Scotts Project Trust

The Oaks and Willows

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?	**Outstanding**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection was carried out on 12 and 13 May 2015 by one inspector and an expert by experience. It was an announced inspection. Fourty-eight hours' notice of the inspection was given to ensure that the people we needed to speak to were available. People living at the service were able to express themselves verbally.

The Oaks and Willows is registered to provide personal care and supported living to younger adults who have a learning disability or autistic spectrum disorder. The ethos of the service is to enable people to gain and maintain skills to achieve independent living. People who use the service live in two supported living houses and an independent bedsit on the same site. There were nine people living there at the time of our inspection. The organisation's office is located in one of the houses. The Care Quality Commission inspects the care and support the service provides to younger adults but does not inspect the accommodation they live in.

There was a manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

Staff were trained in how to protect people from abuse and harm. They were aware of the procedures to follow in case of abuse or suspicion of abuse, whistle blowing and bullying.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of re-occurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs and ensured continuity of one to one support. Thorough recruitment practice was followed to ensure staff were suitable for their role.

Staff were trained in the safe administration of medicines. Records relevant to the administration of medicines or the supervision of medicines were monitored. This ensured they were accurately kept and medicines were administered to people and taken by people safely according to their individual needs.

Staff knew each person well and understood how to meet their support needs. Each person's needs and personal preferences had been assessed before care was provided and were continually reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

Staff had completed the training they needed to support people in a safe way. They had the opportunity to receive further training specific to the needs of the people they supported. All members of care staff received regular one to one supervision sessions to ensure they were supported while they carried out their role. They received an annual appraisal of their performance and training needs.

All care staff and management were trained in the principles of the Mental Capacity Act 2005 (MCA) and were knowledgeable about the requirements of the legislation. People's mental capacity was assessed and meetings were held in their best interest when appropriate.

Staff sought and obtained people's consent before they provided support. When people declined or changed their mind, their wishes were respected.

Staff supported people when they planned their individual menus and ensured people made informed choices that promoted their health. Staff knew about people's dietary preferences and restrictions.

The staff used creative ways to make sure that people had inclusive methods of communication. People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their support was delivered. Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People were referred to health care professionals when needed and in a timely way. Personal records included people's individual plans of care, likes and dislikes and preferred activities.

The registered manager and the staff's approach promoted an environment where people could affirm themselves and excel. They promoted people's independence, encouraged them to do as much as possible for themselves and to make their own decisions. Comments from relatives included, "The staff are exceptional; they go the extra mile and go beyond the call of duty", "The staff are amazing, their approach is exceptional".

People's privacy was respected and people were assisted in a way that respected their dignity and individuality. Staff took account of people's psychological wellbeing.

People's individual assessments and care plans were reviewed regularly with their participation or their representatives' involvement. A relative told us, "We are invited to attend and we are involved." People's care plans were updated when their needs changed to make sure they received the support they needed.

Summary of findings

The provider took account of people's complaints, comments and suggestions. People's views were sought and acted upon. The provider sent questionnaires regularly to people, their legal representatives and stakeholders. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued and supported under the manager's leadership. There was honesty and transparency from staff and management when mistakes occurred. The manager notified the Care Quality Commission of any significant events that affected people or the service. Comprehensive quality assurance audits were carried out to identify how the service could improve and action was taken to implement improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
Good

The service was safe.

Staff were trained in the safeguarding of adults and were knowledgeable about the procedures to follow to keep people safe.

Staff knew about and used policies and guidance to minimise the risks associated with people's support. Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice. Medicines were administered safely and people were able to self-medicate with supervision when they chose to.

Is the service effective?
Good

The service was effective.

All staff had completed essential training to maintain their knowledge and skills. Additional training was provided so staff were knowledgeable about people's individual requirements.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required.

Is the service caring?
Outstanding

The service was caring. There was a strong emphasis in the staff and registered manager's approach about promoting people's independence and encouraging them to make their own decisions.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness, sensitivity and respect.

Information was provided to people about the service and how to complain. People were fully involved in the planning of their support and staff provided clear explanations to support people's decisions.

Staff respected people's privacy and dignity.

Is the service responsive?
Good

The service was responsive.

People's needs were assessed before they moved into the service. People's support was personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted on.

Is the service well-led?
Good

The service was well led.

Summary of findings

There was an open and positive culture which focussed on people. The manager sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the manager's response when they had any concerns.

There was a system of quality assurance in place. The registered manager carried out audits of every aspect of the service to identify where improvements to the service could be made.

The Oaks and Willows

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 was carried out on 12 and 13 May 2015 and was announced. We gave notice of our inspection to ensure people were prepared by staff who explained the purpose of our visit. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who took part in the inspection had specific knowledge of caring for people with a learning disability.

The manager had not received a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information during the inspection. Before our inspection we looked at records that were sent to us by the manager or the local authority to inform us of significant changes and events. We reviewed our previous inspection reports.

We spoke with five people who lived in the service and four of their relatives to gather their feedback. We also spoke with the registered manager and three members of care staff. We consulted two local authority case managers who oversaw people's care in the service. We obtained their feedback about their experience of the service

We looked at records which included those related to people's care, staff management, staff recruitment and quality of the service. We looked at people's assessments of needs and care plans and observed to check that the support provided was delivered consistently with these records. We looked at the satisfaction surveys that had been carried out. We sampled ten of the services' policies and procedures.

At our last inspection on 17 April 2013 no concerns were found.

Good

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. They said, "I feel safe", "I am safe because the staff look after me" and "They make me feel supported".

There were sufficient staff on duty to meet people's needs. People's individual needs were assessed and this information was used to calculate how many staff were needed on shift at any time. Before people moved into the service, the registered manager completed an assessment to ensure the service could provide staffing that was sufficient to meet their needs. This ensured staff were available to respond promptly to people's needs and ensure their safety.

Our observations indicated that sufficient staff were deployed in the service to meet people's needs. Seven permanent members of care staff, two bank staff and the registered manager were included in the staffing rotas.There were two staff on duty for 'shared hours' in each house every day and one staff at weekends. We saw that staff worked across the two houses and that a shift pattern ensured continuous cover to respond to people's needs. Additionally, staff were deployed to meet people's individual requirement for one-to-one support. This support was allocated in 'key hours' during daytime and staff rotas were planned in advance to ensure sufficient staff were deployed.

The registered manager's office was situated in one of the houses. They told us, "Being on site is useful as I am at hand if there any problems and people and staff can just come and visit me to discuss anything of concern". The staff told us, "There are enough of us to cover each person's requirement." There was a vehicle used for the sole purpose of transporting people to their activities or appointments. One person told us, "I know the staff will always turn up when they are due to be there for me."

The registered manager reviewed people's care whenever their needs changed to determine the staffing levels needed, and increased staffing levels accordingly. When a change of circumstances had required additional monitoring, this had been provided. This ensured there were enough staff to meet people's needs.

People's medicines were managed so that they received them safely. The service held a policy for the administration of medicines that was regularly reviewed and current. Staff had received appropriate training and competency checks in the recording, handling, safe keeping, administration and disposal of medicines. People 's needs and their wishes relevant to their medicines were assessed and reviewed. People were able to self-medicate when they had the mental capacity to do so. A person had wished to self-medicate for a few weeks then had changed their mind. Staff had respected their wish and had resumed the monitoring of their medicines.

When people had requested it, staff oversaw that they took their medicines on time and at the prescribed dosage. Staff supported people with the re-ordering of their medicines. Some people preferred to keep their medicines in their home and any risk associated with this had been assessed. One person who self-medicated used a pre-packed system that was organised by the local chemists. Other people preferred their medicines to be stored in the registered manager's office and had requested the staff to remind them to take them at the prescribed times. Medicines were kept at the recommended temperature to ensure they remained safe to use. A person told us, " I have medication and the staff give it to me then watch me take it, that is what I want". Staff signed individual Medication Administration Records (MAR) to evidence the medicine had been taken. There were daily, weekly and monthly checks of MARs to ensure that medicines had not been omitted or incorrectly used. This system ensured that people received their medicines safely.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse and they knew how to use the whistle blowing policy should they have any concerns. One member of staff said, "We have good policies on safeguarding, whistle blowing and anti-bullying, and we know who to report to". The registered manager, a trustee appointed by the provider and local authority case managers were identified as the persons to contact and their details were clearly displayed on a poster in the office. This ensured that abuse or suspicion of abuse could be reported without delay to keep people as safe as possible.

We checked staff files to ensure safe recruitment procedures were followed. Recruitment procedures

Good

Is the service safe?

included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with adults. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a six months' probation period before they became permanent members of staff. Disciplinary procedures were in place if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks and appropriate guidance for staff. For example, risk assessments had been carried out for a person who liked to cook their food in a particular way. Control measures included health and safety checks, fire awareness training, a pictorial reminder in their kitchen area and regular verbal reminders from staff. Other individual risk assessments included risks relating to getting sun burnt, crossing the road, cooking, experiencing seizures and keeping medicines in their home. Staff followed the relevant guidance that was provided in the risk assessments and the control measures were followed in practice to keep people safe.

Accidents and incidents were recorded and monitored daily by the manager. Action was taken to reduce the risks of recurrence. For example when an incident that had involved two people had occurred, this had been reported to their local authority case managers and their care plans had been reviewed to ensure any hazards that had been identified were reduced. There were regular health and safety meetings attended by the provider, the registered manager and senior care worker, to discuss each person's welfare and safety.

The registered manager liaised with the landlord who ensured that the premises were secure for people to live in. Fire drills were practised every three months and all fire protection equipment was regularly serviced and maintained. First aid kits were checked regularly and replenished when necessary. People had personal evacuation plans and staff were aware of each person's needs in case of emergencies. This included a fire alarm, fire extinguishers, heat, smoke and fire detectors throughout the premises. All staff were trained in first aid and fire awareness. Staff had responded promptly and appropriately when a smoke detector had been triggered in a person's home.

Access to the premises was secured with a system to identify unexpected or unwelcome callers at the front doors. This included a camera screen where people could see the caller and trigger an alert if they were worried. People also had access to an alert system linked to their phone lines, which enabled them to converse with a security call centre if they had any problems. All people had their own front door and bedroom keys.

The provider had an appropriate business contingency plan specific to the service that addressed possible emergencies such as extreme weather, infectious disease, damage to the premises, loss of utilities and computerised data.

When people has expressed their wishes regarding resuscitation, staff were aware of where to locate the relevant document in case of emergency. Three team leaders and the registered manager took turn to respond to people's out of hours enquiries and people were aware of their contact details. This system ensured that people were able to access advice or guidance without delay.

Good

Is the service effective?

Our findings

Staff provided support effectively to people and followed specific instructions in their care plans to meet their individual needs. People told us, "The staff help me with lots of things I need help with, like my bank statements, checking the dates of food in the fridge, fix my TV so I can watch programmes", "The staff don't cook for us, we do it, they just help us", "They take me where I want to go, like when I want to go swimming or go to town and see my friends", "I do my own shopping list but the staff check if I already have something on the shopping list and they tell me."

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. The registered manager was knowledgeable about the new Care Certificate which sets standards for the induction of health care support workers and adult social care workers. New recruits were due to follow this new induction process.

Records showed that all essential training was provided annually, was current and that staff had the opportunity to receive further training specific to the needs of the people they supported. This included training about dementia awareness, epilepsy, autism and Asperger's and managing behaviours that challenge. Two members of staff had requested training on report writing and risk assessment and this had been provided. Another staff member had requested training on how to promote mobility for people with visual impairment and the registered manager was researching available courses. Staff told us that due to their training they felt confident to deliver the support people needed. We observed staff putting their training into practice by the way they supported people and communicated with them.

Staff were supported to gain qualifications in health and social care while working in the service. Three members of staff had studied and gained diplomas in health and social care at level two and three. Another member of staff was considering furthering their studies to achieve a higher level.

All members of care staff received one to one supervision sessions every two months. One member of staff said, "These meetings are very useful, this is the time that is just for me and I can discuss anything at all". All staff were scheduled for an annual appraisal to appraise their performance. This ensured that staff were supported to carry out their roles effectively.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and a team leader who acted as deputy manager. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. All staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. A system was in place to assess people's mental capacity for decisions relating to their routine, for example about dietary lifestyle or management of finances. Such assessments were followed by best interest meetings to make decisions on people's behalf when appropriate. The registered manager told us, "There is a fine line between respecting people's independence and right to make their own decisions, and keeping them as safe as possible but we manage this quite well". A local authority case manager told us, "The staff respect people's decisions and manage to reach compromises that everyone agrees with."

Staff sought and obtained people's consent before they helped them. One person told us, They don't help when I don't want their help but they help me when I say so." People's refusals were recorded and respected. Staff checked with people whether they had changed their mind and respected their wishes. A member of staff told us, "Everything we do is absolutely subject to the tenants' consent."

People's needs were assessed, recorded and communicated to staff effectively. There were handovers and a communication book to ensure information about people's support was communicated effectively between shifts. All the staff we spoke with were knowledgeable of the specific needs of people and communicated well with them. They told us, "This is a small service and we get to know each person as if they were a member of our own family." People knew each member of staff by name and were able to recall several interactions which indicated good two way-communication. They told us, "I make them laugh and sometimes they make me laugh" and, "We laugh about things that happen on the radio and TV." People used an interactive television in the lounge.

Good

Is the service effective?

Specific communication methods were used by staff. For example, a person who was unable to read the time was shown pictures to help them identify specific times of day. Staff made sure they were positioned at eye level when they spoke with a person who had a hearing impairment. Fluorescent stickers were placed on the cooker to help people use it. Specialised equipment was placed by their bed and outside their door to alert them of emergencies such as a fire alarm. People were given time to express themselves. A person had communicated their feelings of frustration to staff regarding employment. We observed a member of staff spending time with this person to actively listen to them, empathise and explore their options with them. This meant people's voice was heard effectively.

All information that was provided to people included a pictorial format This information was personalised for each tenant and included support plans, reviews, activities, satisfaction questionnaires, chores and menus. There were 'My circle of support' diagrams that contained photographs or drawings of individuals who were important to them. This ensured people were informed in a way that was clear easy to understandable.

There was a shared kitchen in each premises and each person prepared and ate their own choice of meals at their preferred times. People labelled and stored their food, drinks and cleaning products in separate areas. Staff helped people with their shopping lists or during the planning of their menus when people requested it. A person ordered their food on the internet. They offered guidance appropriately, for example reminding people about their specific food intolerance or about selecting healthy food when they intended to reduce their weight and improve their health. A person told us, "I use the microwave a lot because I like the microwaved meals but if I want to cook from scratch I do it; and if I need the staff to help me with that they would help me and we do it together." Friends were invited by people to come over and stay for dinner. A person who looked forward to their evening meal told us, "My girlfriend is coming over tonight with one of my friends and dinner is chicken, vegetables and stir fry vegetables."

People were involved in the regular monitoring of their health. People were registered with their own G.P., dentist and optician. People were assisted by staff when they needed to be reminded about appointments with health care professionals or when they wished to be accompanied. For example, a person needed regular checks at their G.P. surgery and they were reminded a few days before so they took account of this when planning their activities. Another person had been accompanied by staff and one relative to their dentist at their request. People had the option of a yearly check-up with their G.P. or at specialised clinics, and of yearly vaccinations against influenza. When staff had concerns about people's health this was reported to the registered manager, documented and acted upon. A person who felt unwell had been referred to their G.P. with their consent for a review of their medicines. Another person had been referred to a consultant following a seizure. People took a booklet with them where the G.P. or other healthcare professionals wrote the outcome of their consultation with people. People shared this information with the staff if they chose to. This ensured the delivery of people's care and support responded to their health needs and wishes.

Outstanding ☆

Is the service caring?

Our findings

All the people we spoke with told us they were consistently satisfied with the way staff supported them. They told us, "They help us getting more independent", "Sometimes they give me a 'high five', like when I have managed to do what we agreed", "They are more than great", "They are very kind; they have lots of sense of humour, nice to have a laugh and a joke." Relatives we spoke with described how the staff's positive attitude had promoted people's development of skills and independence. Four relatives told us, "The staff are exceptional; they go the extra mile and go beyond the call of duty", "The staff are amazing, their approach is exceptional", "This service is truly excellent, nothing is too much trouble for the staff and [family member] is as happy as they can be" and, "We are confident this is the ideal place for [family member] to get the right support and develop independence skills." A local authority case manager who oversaw people's care in the service commented, "The staff approach is person-centred; people who live here have a clear sense of identity and are free to make choices over their lives; the staff are exceptional in regard to promoting people's independence."

Positive caring relationships were developed with people. One person said, "The staff ? They are my friends". We observed staff interacting with people with kindness, respect and sensitivity. A person who experienced bereavement had been supported by staff with the building of a remembrance garden area to commemorate their loved ones. This showed that staff were attentive to people's psychological and spiritual wellbeing.

Staff told us they valued the people and spent time talking with them while they provided support. One member of staff described their approach as "Empowering" and told us, "We value the tenants and treat them like adults not like children and our role is to assist them doing what they want to do, be who they are or want to be, and guide them as they acquire new skills."

Staff were made aware of people's likes and dislikes to ensure the support they provided was informed by people's preferences. People's support plans included their preferences about daily routine, activities, social outings, music, food, security and the goals people wanted to achieve. Staff were aware of one person's dislike of noise and of their preference to spend quiet time in their home. Another person disliked vegetables and staff were mindful of this when they monitored what food they had ordered. Another person liked their hair dressed in a certain way and requested staff help with this task. Staff were aware of each person's likes and dislikes and respected these in practice.

The staff used creative ways to make sure that people had inclusive methods of communication. For example, when people participated in the reviews of their support, they were provided with a 'Stop' sign for them to hold and use. This innovative system ensured people were able to stop other parties speaking over them and were able to have their say without interruption. The staff told us, "With this method, the tenants are empowered and they retain control of the conversation, they are in charge and if they wish to change a subject, they hold the sign up and all parties stop and pay attention. This is agreed before we start." This ensured people felt empowered, valued and respected.

Clear information was provided to people about the service, in a format that was suitable for people's needs. This included information about support plans, responsibilities, timetable and activities, staffing, transport, and how to complain. Individual menus and allocations of chores were displayed on a notice board in a shared area. People added information of their choice to the notice board. All information that was provided, including satisfaction questionnaires, people's support plans and risk assessments, was available in both standard and pictorial format. There was an updated website about the service that was informative, up to date and easy to use. Staff photographs and their titles were displayed in the entrance of the premises so that people and visitors knew who they communicated with. One relative told us, "All the information that is provided is very clear". We observed how staff explained and presented several options to a person when they felt frustrated and angry about a particular situation in the community. The staff emphasised to them the importance of remaining positive and hopeful. As a result, the person felt cared for and that they mattered. The person told us, "It is good to talk with them, I am not angry anymore, they are right, I am not going to give up".

People were involved in the initial planning of their support before they used the service. They actively participated in the monthly and annual reviews of their support plan which were also updated whenever they wished. For example, when they chose to start a new activity or had

Is the service caring?

changed their mind about the support they wished to have. Relatives were invited to take part in the reviews when people consented to this. People were encouraged to develop their assertiveness by staff. One member of staff said, "The tenants are valued and important and need to feel as such so they can be confident and take charge". This involvement ensured that the support provided remained appropriate to people's needs and requirements.

The service had information about advocacy services that they could share with peoole and followed guidance that was provided by the local authority. An independent mental health advocate had been used appropriately during a meeting where risks and a person's best interest had been discussed. An advocate can help people express their views when no one else is available to assist them.

People's privacy was respected and people were supported in a way that respected their dignity. The staff had received training in respecting people's privacy, dignity and confidentiality. People described to us how staff effectively ensured that their privacy was respected. They told us, "They always knock they don't just come in" and, "The staff are like our guests, they don't barge in". Staff remained out of people's private and shared areas. Staff told us, "The boundaries are clear, we only enter people's rooms or go in the kitchen or lounge, when we are invited: this is their domain not ours". The registered manager told us that if a person needed to access a person's room for any repairs or maintenance, this was arranged and agreed in advance with individuals.

The service held updated policies on confidentiality, privacy and dignity, sexuality, social media, data protection and photographic images. Staff were reminded of the importance of protecting people's information at team meetings. Confidentiality and diversity had been discussed at staff meetings and also at tenants' meetings. One person was asked how they felt someone 'different' should be treated, they had replied, "They are to be treated with respect". People attended a 'Faith and Friendship' club to meet their religious or spiritual needs when they chose to do so.

People were at the heart of the service and their independence was actively promoted. People had access to the internet and a phone landline in their rooms. People shopped and cooked their own food, processed their laundry, purchased what they chose and maintained their environment. They held keys to the front doors and to their bedrooms. People chose what they wanted to wear, what they wanted to do, and where they wanted to go. They came and went as they pleased, and followed a wide range of activities programme which they had devised. Their chosen activities included socialising in local and neighbouring communities . This entailed using public transport autonomously and staff assisted with transport when public transport presented difficulties or was unavailable. This support aimed to assist people in developing and maintaining independent living skills.

Support plans and observations showed that staff promoted people's independence and encouraged people to do as much as possible for themselves and reach their chosen goals. One person had expressed the wish to go to America and they had been accompanied by a member of staff to ensure their safety and continuity of support. Another person wanted to study and they were supported to attend a local college course. Staff told us, "We do not do anything on their behalf, they do it for themselves and when they need that little bit of extra support we encourage them, prompt them when necessary and offer some guidance to make sure they can develop their skills". A relative told us, "Our family member has simply flourished, she has achieved independence beyond our dreams, we did not know this level of independence could be achieved, the staff have encouraged her to stretch her capabilities". The registered manager told us, "We revel in each tenant's success, each achievement big or small is a cause of pride for them and for us".

People were able to form close relationships and invited friends or partners over when they wished. Staff were mindful of balancing people's freedom and their need for protection when appropriate. For example staff ensured that people made informed decisions about their sexuality. The registered manager had advocated on people's behalf to represent people's views and promote their rights when people had requested assistance with such decisions. The registered manager told us, "We look at the whole person and respect their independence and people manage this within safe and agreed boundaries". This approach meant that people's support focused on people's freedom of choice and that they were encouraged to make their own independent decisions.

Good

Is the service responsive?

Our findings

People received support that was responsive to their individual needs. People smiled when they told us about all the activities they had chosen to take part in. They told us, "I do so many things my head is spinning just saying them", "I have made new friends" and "I tell them [the staff] what it is when I have to complain and they put it right."

The registered manager and the senior team leader carried out people's needs and risk assessments before people came to live in the service. This included needs relevant to their health, communication, likes and dislikes and social activities. The staff were made aware of these assessments to ensure they were knowledgeable about people's particular needs before they provided care and support. Within three days, these assessments were developed into individualised care plans with people's participation. One person had considered coming to live in the service. Their needs and requirements had been assessed in their home and they had been invited them to come and stay a weekend and meet with all the other tenants in the house.

People's care was planned taking account of their preferences and what was important to them, such as the goals they wished to achieve. Care plans were developed with people's full involvement and included their specific requests about how they wished to have their care and support provided. The care plans included clear details of the help people required to keep them safe, to communicate, to eat well and take care of themselves, to become more independent and to make them 'happy'. A person had expressed the wish to go to a concert to see their favourite singer perform in London and a member of staff had accompanied them. Another person wished to go to America and had been escorted by a member of staff. A person had wished to perform in an 'X Factor' audition and this had been facilitated. At a review of their care and support plan, a person had requested to work in a London Zoo for one day, and the staff had ensured this wish had been fulfilled.

People's views were sought and acted upon. Staff enquired about people's satisfaction about their care and support at each review of their support plan. Additional annual questionnaires were provided to people, that sought their views on the service's delivery of support. They were provided in a pictorial form and people completed the forms themselves, or they dictated their answers to staff and signed them. One survey had highlighted a person's anxiety about a particular routine at night. The manager had taken responsive action that had resolved the person's anxiety.

Further survey questionnaires about the overall quality of the service were sent annually to the staff, people's relatives and stakeholders such as health care professionals and case managers from the local authority. The last surveys had been carried out in January 2015. All the comments that had been collected were positive. Comments from healthcare professionals included, "Brilliant service, excellent support team", "Works well in collaboration with the local authority." Staff had suggested improvements to the service, such as a more effective way to help people with the taking of their medicines, and a new checklist for useful tips when lone working. These suggestions had been responded to and implemented.

Tenants meetings were held monthly where people expressed their views about the service the staff and their environment. At the last meeting, the tenants had requested new garden furniture and for a garden fence to be taken down. This had been carried out by the provider. A person told us, "We say what we want and it gets done, or they explain why it can't be done". This meant that people's voices were heard and responded to appropriately.

People's individual assessments and care plans were reviewed six weeks after they had moved in, and every three months afterwards. They were updated appropriately when their needs had changed. People or their legal representatives were involved with these reviews and were informed in advance when the reviews were scheduled. This ensured people were able to think in advance about any changes they may wish to implement.

People's care was reviewed when changes occurred in people's needs. For example, a person's support plan and risk assessment had been reviewed and updated following a slip in their home that had resulted in an injury. This had led to staff undertaking an additional cleaning schedule of a particular area in the person's home to reduce the risk of slips re-occurring. Updates concerning people's welfare were appropriately and promptly communicated to staff. This showed that people's care plans were updated and people's health needs were met in practice responding to their changing needs.

Good

Is the service responsive?

People were offered choice and options. They were able to choose which agency provided their care and which care worker to provide their care and support. They had a choice about how and when their support was provided and their wish was respected.

The provider had a complaints policy and procedure that had been updated in January 2015. People were aware of the complaint procedures to follow. One person told us they had complained to the manager of the service. Their complaint had been appropriately addressed , documented and resolved satisfactorily.

People followed an activities programme that was extensive and tailored to their individual requirements. The registered manager told us, “We present options about activities although we take the tenants’ lead and they decide what they want to do, and they sometimes change their mind”. A person had tried several day centres before they had decided which one was best suited to their needs. People’s hobbies and interests were accommodated and people went out swimming, gardening and farming, dancing and socialising with friends.

The service promoted people’s engagement and social inclusion with their community. People were encouraged to participate in writing a newsletter published by the provider. They were involved in the collection of clothing to assist an orphanage abroad, and participated in Comic Relief which raised funds for charities. Some people had joined an internet site that specialised in getting people with learning disabilities to meet and socialise. People participated in numerous outings throughout the year, individually or in a group when they wished to do so. A trip to a local castle to attend an open air cinema was scheduled for people who wanted to go. People had attended a ‘fun, creative and musical meet up’ for people with learning disabilities, their families and supporters in March 2015. Staff escorted people when necessary and when this had been agreed by people. For example, the tenants had expressed the wish to spend their annual holiday together and staff had accompanied them to a holiday camp. One person told us, “I can’t wait to go again”.

Good

Is the service well-led?

Our findings

Our discussions with people, their relatives, the registered manager and staff showed us that there was an open and positive culture that focussed on people. People knew the registered manager and the staff by name. They told us, "I know the manager, I like her, I can go to her when I want" and, "I like the manager, I like all the staff, I like it here". Staff told us, "The manager addresses everything head on", "We could not ask for a better manager", "The manager is brilliant, we have a great communication going and she listens to everything we have to say", and "The manager is a great manager, she values the staff." A local authority case manager who oversaw people's care in the service told us, "This is a well managed service, the manager is pro-active and on top of things."

There was an 'open door' policy where people and members of staff were welcome to come into the office to speak with the registered manager at any time and we saw that they did this several times during the day. Members of staff confirmed that they had confidence in the management. Staff were encouraged to make suggestions about how to improve the service and these were acted on. Staff told us, "We suggested a couple of improvement and this was done". The registered manager showed us the improvements that had been carried out as a result.

Staff had easy access to the provider's policies and procedures that had been reviewed and updated in December 2014 and January 2015. The provider had commissioned a service that ensured all policies were updated according to new legislation that could affect the service. All staff had been informed when updates had taken place and they signed to evidence that they were aware of the updates. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people.

The registered manager held team meetings and another one to one meeting with the provider every two months. They told us, "We bounce ideas and brain storm with each other; we have a strong team and a common goal, to empower the tenants and keep them safe, happy and stimulated". At the last team meeting, the registered manager had presented fictitious scenarios about health and social care to the staff in order to invite their discussion and check their knowledge. The registered manager was included in 'key hours' rotas. They told us, "That way I am also a part of the team 'on the floor' and can relate to the staff's experiences; this also gives me the opportunity to check staff practice".

A system of quality assurance checks was in place and implemented. The registered manager checked and analysed incidents and accidents logs, staff rotas, a staff communication book, complaints and MARs on a daily basis. Weekly audits of people's finances, MARs, repairs and maintenance and mental capacity assessments were carried out. Annual audits included checks of the service's policies, satisfaction surveys, staff training, tenants and staff meetings, staff supervision, health and safety and all documentation contained in to people's files. There was an ongoing checking system that ensured all support plans and reviews were appropriately updated and documented. When shortfalls were identified as a result of these audit checks, the registered manager had implemented changes in the service. For example, an audit of incidents had highlighted a need for a transport procedure to be altered for one person. This had been carried out without delay.

The registered manager spoke to us about their philosophy of care for the service. They told us, "We want to continuously improve and become outstanding at what we do.; our aim is empower people to live their lives as they want to do it, be listened to and valued, and be as independent as they can safely be. There is a fine line between enablement and protection and we must retain trust in people's abilities: we are merely a service that acts on people's behalf, that delivers support as agreed with them, they are the primary decision makers".

The registered manager notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept people's families involved in decisions concerning their family members' safety and welfare.

There was honesty and transparency from staff and management when mistakes occurred. For example an error in the administration of a medicine had been acknowledged without delay and guidance had been sought without delay and followed by staff. The registered manager said, "We identify why and how any mistakes happened, and learn from this to improve our service".

Good

Is the service well-led?

People's records were kept securely. People held copies of their updated support plans in their bedrooms. Archived records were labelled, dated and stored in a dedicated space. They were kept for the length of time according to requirements and were disposed of safely. All computerised data was password protected to ensure only authorised staff could access these records. The computerised data was backed-up by external systems to ensure vital information about people could be retrieved promptly.