

# Frontier Support Services Ltd

# Frontier Support Services Limited - 27-29 Brighton Road

#### **Inspection report**

27-29 Brighton Road South Croydon Surrey CR2 6EB

Tel: 02086037230

Date of inspection visit:

10 October 2018

12 October 2018

25 October 2018

Date of publication: 24 December 2018

#### 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

At our previous inspection in February 2016 we found the provider was meeting the fundamental standards. We rated the service 'good' overall but 'requires improvement' in one key question. At that time we found the service was not following national guidelines on the information that should be recorded in relation to people's medicines. There was no evidence on the files we reviewed that the rationale for the person taking the medicine had been explained to the person and everyone involved in their care. While staff were aware of the medicines people were required to take and in what dosage, they were not always aware of what the medicine was for. At this inspection we found the service had addressed the issues and had significantly improved. Staff received appropriate training and their competencies were assessed. Staff were aware of why people were prescribed medicines and the side effects of the medicines for the people in their care.

Frontier Support Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service for 34 people with a variety of needs including learning disabilities, autism, epilepsy and mental health issues who are living in Croydon, Lambeth, Southwark and Wandsworth. Not everyone using Frontier Support receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service was developed and designed before the values that underpin the Registering the Right Support and other best practice guidance was established. However the provider embraces the values that 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.

The service had 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.

People felt safe with the staff who supported them and staff knew how to safeguard people from abuse and neglect. People received person centred care from appropriate numbers of well trained staff.

Risks relating to people's care were comprehensively assessed and well managed by staff. Staff understood people's needs well. People received care from staff who were deemed suitable by the provider which carried out robust recruitment checks.

People received their medicines safely. The provider had good systems in place to review accidents and incidents in order to learn lessons where things went wrong.

The service was effective. Needs assessments for people were holistic and personalised ensuring the resulting care plans were outcome focussed and considered all aspects of their lives in addition to their care needs.

Staff received high levels of support and training to ensure they had excellent skills that met the needs of people. Where people had specialist needs staff were provided with additional training to ensure they could meet people's needs.

Peoples dietary needs and preferences were clearly identified in their support plans that staff followed closely. People's dietary needs and preferences were met effectively.

Staff supported people to meet their healthcare needs and supported them to access specialist support and services where this was needed. Records showed staff facilitated people to engage with the community and wider support networks. This helped to ensure all organisations involved in providing support to people worked together in a holistic way.

The provider ensured staff understood the Mental Capacity Act 2005 and that people's best interests were always a priority. Where people lacked capacity to consent to their care and treatment records showed clear best interests decision making processes had been followed.

The service was caring. People and relatives told us that they were supported by very kind, caring and compassionate staff that went the extra mile to provide them with exceptional care. The staff and the management team were passionate about providing people with support that was based on their individual needs, goals and aspirations. We saw that people were at the centre of their care and goals and achievements were celebrated. Each person was treated as an individual and as a result, their care was tailored to meet their exact needs.

People were supported to maintain relationships and social contacts. Relatives told us they were made to feel very welcome indeed and were encouraged to be an active part of their family member's lives. People were given the privacy and dignity they needed.

The service was exceptionally responsive. Care and support plans were developed with people and their relatives and other professionals. They were individualised, comprehensive and holistic in their detail and were reviewed as people's needs changed or as necessary. Arrangements for social activities were creative and showed innovation, meeting people's needs and helping them to lead a full life.

The staff and the management team were always available and listened to people and their relatives, offered them choices and made them feel they mattered. The service empowered people to have as much control over their lives as possible and to achieve their maximum potential. The staff were passionate about the person-centred approach of the service and it was clear it was run with and for people.

Processes were in place to respond to concerns or complaints and the provider's complaints policy was shared with people and their relatives so they knew how to raise a concern.

The service was well-led by the registered manager and management team. Managers developed their leadership skills and those of others and the registered manager created a positive environment and culture to work where staff felt well supported. Staff worked collaboratively and were motivated by and proud of the service. Systems were in place to recognise and reward staff achievements in the service. The registered manager developed the values of the service through involving people and staff and the values placed people centrally. Governance was well-embedded in the service with a strong framework of performance monitoring. There was an emphasis on continuous improvement and the views of people, relatives and staff were pivotal to this.

#### 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 remained safe Is the service effective? Good The service remained effective. Is the service caring? Good The service remained caring. Is the service responsive? Outstanding 🌣 The service was exceptionally responsive. People were at the centre of their care and support. They actively participated in the planning and review of their care and their wishes were respected. People were supported to develop their interests and to engage in a wide range of activities of their choosing. Activities met people's needs and helped them lead a full life. People's relationships with their families, relatives and friends were encouraged and supported by staff where appropriate. A comprehensive and appropriate complaints process was in place which operated effectively to investigate and respond to any concerns. An end of life policy and procedure was in place although no-one was receiving end of life care. Is the service well-led? Good The service remained well-led.



# Frontier Support Services Limited - 27-29 Brighton Road

**Detailed findings** 

#### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider and the Provider Information Return (PIR). Statutory notifications provide CQC with information about significant events such as allegations of abuse and serious incidents. The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

This inspection took place on 10th, 12th and 23rd October 2018 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

The inspection was carried out by one inspector. We spoke with eight people who used the service, the registered manager, two house managers, the head of the behavioural support team, the area compliance officer, two area managers, two deputy area managers and six support workers. We observed care and support, spoke with people in private and looked at the care records for five people. We reviewed how medicines were managed and the records relating to this. We checked five staff recruitment files and the records kept for staff allocation, training and supervision. We inspected three houses where people lived as well the headquarters offices. We reviewed records for the management of the service including quality

assurance audits, action plans and health and safety records. After our inspection visit we contacted nine relatives and four health and social care professionals to gather their feedback.



#### Is the service safe?

## Our findings

At the last inspection the provider was not following national guidelines on the information that should be recorded in relation to people's medicines. There was no evidence on the files we reviewed that the rationale for the person taking the medicine had been explained to the person and everyone involved in their care. While staff were aware of the medicines people were required to take and in what dosage, they were not always aware of what the medicine was for. At this inspection we were shown evidence the provider had carried out a detailed analysis of our findings so as to ensure the issues we raised were addressed and rectified. We were provided with a detailed action plan that was drawn up, together with timescales and named managers who were allocated the responsibility to ensure outcomes were met. At this inspection we found the service had addressed all the issues. Staff now received appropriate training and their competencies were assessed annually to ensure they had the skills and knowledge to administer medicines safely. Staff were aware of why people were prescribed medicines and the side effects of the medicines for the people in their care.

Other aspects of the administration of medicines were managed safely. Records were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Staff told us they had received medicines training and were confident supporting people with their medicines. Staff were able to tell us about any side effects medicines might have for different people and they knew why medicines were prescribed for people. One staff member said, "We all get training on the safe administration of medicines. That's because we know how important it is to get it right." Another staff member said, "Yes I have had the training for medicines and it was helpful". We saw records for staff that evidenced their competencies to do with the safe handling of medicines was checked annually. All of these measures have helped to ensure people's safe care.

All the people we spoke with told us they felt safe. People's comments included; "This is my home, it's like a family. I feel safe here" and "Very safe, I wouldn't want to stay if I didn't feel safe." One relative said, "People are really well cared for and staff listen to their wishes and they provide care that respects their dignity. They treat people well." Another relative said, "My [family member] often comes home at the weekends and I'd know if there were any problems with safety. There never have been." Another relative said, "Staff are well trained and they know the people really well. They know how to keep people safe and they care about keeping people safe."

Staff were aware of the safeguarding policies and procedures the provider had in place. Staff told us how they would recognise and report abuse. They said they would report concerns immediately to their line manager or to senior staff in the main offices. Staff knew they could report externally if needed to the local authority. One member of staff told us, "If I had any concerns I would report them to the manager immediately." Another staff member said, "We'd report any issues straight to the manager and keep a detailed record of the concerns." We noted the provider had good communication links with local authorities and health services and the managers told us they would, where appropriate, report concerns to those authorities.

The provider had a whistleblowing policy. Staff understood how to raise any concerns. Although no one had any at the time of our inspection, the staff said they felt confident they would be listened to and action taken if they did report any concerns. This showed people were supported by staff who recognised if people were at risk of harm and understood what actions they would take to ensure their safety.

People knew how to raise any concerns they might have if they had concerns about the support and care they received because there were clear processes to follow that people or their relatives knew about. They told us they were confident staff would listen to their concerns and work actively to resolve them. Comments about this included, "If I had any concerns I'd talk straight away to staff here. They'd listen and do their best to help I know they would" and "Managers and the registered manager are always about and are easy to talk to. I would talk with them and they'd sort it out, I am sure of that." We saw on every person's care file leaflets given to people about how they should and could raise any concerns they might have. All this helped people to keep safe.

Risks to people were assessed, managed and reviewed. Where people were identified as being at risk, comprehensive risk management plans were in place and appropriate actions taken to manage those risks. For example, one person had a risk management plan in place for negotiating public transport safely. Another example we saw was for a person who liked cooking in the kitchen. The risks to them were identified and staff knew how best to help the person safely. For other people we also saw there were detailed support plans for staff to follow. Staff received appropriate training to help them where this was necessary.

People and their relatives said they were well supported by appropriate numbers of staff. People's needs were assessed individually and staff allocation was decided on how to best meet those needs. Records we saw confirmed that planned staffing levels were consistently maintained. For example where two staff were required to support people, we saw they were consistently deployed.

There were robust recruitment and assessment procedures in place for all staff employed by the provider. Records relating to the recruitment of new staff showed relevant checks were completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This enabled the provider to make safer recruitment decisions. We saw evidence the provider ensured people who used the service took an active part in the recruitment of new staff. This helped to ensure appropriate people were recruited into their role.

People were protected from risks associated with infection control. Staff were trained in infection control procedures. An up to date infection control policy was in place which provided staff with information relating to infection control. This included Personal Protective Equipment, hand washing and information on infectious diseases. One staff member said, "Head Office makes sure we have all the right equipment and we discuss infection control at meetings."

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. Where an issue arose, action was taken to reduce the risk of reoccurrence. For example, one person's medicine records contained an error. Once the provider had established the person had received their medicine, action was taken. The results of the investigation were fed into staff supervisions and the staff member concerned was supported through advice, guidance and further training. This evidenced the service was able to learn and learnt from incidents that arose.



#### Is the service effective?

## Our findings

Frontier Support's comprehensive needs assessment process ensured a person centred and holistic approach was taken to assessing people's needs and effective outcomes achieved. People said they were involved in having their needs assessed and that this was an evolving process as their needs changed. One person told us, "I have been here for a long time and the support I get has changed my life. It's been fantastic. My care plan is regularly reviewed with me. I am supported and able to do the things I really like doing and I am finding success with it now. I am doing gigs with a group and I have just cut a disc." Relatives of people said the outcome based support and care provided to their family members was really helping people to achieve their maximum potential. Comments from relatives included, "It's brought about such great happiness in their life, fantastic to see" and "such well-planned care is hard to find, it covers all their needs and more." Health and social care professionals echoed these views and said the process of assessment and support planning delivered "exceptional levels of good care" and "really excellent care provided to people by well trained and knowledgeable staff."

Staff told us they received good levels of support and development opportunities to ensure they had the skills to meet people's needs. Staff said they found the training they received extremely useful and effective. One member of staff told us, "We have regular and really good quality training opportunities. It's mix of elearning and classroom based training."

Staff received training in core areas such as keeping people safe from harm, first aid, medicine administration, infection control, the Mental Capacity Act, safeguarding, food hygiene and equality and diversity. Training programmes were individually tailored specifically for staff to ensure they had the knowledge, skills and abilities to meet people's specific individual needs. This included training on working with people whose behaviours might challenge, epilepsy, autism and the administration of medicines. A comprehensive induction process was in place for newly appointed staff. This included training based upon the completion of the Care Certificate and the shadowing of more experienced staff. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised programme. The training staff received provided them with the confidence, skills and knowledge to support people to try new activities and take managed risks in the community as well as providing safe and high-quality care and support to people. Staff told us and records showed staff received support through regular supervision. This included one to one meetings, team meetings and 'spot checks' or direct observation of staff carrying out their work with people. These checks enabled the line managers time to monitor staff practices. Observations were recorded and fed back to staff to allow them to learn and improve their practice. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support and we saw matters arising were actioned effectively. All staff received an annual appraisal. This process ensured staff competencies were reviewed and ensured they received support to further develop their skills and to provide the high quality of care the provider aimed for. Healthcare professionals we spoke with said staff followed best practice guidance such as that issued by NICE in their support of people.

Where people had specific needs in relation to their eating and drinking, this was clearly recorded in their care plans, and staff had the information and guidance from dieticians and speech and language therapists

where this was appropriate.

Health and social care professionals as well as people and their relatives told us staff helped people to attend health appointments and manage their healthcare effectively. One person said, "They are always there to help me if I need to go to the dentist or the GP or the hospital, they help me whenever I need support." Relatives we spoke with confirmed their family members had good support from staff to enable them to access healthcare services. We saw people had hospital passports and health action plans. These are documents that are considered best practice for some adults with learning disabilities as they ensure all relevant health information is accessible in one place. This ensured that all services involved in supporting people were working together to achieve the best outcomes.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. Where people's needs assessments included information that suggested they may lack capacity to consent the provider sought appropriate assessments of capacity from qualified professionals. Where people were found to lack capacity to consent, records showed the service applied best interest's decision-making principles and involved people's relatives, social workers and advocacy services to consider the best decision for the person. Care plans contained detailed information on how to ensure people were given the best opportunity to make their own decisions, including ensuring they were provided with information in the best format that suited them, such as using pictorial representations.

Staff completed training and had a detailed understanding of consent and the procedures to follow if people lacked the capacity to make decisions about their care and welfare.



# Is the service caring?

## Our findings

People and their relatives told us they were supported by staff who were caring and compassionate. All the responses we received were positive and reflected a service that truly respected people and placed them at the centre of their care in order they may achieve their full potential. One person told us, "They do so much to help us do the best we can. My life wouldn't be the same anywhere else, I'd hate to have to move." Someone else said, "I wouldn't be making records and performing in public if I didn't have the support of the staff. Their care and kind support has enabled me to do that." Relatives also said how much they valued the scheme. Comments included, "We have hit the jackpot here, you couldn't wish for a better service for [family member's name]" and "Staff really know people well and they respect people in a way not often seen these days, it's amazing." Comments we received from Health and social care professionals included, "Staff are passionate, empathetic and caring in what they do for people they support"; "We see staff empowering people with the support they provide for them" and "Staff go the extra mile for the people they support".

Staff told us some people said they wanted to maintain contact with their parents, siblings or other family members and that this was important to them. One person said, "I like to visit my mum on Sundays, she is an important part of my life. Staff here help me to be able to do that, it shows they care and it makes me happy." Some people's relationships with families were not always easy but we could see from speaking to people, relatives and staff this was dealt with professionally and sensitively and so the outcomes were positive for people.

One relative told us, "The staff do a fantastic job with genuine compassion. Staff have a brilliant and positive attitude and will do anything they can to help people achieve their maximum potential. I can't speak highly enough of them." We received many similar comments from other relatives and professionals. This meant for the people using the service the ethos of the service was working well. By being given the right support and care that helped to boost their confidence and self- belief, people were able to make positive changes in their lives.

Staff were able to demonstrate that they had built up meaningful relationships with the people they supported. Staff were very familiar with people's preferences, hobbies and life histories. They were able to tell us people's stories and told us how those people had progressed with their support to develop their independence, make the most of their lives and spend more time doing things that were important or interesting to them. This was reflected in people's support plans, which contained detailed information people and their families had given about themselves to enable staff to get to know them. This knowledge of people's histories helped staff understand the context around people's strengths, needs and why they may need more support in some areas than others. Staff told us this was very important to know about in order to provide a caring, person-centred service. We also observed the way staff spoke about people promoted a person-centred culture because they always put people first. For example, when staff spoke about people, they focused on what people wanted and what support they needed from staff to achieve it, rather than what they believed people needed. We noticed that staff always spoke in terms of supporting people to do things for themselves rather than "doing things for people." This helped create an empowering and person-centred environment that promoted dignity and respect for people and gave a strong message that people

mattered to staff. It was evident from the way staff spoke about people they held respect and affection for them and they knew the people they supported well.

We asked staff about working with people who used the service. One member of staff said they had just wanted to 'give something back' and one staff member told us about the satisfaction it gave them to see people's lives develop and expand with the opportunities to do new things they had not been able to do before such as going on holiday and to see new places. Staff demonstrated this to us in the way they spoke about the people they supported and the passion they had for doing so.

Every year many different events were held for people, their relatives and families and staff. These celebrations were designed to bring people together and feedback we received confirmed they were a great success all round. An example of this was the annual Christmas party and disco. This was a free event for all the people supported by Frontier and their families and friends and staff. Everybody told us how much they enjoyed this annual event and how it provided a really good opportunity for people to 'have fun together' as well as 'develop better relationships' with each other.

It was evident from looking at people's support plans people were listened to and this was reflected not only in their day to day lives but within their care planning documentation. People's interests, wishes and aspirations were documented and this meant a person-centred approach was achieved. Staff knew about different people's levels of verbal language skills both in terms of what they were able to understand and what they could express. People's support plans contained details of how to communicate effectively with them. This helped staff to ensure they supported people in a way that promoted their dignity, helped them to feel valued and listened to and also helped them to make more choices about their care as they were better able to communicate what they wanted. Relatives told us they were encouraged to visit whenever they wished and were always made to feel welcome by staff and the registered manager.

During the inspection we saw staff respected people's privacy, knocking on their doors before entering and by asking them if they were happy to talk with us. Staff told us they always ensured people's personal care was carried out in private. People told us staff respected their privacy. One person said, "Staff knock at the door." Another person told us, "Staff ask us how we would like our care to be given to us and they respect our wishes in what we say." A professional told us staff were friendly and treated people with respect and dignity. Staff we spoke with clearly understood the importance of respecting people's dignity and rights. We observed they used person-centred language that put people at the centre of their own care.

## Is the service responsive?

## Our findings

People received individualised care and support. The care and support plans we inspected detailed people's physical, mental, emotional and social needs and integrated these needs into an outcome based plan of support structured to ensure these needs were met effectively. These support plan outcomes for people were drawn up together with them, their relatives and health and social care professionals where appropriate and were signed off by all parties involved in the process. We noted the plans were clear and easy to follow, providing clear guidance for staff. Staff told us people's care and support plans provided good information that helped them provide effective and responsive care. We saw staff were required to read the plans and sign to say they had done so and we saw evidence that supported this. Plans were reviewed on a regular basis appropriate to each individual person's needs. People with more complex and changing needs had their plans reviewed more regularly for example monthly for one person and for people with less complex needs this was less often.

Staff were sensitive to people's needs and we saw they knew them really well. When we spoke with staff they demonstrated an open and honest approach with people and their relatives. Staff worked with people in ways assessed as being most appropriate to meeting people's individual needs. For example for some people staff used pictorial images and for other people staff understood how people used facial and hand or body movements to express themselves. Staff worked with families and relatives as well as health and social care professionals to gain the most informed information about the person. This all meant staff had a good and detailed understanding about the people they supported. It also meant people were empowered to be actively involved in making decisions about their care that could only have been gained from being passionate about their work with people.

Staff were well aware of people's likes and dislikes, they knew each person's individual preferences and wishes and people were at the centre of their care and support. The impact of this was clearly demonstrated for one person. By developing a good, responsive relationship with that person they came to understand how important music was to them. By listening carefully to the person and creating a bond of trust the person was able to communicate with them a wish he had not been able to communicate before. This was to have a music system that he could use himself in a dedicated music room. Also to have records of his choice, something he had never before been able to do before. In this way staff empowered the person not only to realise a lifetime's wish but the person also became more communicative generally with people and happier in other aspects of his life. A health and social care professional told us, "I have noticed that staff really do want to help people achieve the most they can. The help they gave [person's name] to develop their love of music is an example of how much they [staff] care. That person has blossomed in that he is more outgoing, happy and expressive in terms of his communication with everyone". The person told us with a huge smile, "I love my music and now I can listen to all my favourites."

We saw for people whose behaviours sometimes challenged the service, the input of the provider's behavioural support team and their use of a positive behavioural support plan format had really helped to reduce these behaviours. The impact of this was clearly to improve people's quality of life and enable them to engage in more of their chosen activities. One example was for another young adult with a learning

disability. They were known to the local authority and to the police due to their aggression and violence in the past. Staff developed a good and trusting relationship with the person and an understanding that this person had an undeveloped creative skill for writing original music. Staff provided appropriate support by building the person's self-confidence and belief in themselves. In this way they empowered him to start to realise his potential and importantly to believe in himself. He joined a performing arts studio and now performs regularly his own musical works to audiences. He told us, "I can't believe I'm doing it, but I am and that's fantastic. Everyone had helped me with this and I am doing something now I never thought possible before". The testimonials from the Local Authority social work team in terms of the changes to the person's behaviour, attitude and outlook on life were way beyond their expectations. They told us that this was down to the dedication, compassion, care and love shown to them by the staff. They confirmed with us the person's behaviours had reduced and they had gained success as a musician performing locally.

People had the opportunity and support to undertake a wide range of activities they said they wanted to do. One person told us, "I like to go out with friends and to see Crystal Palace play football at Selhurst Park." Another person said, "I go to college and I am involved in a performing arts group. Staff come with me and that enables me to do things I like to do." Someone else told us they liked to go on holiday and with the assistance and support of staff said they had been to lots of different places. There were many other examples including people who had been enabled to go on holidays abroad for the first time, using public transport unaccompanied and people accessing education and employment. People had their own success stories and achievements to tell us about. Staff in turn told us how their own lives had changed positively as a result of gaining great job satisfaction from their successful work with people.

A health and social care professional commented to us about people's care and support plans. They said the plans helped people to become more independent and resulted in positive outcomes for people. They said this was because they were tailored to meet people's individual and specific needs. Another professional said support plans were well structured and provided excellent and clear guidance for staff to follow. It was their opinion this had helped people achieve the positive outcomes they had referred to. Health and social care professionals confirmed their links with Frontier Support were good. One person said, "Frontier staff keep us up to date with people's progress and where they may have concerns about someone. They work well with us collaboratively." Staff told us about different examples of the types of activities people undertook and the positive impact this had had on their lives and their well-being. One member of staff said, "When some people first came here their interests were really quite limited and somewhat institutionalised. Now though they do so many things they enjoy, such as going on holidays to places they have not been to before, cooking, cinema, bingo and many other activities they could not do before." Another member of staff said, "We wanted to see what more they [person's name] could do with the right support. Over the years they have been here they have gone from doing very little for themselves to doing a whole host of things including making more decisions for themselves including where they want to go and who they want to see."

The provider recognised for some people maintaining relationships with other people they had identified, such as family members and friends, was important to their overall well-being. We saw good examples of how staff had helped people maintain and develop these relationships. We noted the beneficial affect this had had for those concerned. An example of this was where staff had helped one person find and renew a lost contact with their sister. Staff liaised with social services and eventually contact was made with the sister. Staff helped the person start telephone contacts on a regular basis and this then developed into an opportunity for the person to visit the sister as a mini holiday. Another person stated the importance to them of seeing their family sometimes at weekends and this was facilitated by staff with positive effects for the person concerned.

Staff said they thought where people had the opportunity to develop relationships, to undertake activities and go to different places. This played a big part in assisting people's wellbeing overall.

We saw the service had a detailed complaints policy and complaints log in place. We noted the process for making a complaint was accessible to all people as it was available in a number of formats including an easy read and pictorial format for those people with more complex needs. The information was made accessible for people on notice boards and each person using the service had a copy of their own on their file in their rooms. People and their relatives all said they knew how to make a complaint or raise a concern if they needed to do so.

The provider received many compliments from people and their relatives. Compliments ranged from praising staff for their dedicated and compassionate care to their recognition of the positive developments they had seen with their family members. Compliments were also received from health and social care professionals who worked with the service. We viewed several letters and cards from people thanking the service.

At the time of the inspection, nobody was receiving end of life care. There was however a comprehensive policy and procedure in place for staff to follow if and when the need arose. The registered manager told us staff received training so that they could work sensitively with people to offer support to people to plan for future events taking into account people's wishes.



#### Is the service well-led?

## Our findings

There was a registered manager in post who was also the Executive Chair and one of the founding members of Frontier Services. The registered manager maintained an excellent oversight of Frontier's services and were fully involved in the day to day management of the service. They worked in adult social care for many years and had a wide range of experience and understanding of what was required to provide people with good quality care. It was clear to us from what the registered manager, managers and staff told us, they were passionate in their aim to maintain high quality services and thereby to improve the experience for people receiving care from the service. The registered manager and other managers told us their aim was always to provide the best possible care and support to people. They said they worked hard to achieve this by establishing an innovative approach to the management of Frontier Services. This included a set of values specifically for managers and provision of clear information about service development and how managers were expected to work towards these. This included specific goals about making a positive impact on people's lives, such as better healthcare support, supporting people's relationships and improving quality of life in general. Managers were encouraged to work productively, be supportive, keep the provider's plans for the future in mind and to treat people, staff and others with respect at all times. The registered manager told us they had found this helpful and it had provided a good structure to work within.

The registered manager made regular visits to supported living schemes to carry out observations of the care staff provided to people. Areas looked at included the quality of staff interactions with people including whether they treated people with respect, how much they involved people in activities such as health and safety checks and household tasks and how well they communicated with people. The registered manager also took time to speak with staff, discuss good practice and ask them for their feedback. They encouraged other managers to share good news stories about people's progress towards their goals and what was working well for people. We also saw evidence they encouraged staff teams to reflect on their own practices, what they did well and what they could do better, and to review this later to see if they had been able to make positive changes.

Health and social care professionals told us their advice was sought was sought where appropriate. Staff were provided with specialist training to improve their skills and knowledge where they felt that people using the service and staff would benefit from it. Service models of excellence elsewhere in the country were looked at in order to provide guidance where Frontier's service could be further developed. An example of this was seen in a personal guide designed for people with the support and encouragement of staff called 'Taking Steps towards living well' produced by the Devon Partnership NHS Trust. We saw people benefited from finding for themselves simple and practical ways of living well and improving their wellbeing. Examples we saw included where people were supported by staff to connect with family and friends. Learnt new skills or took up new hobbies and were more physically active taking up new exercises. We noted in this way staff had helped support people to take positive action so they may have a healthier and more satisfying life. The five ways were drawn together by the Trust after extensive research and expert opinion was sought. It provided simple actions people can take that will have a positive impact on their day to day lives.

There was a very positive and open management culture that ensured people, their relatives and staff were

at the centre of everything the service did. Managers and staff passionately promoted a person-centred culture and commitment to enabling people's maximum potential through personal achievements. One person told us, "The registered manager and other managers are so accessible, they are always around and easy to talk to. If you raise something with them you know they will sort it out." One of the managers told us, "If something isn't as it should be we will look at how we can change it to make it better." All staff we spoke with told us they were encouraged to express their views about the service and they felt they would be listened to. The registered manager told us, "We encourage staff to tell us what they think because if they can't be honest with us we'll never know how to get it right." A staff member told us, "All the managers have an open-door policy and are always willing to listen."

We received positive feedback from everyone we spoke with about the leadership. Staff expressed a high degree of confidence in the managers and in how the service was run. All the staff we spoke with said they felt comfortable to approach any of the members of the management team. Staff said all of the members of the management team were good role models and were knowledgeable in their roles. One staff member said, "The management team work really well together they know the service inside out and I think that's why it's such good service."

The provider valued the welfare and wellbeing of staff as they offered support, recognition and positive rewards to staff in recognition of their achievements in their caring role. Performance awards were given to staff for outstanding work or work that was above and beyond their job roles. We saw evidence of 'employee of the month' and 'employee of the year' awards being given to very happy staff. Other ways in which Frontier showed appreciation and recognition for their staff were evident. Staff said how much they appreciated being valued in this way. One member of staff wrote, "I was overwhelmed after receiving two awards, in fact I was pretty much speechless. So, I just wanted to say a big thank you for everything you have done for me. I honestly appreciate everything and how you have pushed me into believing in myself." Other comments we received from staff included, "a fantastic company to work for and a total contrast to where I have worked before. They really do care about people whether they be people [who use the service] or staff," "Well I wouldn't want to work anywhere else now I have joined here," "I was new fairly recently and I can't believe what a great place this is to work. The support I have had has just been amazing and I feel really valued".

People and relatives told us the management team and the staff were patient, kind and like an extended family. One relative commented, "The leadership comes from the registered manager. They lead by example."

We saw that team meetings were held monthly covering a range of subjects and providing an opportunity for staff and managers to discuss matters for service development. We saw minutes of meetings held and staff we spoke with confirmed they took place.

People and staff were encouraged to provide feedback via satisfaction surveys as well as using the more informal channels such as having a chat or discussion with managers. The provider actively sought staff and people's views and feedback and took action to improve things. In January 2018 Frontier commissioned an independent company to carry out an impartial feedback survey. The results were analysed and broken down into the five domains [safe, effective, caring, responsive and well led] as defined by the Care Quality Commission. The overall feedback for 'safe' showed that 92% of the participants were satisfied that people were safe. 95% of participants reported they felt services were 'effective'. 92% thought the services were 'caring'. 91% of participants said services were 'responsive' and 87% thought the services were 'well led'. These results demonstrated the high levels of satisfaction we encountered with people, relatives, staff and other professionals when carrying out this inspection. □

Other methods the provider had implemented as part of their quality assurance process included the establishment of a new post of a quality assurance manager. The registered manager explained this was to ensure a co-ordinated approach was taken by Frontier to their quality assurance processes and to enable continued development and improvement of their services for people. As well as this the registered manager explained they wanted to establish an integrated outcome based action plan based on the lines of the Care Quality Commission's five domains.

Other methods included implementing regular governance reviews, carried out by managers where specific elements of the service were reviewed. Any areas of the service where improvements were identified led to an action plan being drawn up with timescales and specific outcomes to be achieved. Examples of this included reviews of staff practices with the safe handling of people's medicines and safeguarding concerns. How to provide a service in the event of bad winter weather, reviewing people's care and support plans to ensure they contained good historical information about people so that staff gained a fuller understanding of the people they supported. These were just a few of the many governance reviews we saw examples of.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. An example of this we saw was for people who might need to go into hospital. The service ensured a grab sheet with all relevant information relating to the persons condition was available to the hospital staff. This included details of what medicines people were prescribed, what condition they were living with and other elements of their care needs. Healthcare professionals were very complimentary about the partnership working they experienced with Frontier Support staff.

In October 2018 the service was awarded a commendation by Croydon Business Awards in the 'Best Employer' competition in recognition of their outstanding support for staff and to people who use the service. This demonstrates the esteem held locally for Frontier Support for their outstanding service to people.