff received an induction, which incorporated the care certificate. All staff received an appraisal of their work. Staff comments included, "Green Light are a good employer, we have a strong stable team and we are well supported in our roles", "The training is very good. We are always doing training and we are encouraged to do further training when it's required to meet the needs of the people we support". A healthcare professional commented "As a company Green Light regularly book epilepsy awareness training from Cornwall Foundation Trust – this is a mandatory training for all carers of [person's name] because [person] has rescue medication prescribed."

Staff demonstrated a good depth of knowledge about the people they cared for and responded appropriately as people's needs changed. Staff spoke positively about the people they supported and were motivated to provide an individualised service in line with people's needs and goals.

People had a care plan that provided staff with direction and guidance about how to meet people's individual needs and wishes. Care plans were regularly reviewed and any changes in people's needs were communicated to staff. For example, one person was reported as sometimes having a deterioration in mood and a change in the way they communicated following events associated with a medical condition. This was made clear in the person's care plan to ensure staff were sensitive and knowledgeable in how best to communicate with the person after an event.

Care plans were presented in written and pictorial formats to enable people to read their plan and be involved in any changes or updates. Details of how people wished to be supported with their care needs were highly personalised and provided clear information to enable staff to provide appropriate and effective support.

Medicines management systems were robust. People told us they felt safe with the staff who supported them. Staff were confident about the action to take if they had any safeguarding concerns and were confident the registered manager would follow up any worries they might have. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence. For example, we saw risk assessments regarding appropriately supporting people to access their local community as well as keeping safe in their home environment.

Staff were recruited safely, which helped ensure they were suitable to work with vulnerable people. Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

People were involved in choosing the staff that supported them. Efforts were made to match staff with people by identifying any shared interests and hobbies. For example, staff told us that you had to be fit to work at Littlecroft because people tended to be active and enjoy outdoor pursuits such as surfing and coastal walks.

The service offered flexible support to people and were able to adapt in order to meet people's needs and

support them as they wanted. For example, by providing more or less support according to what each person wanted and at times which suited the individual.

People and their relatives were encouraged to be involved in the planning of care. Senior management, staff and relatives regularly discussed how to best support people living at the service. Relatives' commented, "Staff keep me informed regularly and I am easily able to speak with anyone should I need to. My [relative] has the best possible quality of life possible with [their] needs living at Littlecroft. I am so grateful and thankful he is lucky enough to have a place there" and "Littlecroft is an excellent place. My [relative] is so well looked after. Staff are professional and kind; they help my [relative] to achieve without taking over, they support him and maintain a caring calm atmosphere for him."

There were regular feedback opportunities for people to give their thoughts on how the service was working. This enabled people and their relatives to comment on the service independently. Feedback received from relatives of people supported at Littlecroft confirmed family members felt involved and an integral part of their relative's care team. This was important because all three people supported at Littlecroft wanted involvement of their family to one degree or another in their care package.

The service was well led and staff were motivated and keen to ensure the care needs of the people they were supporting were met. The management team had a clear set of values which was also apparent in our discussions with staff. There was a positive culture within the staff team and staff spoke positively about their work. The registered manager spoke highly of the staff team describing them as committed and enthusiastic in their approach to work. Staff told us they felt involved in the development of the service and that management listened to any ideas and suggestions they had and took them on board.

Comprehensive quality assurance processes were regularly undertaken to ensure management were aware of how the service was operating, and were able to implement changes to keep the quality of the service high. This included internal inspections of all aspects of the running of the service which highlighted any areas that required action. Accidents and incidents were accurately recorded and reported and any lessons learned were shared with staff. The service learned from any mistakes and used these as an opportunity to raise standards. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.

The service sought the views and experiences of people, their families and the staff in order to continually improve the service. People who used the service and their relatives told us the service was well led and they felt actively involved in arrangements for their and/or their relative's support package. A relative commented, "Staff keep me informed regularly and I am able to speak with anyone should I need to easily. My son has the best possible quality of life possible with his needs living at Littlecroft and I am so grateful and thankful he is lucky enough to have a place there."

The service worked successfully with healthcare services to ensure people's health care needs were met and had supported people to access services from a variety of healthcare professionals including GPs, dentists, psychological services, occupational therapists as well as other specialist medical services to provide additional support when required. Health and social care professionals were positive about the service, comments included, "In my opinion people I have worked with who live at Littlecroft are well supported" and "The carers we have met know and understand [person's name] well. They appear caring and supportive of him and 'allow him his space'."

People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role. Appropriate assessments had been completed and best interest meetings held when a person

lacked capacity to make a decision in their own best interests. Deprivation of liberty, (DoLS) applications had been made when relevant and were regularly reviewed to ensure least restrictive options were used where required. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

The service had a contingency plan in place to manage emergencies. Risks to people, in the event of an emergency, had been assessed and rated, in order to identify who would be at the highest risk. Staff were present on-site twenty-four hours per day to assist people in the event of an emergency.

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 remained good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good.	Good ●
Is the service responsive? The service remained outstanding.	Outstanding ☆
Is the service well-led? The service remained good.	Good ●

Littlecroft

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

This inspection took place on 8 and 9 January 2018 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed information we kept about the service, this included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

During the inspection we used a range of methods to help us make our judgements. These included talking to two people who used the service, interviewing five members of staff, pathway tracking three people's records (reading people's care plans, and other records kept about them). We reviewed other records about how the service was managed including records about the operation of the medicines system, three electronic staff personnel files, and records about the quality assurance systems for the service.

After the inspection we contacted three professionals who were external to the service and three relatives of people who used the service for their feedback.

Our findings

We spoke with two people who lived at Littlecroft and also received feedback from two relatives. People and their relatives told us they felt the service was safe. Comments included, "I believe the service is safe. My [relative] has lived at Littlecroft for a number of years now and I have great confidence in how they are supported to get the most out of life while also staying safe, which isn't always easy" and "The staff at Green Light have worked so hard to make sure the house is as safe as it can be and my son is at as little risk as possible given his condition." A professional commented, "From my experience people receive good and appropriate support that encourages them to live fulfilling lives while also being safe."

People and their families told us that if they had any concerns about the safety or well-being of a person living at Littlecroft, the registered manager and/or their key-worker would deal with them straight away. People were supported by staff who had received appropriate training and understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access and safeguarding was a standard agenda item at staff meetings. The registered manager followed a clear procedure for making appropriate alerts to the local authority regarding people's safety. Where concerns had been expressed about the service; for example if there had been safeguarding investigations; the registered persons had carried out, or co-operated fully with these.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff. A staff member said; "We share information about any incidents immediately through our electronic recording system and have regular discussions at staff meetings and in supervision."

We looked at the arrangements for the management of people's medicines. People each had their own personal medication file and lockable storage facility within a coded safe. People were supported to manage their own medicines depending on their level of ability. No-one was self-administering their medicines at the time of the inspection.

Appropriate records were completed immediately following administration of medicines. Medicines records were accurately recorded and any changes to people's medicines were clearly recorded on charts. The service followed appropriate safety procedures for handling and administering Controlled Drugs (CD) prescribed to individuals. Recording requirements demonstrated room and medicine storage temperatures

were consistently monitored. This ensured medicines were stored correctly and were safe and effective for the people they were prescribed for. Staff told us, and documentation evidenced, staff had received updated medicines training. Staff demonstrated a sound knowledge of the service policy and procedure for managing medicines. The registered manager carried out medicine administration checks weekly and a comprehensive monthly medicines audit was in place to ensure safe practices were followed. Medication administration recording sheets were checked daily.

Medication and risk assessments were reviewed monthly by key workers and there were regular medication review meetings held with the multi-disciplinary team. Yearly reviews of the medication system were undertaken by the supplying pharmacy. The service policy and processes helped to ensure the management of medicines was thorough, safe and effective.

We looked at how the service recruited new staff. We saw safe recruitment practices were followed. This included detailed records for interviews, references and Disclosure and Barring Service (DBS) checks. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions.

Staffing levels at Littlecroft met people's individual support plans and were flexible to meet people's changing needs. Each person who lived at Littlecroft had different support levels and this was reflected in the staffing plan and rotas.

Risk assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person, such as the risks associated with a medical condition. We heard how one person's support package had increased substantially due to a serious risk associated with a health condition. This meant the person was advised to be in line of sight at all times. This was frustrating for the person because they felt their level of independence was threatened. In order to keep the person safe but also respect their wish to have unsupported time in the community the service had provided the person with an identification bracelet which detailed their medical needs. The relevant risk assessment had been updated to include the need for the person to wear specialised safety equipment and have their mobile telephone with them at all times. The registered manager commented, "Although we would prefer not to take these risks, we respect his wishes." This meant the service took appropriate action to mitigate risks while also respecting people's wishes.

There was a stable staff team which provided people with continuity of care. This enabled staff to build positive working relationships with people over time. People confirmed the same group of people provided their support. The service did not use any bank or agency staff as they were able to cover all the required care from their existing pool of staff.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The service recruited staff to match the needs of people using the service and new care packages were only accepted if suitable staff were available.

The service produced a staff rota which recorded details of people's commissioned support requirements. This was flexible to ensure people's needs were met. For example, one person could be unsettled during the night. In order to support the person effectively a waking night was introduced during unsettled periods and withdrawn during more settled periods. The registered manager told us, "This ensures this young man has the right level of support at the right time and we are working in the least restrictive way."

There were effective systems in place to help people manage their finances. One person who lived at

Littlecroft had their personal finances managed by the service with input from a financial appointee. Monies held by the service were regularly audited and accurate records were kept for all purchases made. We checked the money and records held by the service and these were accurate. Two people had independent financial appointees and managed their own money.

The service had a contingency plan in place to manage emergencies. Risks to people, in the event of an emergency, had been assessed. A personal emergency evacuation plan (PEEP) had been completed for people who were supported. The service also had a 'missing person' procedure in place which provided guidance about action required in the event of a person going missing. People were protected as robust processes were in place to manage emergencies.

Staff followed good infection control practices and were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection.

Staff supported people with their meals and had received training in food hygiene. Staff were aware of good practices when it came to food preparation and storage.

Our findings

The service had a positive culture that was person centred, inclusive and empowering. The provider kept abreast of current practices in the specialist areas of Autism, Aspergers syndrome, Epilepsy management and support for people with Learning Disabilities through close partnership working with specialist agencies. Appropriate training was provided to help ensure staff were up to date with any changes in recommended working practices. An external professional told us, "As a company Green Light regularly book epilepsy awareness training from Cornwall Foundation Trust – this is a mandatory training for all carers of [person's name] because he has rescue medication prescribed." In addition, on-going training and support was provided to staff in the technique of positive behavioural support (PBS). This is an approach that primarily aims to enhance people's quality of life using a range of person centred behavioural techniques.

Management recognised how important it was to have a competent skilled staff group. New staff were provided with a range of training, much of it classroom based as well as e-learning. Staff demonstrated they would have the confidence to report any concerns about the care offered by colleagues, carers and other professionals, and were encouraged to do so through the system of peer review used during supervision sessions. When this had occasionally happened staff were supported and their concerns were thoroughly investigated.

People's physical, mental health and social needs were holistically assessed before the service accepted the care package. Assessments assisted staff to develop a care plan for the person so care was delivered in line with current legislation, standards and guidance. People received care and support from staff that were well trained, supported and knew their needs and preferences well. Consent to care was sought in line with legislation and appropriately recorded on care plans.

The registered manager and deputy manager, shared the view that staff at Littlecroft were committed to their work, and were motivated to provide high quality care. Comments from care staff included; "I enjoy my job. It is a quality service and it supports people to live independent lifestyles as much as possible", "It is a very rewarding job" and "I love my job. I have a great relationship with all the guys living here."

No-one, including people's relatives, said they felt there had been any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. The registered manager showed a keen awareness for the diversity of people's backgrounds and preferences.

Staff teams were built around the person. The person's hobbies and interests were identified and then they were matched with staff who had similar interests. For example, people with an interest in a particular hobby would, wherever possible, be matched with staff with similar interests. One staff member told us he enjoyed accompanying a person to their chosen hobbies of yoga, surfing and meditation. This helped the development of positive relationships between people.

Staff had appropriate skills, knowledge and experience to deliver effective care and support. People who used the service told us they felt staff were well trained and supported them appropriately.

Staff completed an induction when they commenced employment this included shadowing more experienced members of staff. Shadowing continued until the person and the service felt confident that they were comfortable and competent to carry out their role. All staff who were new to the service completed the care certificate. The care certificate is an identified set of national standards that health and social care workers should follow when they are new to work in the care sector.

Records showed staff received comprehensive training which enabled them to carry out their roles effectively. Staff told us, "The training is very good. We are always doing training and we are encouraged to do further training when it's required to meet the needs of the people we support."

Staff told us they felt supported in their roles by colleagues and senior staff. Staff received regular supervisions. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future, and training and development needs. These took place formally approximately every month and provided an opportunity for staff to identify their training needs and discuss working practices with their line manager. Staff told us they felt able to ask for support or advice at other times.

People's needs were met by appropriate adaptation, design and decoration of their premises. One person had their bathroom refurbished to accommodate a specialised shower with easily accessible doors to keep the person safe due to a risk of falls. People had chosen how they wanted to furnish and decorate their homes. We saw purpose built storage units and musical instruments hung on the wall of one person's home. Another person had a very minimal décor because this was their preference.

People were supported to maintain a healthy lifestyle where this was part of their care plan. People told us staff supported them with their food shopping and assisted them with the preparation and cooking of their meals. People each had their own pictorial menus and told us they chose what they ate.

The service worked closely with other health professionals to help ensure people had access to the services they required to maintain their health. Health and social care professionals told us staff had the knowledge required to meet the person's care and support needs. Staff encouraged people to maintain their health by supporting people to access services from a variety of healthcare professionals including GPs and dentists and medical appointments to provide additional support when required. One external professional told us about the lengths the service had gone to, to support a person with a serious medical condition. This included supporting them to undergo an operation and on-going supervision of daily medical procedures to keep them safe.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff demonstrated a good understanding of the principles underpinning the legislation. People were supported to make day to day decisions and any restrictions were assessed as being the least restrictive option. One person was subject to a DoLS authorisation. The conditions attached to the authorisation were being followed. Capacity assessments had been completed before the applications were made as required by the legislation.

There were 'restrictive practice reduction plans' in place. These were reviewed on a regular basis to ensure staff were working towards the least restrictive approach at all times when supporting people. For example, one person had access to their food restricted in order to help them maintain their health and well-being. The service had worked towards reintroducing certain foods in order to minimise the restriction.



Our findings

The service ensured people were treated with kindness, respect and compassion and given emotional support when they needed it. We heard staff were sensitive and respectful when responding to a person's medical condition which could result in embarrassment for them. We observed staff were respectful of people's privacy and requested people's consent before providing support or entering people's homes.

It was evident that people had trusting relationships and were relaxed with the staff who supported them. One person chatted comfortably with staff and shared photographs of a special occasion. Another person baked a chocolate cake and invited some staff and the inspector into his home to share the cake with them,

Support was provided by a small, consistent, motivated and well trained staff team. The registered and service manager recognised the importance of staff consistency for people as well as respecting their wishes to have a mixture of different care staff. Rotas were carefully planned to ensure staff were allocated who knew the person's needs, while varying staff sufficiently so their social and emotional needs were met.

Staff were kind, compassionate and caring toward the people they supported and spoke about people positively and with affection. Staff demonstrated a concern for people's well-being and were motivated by a wish to help people have a good life. Comments from staff included; "I love supporting people" and "I love working here." An external health care professional told us that in their opinion the staff group were, "...a caring team who do their best for [person's name]."

The service supported people to express their views and be actively involved in making decisions about their care and support. Staff recognised when people needed and wanted support and ensured they acted appropriately to respect this. We saw staff respected a person's decision not to interact with the inspector. We spoke with a relative and advocate for this person who told us how happy they were with the service commenting, "I can't believe he's there because it's so fantastic for him."

Care records detailed how people preferred to communicate their wishes and what certain gestures or behaviours conveyed. Staff had a good understanding of the peoples' communication methods and used this knowledge to enable them to make their own decisions about their daily lives.

Storage of people's personal and confidential information was held electronically and complied with the Data Protection Act.

People's religious and cultural needs were respected and supported. There was information about this in people's care records.

Information about community organisations and advocacy services that could provide independent support and advice was available to people and their families. The registered manager told us this was something discussed during the initial assessment and when necessary people were signposted and supported to contact other agencies such as social services and Citizens Advice when appropriate.

People told us they felt the service provided consistently good care and staff were kind and caring in their attitude. People said they were respected and valued as individuals and had confidence in the service to provide their care package. Comments from people included; "They are all [staff] friendly. I'm happy, everything's ok." A relative commented, "We are very satisfied. The staff are lovely; professional attitude to their job but very caring" , "I find the service really great. [Person's name] always gets the support he is supposed to have and his key worker is excellent. We share a good understanding and approach of how best to support [person's name]."

Staff knew the needs of the people they supported well and spoke about people with warmth and fondness. Staff were able to describe in detail, peoples' likes and dislikes, background and history. Each person had an accessible and personalised 'All about me' plan which helped staff understand each person's goals and aspirations for their lives.

People had a care plan that provided staff with direction and guidance about how to meet people's individual needs and wishes. Care plans were regularly reviewed and any changes in people's needs were communicated to staff. For example, one person was reported as sometimes having a deterioration in mood following events associated with a medical condition. This could also affect the way the person communicated with staff. The information was made clear in the person's care plan to ensure staff were sensitive and knowledgeable about best to communicate with the person after an event.

Staff met with people every month to review the care and support provided and discuss any changes to the running of the service. Peoples' care plans were created using words and pictures to enable them to understand their plan and be involved in any changes or updates. When required social stories were used to assist with clear communication and help prepare people for significant events, such as medical appointments.

There was regular communication with family members, where this had been agreed. Relatives told us they received regular updates via telephone, email and in person when they visited the service. Relatives commented, "I always find them accessible. I have a very good relationship with [key worker's name] and I find the registered manager easy to talk to."



Our findings

The service was highly responsive to people's needs. Staff found creative ways to enable people to live life to the full and do things they enjoyed. Staff promoted people's specific interests and supported people to achieve their ambitions. People undertook both paid and rewarding voluntary work in their local community. One person had received recognition in their local newspaper following work they had undertaken with an animal rescue service. People told us they were supported to achieve their goals and aspirations and to live happy and rewarding lives.

People were supported to set important goals for themselves and take pride in their accomplishments. For example, people wanted to raise money for charity and to feel they could give something back to their community. One person told us how proud and happy he was to have been able to raise money for an important cause. It was clear people felt empowered to set important goals for themselves and had a sense of accomplishment in their success.

People told us staff supported them to maintain their hobbies and interests. One person had an interest in meditation and yoga. Staff accompanied them and also took part in the person's chosen activities because this supported and encouraged the person to enjoy their chosen hobbies. We heard how people had taken part in the 'Green Light Olympics'. One person showed us photographs of them being awarded a medal after success in their event. This provided an opportunity to support people to be active, have fun and socialise with people from other services.

One person had a passion for collecting and watching films on DVD. Staff had supported them to build a large storage unit for their vast collection of DVDs so they were more easily accessible and neatly stored. This demonstrated staff respected and valued what mattered to people.

We heard about comprehensive plans to support a person to transition from Littlecroft to another service. The registered manager and staff team had recognised the current placement at Littlecroft was no longer able to fully meet the complex needs of an individual. The transition plan had considered what was required for a new service to meet the person's needs. One of these things was the need for the person to have more space and be able to access the countryside more independently. This knowledge had been used to inform the plans for a new one person service. This showed staff had an awareness of what was important both to and for people and were proactive in seeking out ways to support them in line with this knowledge.

Care records contained comprehensive information about people's health and social care needs. Plans

were individualised and relevant to each person and contained information about people's communication needs. They gave staff clear guidance and direction about how to provide care and support that met people's needs and wishes. This included what people were able to do for themselves and what tasks staff needed to support people with. For example, one person liked staff to support them with taking out enough shower gel and shampoo when they requested them to, but did not like to feel staff were encouraging them to shower before they chose to. This was clear in the person's care plan. Staff respected this and waited to be asked to undertake this task. Care plans also contained important information about any allergies or health concerns. For example, the importance of ensuring emergency medication was taken out with one person at all times.

Care planning reviews took place consistently. Records demonstrated that people and their relatives routinely discussed their care plans. Each person or a family representative with appropriate legal authorisation had signed their care plans to indicate they were aware of, and gave consent to, their planned delivery of care.

People told us they received regular and helpful feedback on proposed changes to care and support, in light of the comments they had made. We saw this led to concrete changes to the service. For example, one person shared their satisfaction with us at having been involved in a project to provide more privacy between the three adjoining bungalows. The project had involved building a fence. The person told us how much they valued this decision and how they had taken great pride in building the fence and painting it. Another person had made it clear they would prefer a greater degree of privacy from staff while they were in their accommodation. In order to make this happen the service had separated off the staff 'sleeping in' overnight room and office area from the person's living space. The person said they were happy with this and we saw they came and asked staff to support them when they wanted them to. These initiatives demonstrated people were actively encouraged to think of Littlecroft as their home and develop a sense of ownership for their surroundings.

Staff responded swiftly when people required their support. Staff also responded promptly to any changes in people's needs. This included increasing the amount of time staff spent directly supporting people. This flexible approach to staffing levels meant people received the support they needed when they needed it. We saw examples of this in relation to adding and removing sleeping-in staff for one person, who did not always require this support. A health professional shared with us how supportive the staff team had been in supporting a person make an important decision regarding an operation to help regulate a serious medical condition.

Staff recognised the importance of supporting people to maintain contact with friends and family. Close family members told us they felt 'valued' and 'involved' in their relatives care package and were glowing in their praise of Littlecroft and the staff team. Comments included, "Staff keep me informed regularly and I am easily able to speak with anyone should I need to. My [relative] has the best possible quality of life possible with [their] needs living at Littlecroft. I am so grateful and thankful he is lucky enough to have a place there", "Littlecroft is an excellent place. My [relative] is so well looked after. Staff are professional and kind; they help my [relative] to achieve without taking over, they support him and maintain a caring calm atmosphere for him" and, "Many of the staff who support my [relative] have been there a long time so my [relative] doesn't have to deal with a high turnover of new faces which [they] find difficult. When new staff come there is a high degree of support to help my [relative] get used to new people."

Staff found innovative and creative ways to communicate with each person using the service. One person who received a service struggled with obsessional thinking which made them anxious. The person found it helped to record their thoughts in writing and staff supported them to use this method. Staff told us this had

proved valuable and enabled the person to 'get things off their chest' and move on. A relative of a person told us the service had successfully used "picture cards and photos to help my [relative]" with their communication.

We found people were assured of consistent, co-ordinated and person-centred care when they moved between services. For example, a health professional shared with us how much work and staff support had gone into assisting a person to make an important decision about their health. They commented, "[Specialist condition] reviews have occurred every 3-4 months and [person's name] has been supported by the team to attend these. [Person's name] is able to express his own opinions and discuss how he feels about his [condition]. On one occasion [person] was frightened when the risks of [condition] were discussed with him. He found it difficult to bring these fears up with us but his carers helped him by talking it through, asking if he was OK with them discussing his worries with us and eventually supporting him to discuss openly in clinic. [Person's name] has also attended a recent NHS England event where he was supported by carers to attend and encouraged to share his personal experiences with the group. Carers have also supported [person's name] to attend a support group in Truro for people with [condition] which he has said he enjoys."

People and their relatives told us that they were comfortable discussing their experience of care with the service. Families reported regular contact with their relative's key-worker where this had been consented to. People told us they felt central to their support plan. One person told us how they had talked with staff about how often they would drink energy drinks explaining that although they enjoyed the drinks they were also aware they could have a negative effect on their mood and behaviour. As a result they had trialled changing the type and frequency of having the drinks and were pleased that they felt this had helped them. This showed the person had been supported to take control of their own well-being.

The service had a policy and procedure in place for dealing with complaints. Although there were no current complaints, people told us they were aware of how to make a complaint and would feel comfortable doing so. One person commented, "I can speak to my key-worker or [registered manager] any time." We heard the person discussing menu options with staff and were reassured that staff were proactive in listening to and responding in a person-centred way to any concerns people had about their service at Littlecroft. The service had an adapted and simplified complaints document available for people to use if they wanted to raise a complaint.

The service had a policy regarding best practice for supporting people at the end of their lives.

Our findings

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

Management and staff were professional and friendly. People told us they were happy living at the service and had no complaints or concerns about staff. Relatives we received feedback from were very positive about how Littlecroft was operating and the benefits it brought to their family member. One relative told us, "I couldn't fault [registered manager's name] or indeed any of the staff in the way they support [person's name]. I feel very much part of the 'team' and I'm completely comfortable and would say if anything was wrong. Very pleased."

Green Light, the organisation which runs Littlecroft, had a small number of management layers which supported the delivery of the service. As well as a registered manager, and deputy manager who had day to day management responsibility for the service and have worked at the service for six and four years respectively, there was also an operations manager. This role provided background support and acted as a link between the registered manager and administrative staff supporting the service. In addition, each Green Light service was strategically managed by the Managing Director who is trained in Operational Leadership and Management as well as Positive Behavioural Support. Members of the senior management team made regular visits to each Green Light service to ensure services had appropriate support. Littlecroft benefited from clear lines of accountability as well as quick effective decision making from the locally based senior management team.

There were systems in place for formally gathering views of people, relatives and staff. Questionnaires and surveys were regularly carried out looking at specific aspects of the service. These encouraged all stakeholders to be involved and raise ideas and suggestions about how the service could improve. Staff told us they felt their views were listened to.

Staff told us the managers were "really supportive". Staff said they felt valued by the managers and they knew their personal circumstances and supported them in this aspect. Supervision and appraisal processes were in place to enable management to account for the actions, behaviours and performance of staff. Staff told us they felt well supported in their role and enjoyed working at Littlecroft. The registered manager told

us staff enjoyed team nights out which was "positive and good for morale and team building."

Management and staff told us there was a culture of learning from mistakes. Prompt attention was given to the management of incidents, and accidents, and where required, investigations were thorough. There was a proactive approach to investigations and matters were always dealt with in an open, transparent and objective way.

The service had a strong emphasis on continually striving to improve and management recognised, promoted and regularly implemented systems to achieve provision of a high quality service. For example, the organisation had implemented an internal 'inspection' process, which aimed to ensure the quality of care provision was high and any areas for improvement were recognised and dealt with.

The need to assure quality was understood and there were clear quality assurance systems in place including regular audits and checks of the premises carried out. We saw evidence of checks on hot water temperatures and legionella, electrical equipment and fire-fighting equipment. Cleaning schedules were completed on a daily basis. There were appropriate risk assessments in place in respect of the environment. Management were receptive to changing areas of the service whenever this would improve how it operated.

Staff meetings were held regularly and minutes were made available for all those who were unable to attend. Minutes demonstrated the regular frequency of meetings. The staff team discussed issues pertinent to the running of the service and communicated well with each other. Staff said they felt well supported by management at the service. The service manager told us, "We work well together".

The organisation promoted equality and inclusion within its workforce. Staff were protected from discrimination and harassment and told us they had not experienced any discrimination. There was an Equality and Diversity policy in place. Staff were required to read this as part of the induction process. Related issues were discussed in supervision sessions. Systems were in place to ensure staff were protected from discrimination at work as set out in the Equality Act. The registered manager gave us examples of how they had supported staff to work while also managing issues within their personal lives.

There was an HR department within the organisation which helped ensure staff legal rights were protected. If staff needed any support to help them do their job this was provided. For example, if staff had additional needs associated with their ability to complete the Care Certificate and other training they could be provided with specialist equipment or extra support.