

# Lifetime Opportunities Ltd

## 4 Shanter Close

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

We carried out an announced inspection of 4 Shanter Close on 13 and 14 October 2016. We gave the service 48 hours' notice of our intention to carry out the inspection. This was because the location is a small service and we needed to be sure someone would be present in the office to participate in the inspection.

4 Shanter Close is registered to provide personal care and support to people living in the community. The service specialised in providing flexible support to people with learning disabilities and autism who were living in two houses in Halifax. At the time of the inspection nine people were using the service.

At the time of our inspection visit the service was not being managed by a registered manager. The previous registered manager notified us of this change two weeks prior to our visit. 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. There was an acting manager in charge of the service; the acting manager had forwarded an application to register with the Care Quality Commission (CQC).

We last inspected the service on 24 January 2014 and found it was meeting all legal requirements.

All people spoken with told us staff were kind to them. People and their relatives indicated that they were very happy with the care and support provided and consistently described staff as going above and beyond their duty of care. People's relatives told us the management and staff were extremely approachable, patient, available and willing to listen.

People were encouraged and supported to remain as independent as possible. Detailed and thorough risk assessments had been carried out to ensure their safety whilst enabling them to maintain their independence and lead interesting and fulfilled lives. We saw examples where photographs had been taken of actual equipment to help people and staff understand the risks involved in specific activities such as moving people.

The manager and staff had a high level of understanding of the need to make sure people were safe and were clear about what to do if they witnessed or suspected any abuse. We saw concerns had been reported promptly and appropriately. The recruitment process was robust and people were given the opportunity to be involved where possible.

There were always sufficient numbers of staff to ensure people's individual needs and wishes were fully met. Staffing arrangements were flexible and people could accrue staff time to enable a member of staff to accompany them on specific events. People were supported by a consistent team of support staff. Staff told us they had sufficient time to support people on outings, holidays and activities and also time to support people who chose to stay at home.

Staff were creative in the way they communicated with people and used different methods such as scrapbooks, photo boards, picture planning, key words and iPads. This ensured people could express their views and were consulted about decisions and choices. It also helped staff to understand and respond appropriately if people were sad, happy or in pain.

There were safe arrangements in place to support people with their medication. We found good examples of how people's health needs were pro-actively met and any changes in health were managed well. The service had good links with other agencies to ensure people received consistent, prompt and appropriate care and support.

Staff received a wide range of relevant and up to date training and induction and they told us the management team were always available for support and advice. They were motivated and passionate about providing exceptional care and support and achieving the best possible outcomes for people. Staff were very positive about working for the service and understood their responsibilities and the values of the service. Relatives felt the staff were highly trained, experienced and knowledgeable.

The manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and were dedicated in their approach to supporting people to make informed decisions about their care and making sure people's human and legal rights were respected.

We observed staff had an excellent rapport with the people and we observed the positive interactions that took place. Staff spoke warmly and compassionately about the people they supported and treated people with kindness, care and respect. We observed people laughing and smiling and enjoying the attentions of staff. This showed they were comfortable and felt safe with staff.

Staff provided people with outstanding support which had a significant effect on enhancing their independence, confidence, self-worth and wellbeing. People were promoted to live full and active lives and were supported to go out and use local services and facilities. Staff were thoughtful about the choice of activities based on the person's previous experiences and reactions. Staff spent time getting to know people and ensured activities were meaningful and reflected their interests and individual hobbies.

New people coming into the home were introduced gradually. They would visit the home and meet with support staff and with other people who lived there. One person had been sent electronic photographs of their bedroom, the house and the support staff to help with the transition process. Care and consideration had been taken to replicate their bedroom as far as possible to help them with the move.

Staff used creative methods to enable people to have a varied, interesting, healthy and nutritious diet. We found good examples of how staff had supported people with the management of healthy eating. Staff used picture menus and showed people different drinks and meals to choose from. People's cultural and dietary needs were taken into consideration when planning and preparing meals. People's dietary needs were monitored as appropriate and staff sought prompt professional advice in line with people's needs.

People and where appropriate, their relatives were fully involved in identifying their needs and how they liked to be supported. People's preferences were sought and respected throughout the whole care planning process. We saw people had a comprehensive person centred plan which they reviewed with staff support at regular intervals. Relatives told us staff provided consistent personalised care and support and said staff involved them in their family member's lives at every opportunity and they felt part of an extended family.

The management team had a positive attitude to complaints and saw them as an opportunity to improve.

People were actively encouraged to express their views on the service and voice any concerns. Relatives told us they were very confident any concerns would be quickly dealt with to their satisfaction.

Relatives told us the management team and staff placed people at the heart of the service. People, their relatives and staff thought the service was 'organised' and 'well managed'. People's views were sought about the service; results from the recent survey showed a very high satisfaction with the service.

The management team had signed up to a number of accredited schemes and had very good links with other agencies to continuously drive improvement in the service. This demonstrated how the manager continually strove to improve all aspects of the service.

There was an effective and thorough quality assurance system in place. We found regular quality audits and checks were completed to ensure improvements were continually recognised and the necessary action was taken to implement any changes. People using the service, their relatives and all staff were actively encouraged to contribute to the evaluation of the service and make recommendations for improvement.

## 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.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training.

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice. People felt safe and comfortable with staff and the service participated in an innovative safety scheme within the local town.

Risks to people's health and well-being were assessed. All the risk assessments were very thorough and respected people's rights to freedom and independence.

The service operated a robust procedure for the recruitment of staff and was clear about the values and qualities new staff would need. People were involved in the interview and selection process where possible.

There were always sufficient staff available to fully meet people's needs. The staffing arrangements were very flexible and enabled people to have staffing support for special events and activities.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs. Staff were well supported by the management team.

The manager and staff were fully aware of the principles of the Mental Capacity Act 2005 and people were placed at the centre of their care.

People were supported to maintain their health and wellbeing and eat a healthy diet. The manager and staff had good links with social and healthcare professionals and worked in partnership with other organisations to continuously improve

and develop care.

People received care and support that was based on their needs and wishes which promoted their wellbeing and encouraged them to enjoy a very stimulating and meaningful life.

### Is the service caring?

Good 

The service was caring.

We observed positive interactions from staff and people's enjoyment in response to this. Relatives were very pleased with the care and support their family member received.

Staff were consistently described as very caring and as going above and beyond their duty of care. They had an very good appreciation of people's needs and wishes and respected their rights to privacy, dignity and independence.

Staff supported people with their communication needs and ensured they could express their views and were consulted about decisions and choices.

Staff spent time with their key member of staff on a one to one basis. This helped them develop meaningful relationships, increase their knowledge of the person and share social and leisure time together.

The management team promoted a strong person centred culture which ensured people were listened to.

### Is the service responsive?

Outstanding 

The service was very responsive.

People received flexible, individualised and personalised care which had been discussed and planned with them or their relatives. Staff had a thorough understanding of how people wanted to be supported.

People were enabled by staff to be involved in identifying their choices and preferences and were supported to live as full a life as possible. People's views were encouraged, listened to and acted upon by staff.

Staff used creative and individual ways of involving people so that they were consulted, listened to and valued.

People participated in a wide range of social activities that met

people's individual needs and preferences.

**Is the service well-led?**

**Good** ●

The service was well led.

The management team worked together to provide clear and effective leadership. Lines of communication between the management team, staff, people and relatives were strong and clear. This ensured everyone was fully involved in developing and improving the service.

Staff were highly motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care. Any issues found were quickly acted upon.

The management and staff team worked in partnership with other organisations at a local and national level to make sure they were following up to the minute practice and providing a high quality service.

# 4 Shanter Close

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 13 and 14 October 2016. We gave the acting manager 48 hours' notice of our intention to inspect the service to ensure they were available at the time of the visit. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. A notification is information about important events which the service is required to send us by law.

The provider sent us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to inform the planning of the inspection and as evidence for the report.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service. We visited the office and spoke with the provider, the acting manager and administrative staff. We visited both houses and met with five people being supported in their own homes, three support staff and with one social care professional. Following the inspection visit we spoke with five family members on the telephone.

We looked at a sample of records including three people's care and support plans and other associated documentation, three staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and quality assurance audits. We also looked at the results from the last customer satisfaction survey.

# Is the service safe?

## Our findings

All people spoken with told us staff were kind to them. One person said, "It's nice here; it's good and staff are nice to me." When we asked relatives if they felt their family members were safe within the service the response was very positive and they expressed a high level of satisfaction with the service. Comments included, "I am confident [family member] is safe and very well looked after. Staff are brilliant" and "[Family member] is really, really looked after and cared for. I am happy and [family member] is safe."

During the inspection visits we observed people were treated kindly and they were comfortable and relaxed around staff. We observed that staff interaction with people was friendly and encouraging.

We discussed safeguarding procedures with staff. Safeguarding procedures direct staff on the actions they should take in the event of any allegation or suspicion of abuse. The manager and staff had a high level of understanding of the need to make sure people were safe and were clear about what to do if they witnessed or suspected any abuse. They told us they would have no hesitation in reporting any concerns they may have. There were policies and procedures in place for staff reference on safeguarding people including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Staff told us they had completed training in safeguarding vulnerable adults and this was verified in their training records.

People had access to easy read safeguarding procedures which staff used to help determine whether people were happy or sad. The procedures included pictures and the telephone contact details for relevant agencies such as the police and social services. There was also a detailed policy and procedure for staff which included a flowchart of the safeguarding process and a copy of the Multi-Agency Safeguarding Procedure. We could see from the records that previous safeguarding alerts had been raised and recorded appropriately.

The service was involved in a community project called the "Safe Place Scheme." This was a scheme designed to keep people safe in busy public areas. People were given an e card which included their photograph and address which they could show to people in designated local buildings if they were lost, needed help or were in distress.

We looked at the way the service managed risks. Risk assessments were in place, were clearly documented and provided staff with good guidance on how to manage any identified risk. The manager and staff were fully committed to maintaining people's independence whilst at the same time managing any risks to their health, safety and well-being. The assessments focussed on the risks associated with people's personal care and daily activities and considered the risks posed to people inside and outside of their environment. On one person's support plan we noted risk assessments included photographs of the equipment needed to move people safely and how the person should be positioned. This made the assessment much more meaningful to the person and the staff.

Where necessary, behaviour support and physical intervention plans had been developed to provide staff with proactive strategies to manage any behaviour which challenged others and the service. Staff had

received training and advice from NHS Learning Disability Behaviour support staff to ensure they had the guidance and support they needed to provide safe care. There was good evidence that staff supported people to understand and reflect on the negative impact their behaviours had on themselves and on others and that for one person this had reduced the number of incidents. One relative said, "Staff deal with [family members] behaviour. We have gone through the behaviour plan together so that we are consistent."

Supporting documentation was in place such as behaviour records, food and fluid charts and positional changes charts. These were regularly checked by the manager which meant there was continuing oversight on risk management.

Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, water temperature monitoring, and fire equipment and fire alarm testing. Records showed equipment was safe and had been serviced. People had a personal emergency evacuation plan which recorded information about their mobility and responsiveness in the event of a fire alarm. There were contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. Training had been given to staff to deal with emergencies and to support them with the safe movement of people. The service employed the services of a health and safety consultant in order to identify and minimise any risks to people.

There was a key code access to leave each of the houses and visitors were asked to sign in and out of the premises. This helped keep people safe from unwanted visitors.

There were systems in place to inform the office of any accidents or incidents. The manager viewed all accident and incident forms, so they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. We saw completed accident and incident records during the inspection and an overall log which identified any action taken by the staff team.

The staffing levels were determined by the number of hours commissioned by the local authority and by the level of people's care and support needs. Detailed records of hours used were monitored by the manager each month to determine there were sufficient staff numbers available. The records were shared with the local authority and maintained for audit purposes.

We looked at how the home was being staffed to make sure there were enough staff on duty to support people. Some people were highly dependent and needed a lot of staff support. We looked at staff rotas. We saw there were sufficient suitably trained and experienced staff allocated to each of the houses and to the people living there. There were enough staff available to flexibly provide the level of support, individual attention and activities people needed and to keep them safe and as active as possible. Records showed people were supported by a consistent group of support staff called 'key workers'. Relatives were pleased with the staffing levels provided for their family members.

Staff considered there were enough support staff to provide support and this was flexible in line with people's needs, preferences and individual contractual arrangements. Any shortfalls due to leave or sickness were covered by existing staff or more recently by agency staff who were familiar with people's needs; this ensured people were supported by staff who knew them. There was an on-call system in place which meant a member of the management team could always be contacted for support and advice.

We looked at staff recruitment records. We found a number of checks had been completed before staff began working for the service. These included the receipt of a full employment history, written references, a medical health check, an identification check and a Disclosure and Barring Service (DBS) check. The DBS

carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held and a record of the interview and the applicant's responses had been maintained. This helped to show a fair selection process had been used. We noted some agency care staff were being used to cover shifts. The home had received confirmation from the agency that they were fit and safe to work in the home and had also conducted their own checks.

Staff spoken with confirmed the appropriate recruitment checks had been carried out prior to them commencing employment. Staff received job descriptions and contracts of employment. People were involved in the recruitment and selection process and had provided a list of questions that could be asked at the interview on their behalf. Questions included, 'Would you sit with me in a thunderstorm?' and 'How would you keep me safe in a night club?' People were also able to meet and greet any applicants and would be asked for their opinion.

We looked at how the service managed people's medicines. We found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. We noted people's medicines were given at the correct time and in the correct manner with encouragement as needed. Support staff who were responsible for the safe management of people's medicines had received appropriate training and detailed policies and procedures were available for them to refer to. Checks on their practice had been undertaken.

The Medication Administration Records (MAR) charts we looked at were accurate and up to date. Twice daily checks on the numbers of available medicines had been recorded and there were records to support 'carried forward' amounts which would help monitor whether medicines were being given properly. Medicines were clearly labelled and codes had been used for non-administration of regular medicines.

Appropriate arrangements were in place for the management of controlled drugs which were medicines which may be at risk of misuse. Controlled drugs were administered, stored and disposed of appropriately and recorded in a separate register.

People's medicines were reviewed by their GP which ensured they were receiving the appropriate treatment. Regular audits of medicine management were being carried out which helped reduce the risk of any errors going unnoticed and enabled staff to take the necessary action. People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service.

Where people were unable to verbalise they were in pain staff took into account their body language and facial expressions and other non-verbal signs to convey pain. This helped to determine whether people needed pain relief and assisted with discussions with the GP and health professionals.

We looked at the arrangements for keeping the houses clean and hygienic. We visited the houses and found them to be clean and odour free. Relatives confirmed the houses were always clean and tidy and people living in the houses were given encouragement and support to maintain this. Infection control policies and procedures were available and were currently under review. All support staff had received infection control training.

# Is the service effective?

## Our findings

We saw that people were happy with the staff who cared for them and with the care they received. One person told us, "The staff help me to do things." Relatives made very positive comments about the staff skills and abilities. They told us they thought the staff were highly trained and knowledgeable. They said, "The staff are very experienced and do the job well", "They are fabulous; they seem to understand what is important to us and to [family member]" and "Staff seem to be well trained and certainly know what they are doing." A social care professional told us, "It is a really good service. We have no concerns about the support people are getting. It's a shame there are not more services like this."

We looked at how the service trained and supported their staff. Records showed staff had high level of skills and knowledge to provide people with effective care and support. From our discussions with staff, from looking at records and from information in the PIR, we found staff received a wide range of appropriate mandatory and specialist training to give them the skills and knowledge to help them look after people properly. Support staff told us, "We have plenty of training; we never seem to stop" and "We can ask for anything to improve our knowledge; we learn about specific conditions before people arrive to make sure we understand and can look after them properly." The training record was electronically managed. This alerted the manager when renewal of training was needed and of further training being provided.

All new staff received thorough induction training when they commenced work with the service. This included an initial induction on the organisation's policies and procedures followed by the provider's mandatory training and elements of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff also shadowed established staff so they could begin to build meaningful relationships with people. All staff were employed on a probationary period of six months during which time their performance was closely monitored and evaluated each month. Records showed that during this probationary period any areas of good practice and training and development needs were considered as well as any areas for improvement.

Staff told us they were well supported by the manager and the management team and received regular individual supervision. We saw the supervision sessions always included discussion about the people they supported, constructive feedback on their performance and any further development and training was considered. This enabled staff to confidently and consistently provide personalised support.

The management team and staff had developed very good links with other useful organisations and networks to help keep up to date with good practice and provide a high quality service. They were members of the British Institute for Learning Disability (BILD) and had achieved accreditation with the local authority as a provider of Supported Living services and with The Social Care Commitment. They continued to develop professional relationships with Skills for Care and explored opportunities to develop the skills and knowledge of the staff team. They were currently working through the Autism Specific Quality Assurance Scheme which was helping them to develop and improve the service and provide them with the skills and knowledge to develop and deliver a bespoke autism specific service for people in their care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The management team expressed a good understanding of the processes relating to MCA and the DoLS and staff had received training which would help ensure people were safe and their best interests were considered. Staff spoken with were confident to put this into practice on a daily basis to help ensure people's human and legal rights were respected. Staff considered people's capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people's best interests. At the time of the inspection DoLS applications had been made in respect of three people to the appropriate authority.

Staff understood the importance of gaining consent from people and the principles of best interests decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed which meant staff knew the level of support they required while making decisions for themselves.

Some people receiving support had limited communication but could relay their consent for example by using body language, gestures, facial expressions and vocal sounds which as a result of a comprehensive assessment and fact find, staff clearly understood. Staff were aware of people's preferred method of communication and used visual aids such as scrapbooks, photo boards, picture planning, key words and iPads to ensure people could express their views and were consulted about decisions and choices. The service also used the Picture Exchange Communication System (PECS) which was an alternative communication method using pictures for people with autism. We were told an electronic communication system had been ordered for one person who was struggling to communicate with picture cards. This showed staff were clear about people's abilities and had taken appropriate action to ensure they were given choices and able to make decisions where possible.

The staff knowledge and use of different communication systems helped staff to understand and respond appropriately if people were sad, happy or in pain. We were told one person did not like any changes being made to their activity planner. Staff told us if changes were unavoidable they would say the word 'change' and show them the planner which would reduce any distress as the person would understand. Another person who had limited verbal communication used their iPad with confidence to communicate with people. Prior to admission staff had sent pictures of the staff team and his bedroom to the person's iPad to help make the transition process easier for him.

People were carefully matched with compatible staff in line with their needs, preferences and interests. The matching process commenced at the point of recruitment and people's interests, routines and preferences were considered. We were told one person reverted to using their own language when they were frustrated or upset and preferred to be supported by male staff. The service had been unable to provide a member of staff who could converse with them in their own language. However, various options were being considered such as recruiting a volunteer from the person's community or using an advocate who could provide them with regular support. Following the inspection we were told the person's relatives were also being consulted

in this matter.

People were supported to access food and drink of their choice and to maintain a balanced healthy diet. Staff used creative methods to enable people to have a varied, interesting and nutritious diet. This included using pictures of menus and of different drinks and meals to choose from. People's cultural and dietary needs were taken into consideration when planning and preparing meals. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake and liaised with healthcare specialists. Referrals had been made in line with people's needs to healthcare professionals such as the Speech and Language Therapist (SALT) and the dietician.

People were involved in planning weekly and daily menus, shopping for food and food preparation. The manager described how in one house, the way in which weekly menus were planned had become more flexible as one person had not felt able to change their menu once a choice had been made.

Each person had a detailed and thorough health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. We noted people were supported to attend all routine screening and healthcare appointments. The manager and staff had very good links with social and healthcare professionals in order to ensure people received a coordinated service.

Each person had a hospital grab pack which was designed to inform healthcare staff about the person's needs, likes, communication methods, behaviours and interests. We saw examples of the grab packs and noted they were completed in detail and kept up to date. In the event of an admission to hospital we were told support staff would accompany people to hospital and stay with them to provide them with support from a familiar face.

Staff described how they had supported one person with a successful and significant weight reduction. The person's lifestyle had greatly improved and they enjoyed a much more fulfilled and active life than was previously possible.

We were told that another person received support and education from health care professionals and staff, on how to manage a long term medical condition. This resulted in the person understanding how poor dietary choices affected their health and behaviours. As a consequence the person was able to recognise signs and symptoms of her condition, make healthy choices and manage her own testing and medication; this has provided the person with a greater independence and self-confidence.

Another person had set themselves a goal in relation to healthy eating but was still tempted to eat non healthy foods. Staff had provided a 'food choices box' which included various treats that could be chosen throughout the week. This had helped him maintain and achieve his goal whilst still enjoying non healthy treats.

Relatives spoken with expressed a high level of satisfaction in how their family members were supported with their healthcare needs. They told us, "[Family members] teeth had been a big issue at night time. We talked to staff about it and they listened to what we thought" and "They rang me straight away after [family member] had a fall. They contacted the GP and did everything they needed to do." Another relative said, "[Family member] takes turns to help prepare the meals. They promote healthy eating and [family member] has lost weight and now maintains a healthy weight."

People lived in their own houses. People showed us their bedrooms. We saw their rooms were decorated

and comfortably furnished in colours of their choice. We saw that one person's bedroom had been decorated to replicate his room at home; this had helped with the transition process. Appropriate aids and adaptations had been provided to help maintain people's safety, independence and comfort.

# Is the service caring?

## Our findings

We observed support staff treating people with kindness and compassion. One person said, "I am happy. I love it." Where people were unable to respond to our questions we observed positive interactions from staff and we saw people's enjoyment in response to this. We observed people laughing and smiling and enjoying the attentions of staff. This showed they were comfortable with and trusted staff.

Relatives were extremely complimentary of the approach taken by staff and consistently described staff as going above and beyond their duty of care when providing support. They told us, "The staff are very caring and considerate", "I think the staff are brilliant; just fabulous. Nothing is too much trouble. We know [family member] is happy" and "I feel part of the family. They are the best in the world." A social care professional also spoke highly of the caring and competent nature of staff. They said, "People receive person centred care and are treated with the up most respect and dignity." Staff told us, "We have a brilliant team, everyone here cares."

People benefited from staff who had a caring approach to their work and were totally committed to providing high quality care. All staff spoken with were enthusiastic about their work and endeavoured to offer kind and compassionate care. Staff told us, "I love my job; it's not like a job as it's like looking after my own family" and "We provide the highest standard of care to the people we support. We promote their independence and choices and help them to live a good life."

During the inspection, we noted the manager and staff had an excellent relationship with people and we were able to observe the positive interactions that took place. Staff spoke warmly about the people they supported and had an in depth knowledge of their needs, personalities, preferences and aspirations. From our discussions, observations and looking at records we found staff understood their role in providing people with person centred care and support.

Staff training included the key principles on people's right to respect, compassion, dignity in care and empowerment. People told us that communication was excellent. People looked well-groomed and cared for and were dressed appropriately and consideration had been given to people's preferences around providing male or female staff support. We observed staff speaking to people in a respectful way, ensuring their understanding of the request and giving people time to understand and reply. Daily records showed staff reported respectfully and with sensitivity on people's experiences around various activities such as with personal care, nutrition, and their social and emotional wellbeing. We observed staff asking permission before entering people's bedrooms and knocking on bathroom doors which respected people's rights to privacy.

We saw there was policy and procedure in place on maintaining confidentiality and there were secure storage systems for all archived records. Staff did not wear uniforms, so people could be provided with care in the community in a discreet and dignified way. Staff spoken with were very conscious of working in people's own homes and ensured they treated people's property and belongings with care and respect.

People were supported in a way which promoted their involvement and independence. Records and observations showed how people were supported to maintain and build their independence skills, as appropriate, both within their own home and in the community. We found examples of people helping with cleaning and laundry tasks and making meals and shopping for themselves and for other people in the house. We observed people leaving the house with their own money. We were told each person had a wallet or purse which they would take with them whilst out of the house; staff would support people's independence by helping them manage their money and support them with making appropriate purchases. People's individuality and choices were respected in areas such as clothing, makeup and hairstyles.

Staff were knowledgeable about people's individual needs, values, backgrounds and personalities and spoke about them in a respectful manner. Staff were familiar with the content of people's support plans. We noted the rotas were organised to ensure people were supported by the same team of staff. Staff told us they were allocated to work in a particular tenancy which helped them get to know people and how best to support them. We found staff to be genuinely interested in the needs and welfare of the people they were supporting. The manager had regular contact with all people who used the service and their relatives. The management team were visible in the service and carried out regular checks to ensure care practice respected and promoted people's rights.

People and their relatives valued their relationships with staff. Staff spent time getting to know people and had a detailed knowledge of people's methods of communication, including those people with complex needs. How people using the service communicated was an essential part of their ongoing assessment. Records indicated what people's different facial expressions and body language meant. This helped staff to recognise when people were in pain, uncomfortable or feeling happy. People also had a communication diary which was shared with relatives when people stayed with them. One relative said, "I know exactly what [family member] has been doing. It keeps me up to date."

People and their relatives were provided with information about the service and a welcome pack which set out the core values of the service. This included an easy read version with photographs and pictures. The commitments outlined what people could expect from the service for example, "No matter how big or small you will always be listened to." People were given information about the houses, relationships, privacy, home visits, routines, cleanliness, meals and shopping. In addition we were told people's cultural differences would be acknowledged and respected, "We celebrate traditions and festivals from all different religions and cultures such as Christmas, Passover and Eid".

People were supported to access advocacy services. Advocates are independent from the service and provide people with support to enable them to make informed decisions. People were given appropriate information about advocacy in the information guide.

# Is the service responsive?

## Our findings

People told us consistent personalised care and support was provided by staff. Relatives spoke highly of the service. They told us the service was responsive to their family members needs and they were happy with the care and support provided by staff. Relatives were extremely complimentary and said staff were 'really nice', 'absolutely brilliant' or 'fabulous'. They said, "[Family member] needs are being met. A support plan is available which we have been involved with and we have also been involved in meetings about [family member's] care", "[Family member] is looked after so well; I am so grateful for everything they do]", "We are very much involved" and "[Family member] has improved so much since coming here."

We were told the service never accepted emergency admissions and all admissions were planned to allow the management team to have the opportunity to fully assess individuals and understand their needs and wishes. Before a person received a service, a comprehensive assessment of needs was carried out to gather information from the person and where appropriate from their relatives and any professionals involved in their care. This involved visiting the person in their current placement to obtain information about their routines and specific care needs and to meet and speak with the person and with the people who were important to them. This information provided details on the person's needs, preferences and aspirations. A package of support was then developed for the person. The manager told us staff would be matched to ensure the person's needs and choices would be met.

One relative described their recent experience of the transition process. They told us how the manager had visited the person in their own home to observe care and support being given both daytime and night time. The manager spoke with school teachers and other people involved in their care and support. This helped ensure that the care and support provided would be consistent and the person's needs would be met in a way that was familiar to them. The person and their relatives visited the house and met with the support staff and people who lived there. The manager said, "We learn about the small details that really matter."

Prior to the visit the manager sent electronic photographs of the house, the person's bedroom and the support staff to help them in preparation for the move. The manager ensured the person's bedroom replicated their old room as far as possible. It was decorated with familiar wall coverings and colours and the furniture was set out in a similar way. The relative said, "It was as near to home as it could be." This was done with care and consideration to help make the move easier for the person.

Following the person's move to the service the relatives were provided with photographs and information about how their family member was settling. The relative told us, "[The manager] sent us regular updates and photographs. She was very honest and told us when [family member] had been sad. We appreciated her honesty and would have been worried if she told us everything was fine all the time." We spoke with another relative who told us, "It was a long transition process which really helped [family member]. Staff were really helpful and supportive which helped us as a family. They helped us with the necessary paperwork. Nothing was too much trouble they took the time that was needed to help us. It went really well and [family member] is settled."

A relative told us the staff were very skilled and had an excellent understanding of their family member's personal and social care needs. They told us their family member had settled well and had regained their confidence since using the service and said, "[Family member] does so many things and enjoys doing them."

Each person had detailed support plans and other related records. The plans fully reflected people's choices and preferences and were underpinned by a series of risk assessments. Records identified people's support needs in all aspects of their lives and provided guidance for staff on how to respond to them. Relatives told us they had been involved in the support planning for their family member. One relative said, "I was reassured that they asked me what I thought and listened to me. I still feel involved. It helped me and it helped [family member] to settle into the house."

People, where possible, were actively involved in planning their own care. We saw that where people were not able to formally participate in planning their care, staff observed and noted their responses to particular events or activities. This helped staff to appropriately respond to people's needs and produce a person centred support plan that would promote people's independence and well being.

We found reviews of people's needs and levels of support were regularly being carried out. People's relatives told us they were aware of the support plans and confirmed they had been involved with them. A relative commented, "I am asked if I want to be at the review; they ask for my advice and ideas." Another person said, "They listen to me."

Staff told us the support plans were useful and said they referred to them during the course of their work. Staff saw the support plans as fundamental in providing good individualised support. We noted there were systems in place to alert the management team of any changes in people's needs. This meant processes were in place to respond to people's needs in a timely manner. Detailed daily records were kept of the care and support delivered and of what went well. This helped staff to monitor and respond to people's wellbeing. We looked at a sample of the records and noted people were referred to in a respectful way.

People were protected from the risk of social isolation and staff recognised the importance of friendship and maintaining relationships with their families. One person told us they visited their family and friends; another person described their recent holiday with their family. Relatives told us, "They have not only supported [family member] but have supported me as well" and "There is lots of family involvement. It is so reassuring for me. They make me feel part of a bigger family."

Each person had a weekly activity planner. Records showed people were supported to participate in and experience a wide range of meaningful activities, in line with their abilities, interests and preferences. Outdoor activities were provided on an individual or small group basis so that each person's likes and needs were met. Staff were thoughtful and creative about the choice of activities based on the person's previous experiences and reactions. Activities included swimming, dining out, day centres, horse riding, family visits, bowling and shopping. Each person had a record of photographs and memorabilia from events and staff would sit and chat about the activities and excursions they had enjoyed. Staff sent regular emails to relatives with pictures of their family member involved in different activities to keep them up to date. One relative told us how much they appreciated this. Another relative told us how they were able to maintain contact with their family member either by regular visits to the home or to the family home.

Some people enjoyed holidays. Staff supported people and their families and voluntarily gave up their own time to enable people to enjoy a variety of holidays. One person told us how they had enjoyed a recent holiday and showed us photographs of the activities they had participated in and the memorabilia they had

brought back with them. Other people showed us their various treasured items. Photographs showed people enjoying various outings and engaged in interesting activities with staff.

Staff told us they attended the local swimming pool with one person. They explained how it had taken weeks for the person to have the confidence to even enter the pool but staff had persevered and provided encouragement and support when needed. Another person enjoyed music and had a small stage built into their bedroom with karaoke and drums. Staff provided people with outstanding support which had a significant effect on enhancing people's independence, confidence, self-worth and wellbeing.

The level of support provided by staff was in accordance with people's needs and individual agreements. Staff spoke positively about supporting people with their interests. One member of staff told us, "I love working with people. It is good to make a difference. We do what people like. We will try anything new." Support was provided flexibly to ensure people had as much choice and control over their lives as possible. Detailed risk assessments had been carried out for all activities so any risks were identified and managed, whilst at the same time not restricting people's freedom.

The service was flexible and responsive to people's needs and preferences and staff used creative ways to enable people to live as full a life as possible. For instance, the local authority allocated each person a number of hours to be used for their care and support; we noted people could save staffing hours from their allocation to be used for special events or additional activities. We were given examples where people had used the saved staffing hours to be accompanied by support staff on outings or on holidays. This meant people could receive support in accordance with their wishes and preferences. Staff were also responsive to people's requests and rotas were altered to accommodate people's needs.

The management team and staff recognised the importance of people being able to observe and practice their religious, personal and cultural beliefs. This was included in the tenants information book which contained useful information about the service and how people could expect to be supported.

The management team told us they had a positive attitude to complaints and saw them as an opportunity to improve. People were actively encouraged to express their views on the service and voice any concerns. People and their families knew who to contact if they needed to raise a concern or make a complaint. There was also an easy read complaints procedure as well as a detailed policy and procedure which set out how any complaints would be investigated and managed. The procedures included the contact numbers of the police, social services, CQC and Voice UK.

We saw there had not been any recent complaints. We were told the staff team worked very closely with people and their families and comments and minor issues were dealt with before they became a concern or complaint. Relatives told us they were very confident any concerns would be quickly dealt with to their satisfaction. One relative said, "I have spoken to staff about various things in the past but they all got sorted." We discussed one person's concerns with the provider and manager and how this had been responded to. We found appropriate action had been taken. People's minor concerns were recorded in the daily records; this made it difficult to determine whether there were recurring problems or whether appropriate action had been taken. Following the inspection the manager introduced a record in each of the houses to help monitor minor concerns more effectively.

The manager had received numerous compliments which had been logged in order to inform best practice in the service. They included, "Thank you for your tremendous support" and "You are all doing the job for the right reasons."

## Is the service well-led?

### Our findings

People told us the management team and staff placed people at the heart of the service. We saw people responding cheerfully and enthusiastically to the manager and staff. Relatives were positive about the service their family members received and told us the service was 'well managed'. Professionals involved with the service told us staff were very knowledgeable about people and their preferences. They told us the service was very well managed and organised and staff had good relationships with the people in their care.

Two weeks prior to our inspection visit we received notification that the registered manager had resigned from her position. However, there was a manager in day to day charge of the service and an application to register her with the Care Quality Commission (CQC) had been forwarded. The manager was supported in her role by the provider and her practice was monitored by the provider and by an independent auditor.

The manager had experience of working in the service in a management role and was committed to the ongoing improvement of the service and providing an outstanding service to people. Throughout our discussions it was clear the manager had a thorough knowledge of people's needs and circumstances and was committed to the principles of person centred care. She worked closely with people who used the service and with the staff team and was able to discuss areas for improvement and how the service would be developed. People spoke positively about the manager and described her as being 'patient', 'helpful' and 'approachable'. A relative told us, "I can contact [the manager] anytime I feel I need to; that means a lot to me."

The management team and staff had developed excellent links with other useful organisations and networks to help keep up to date with good practice and provide a high quality service. Organisations included the British Institute for Learning Disability (BILD) and Skills for Care to help develop the expertise, knowledge and skills of the staff team. They had achieved accreditation with the local authority as a provider of Supported Living services and with The Social Care Commitment. Information in the PIR indicated the service valued the positive involvement and expertise of Calderdale Health Watch and they have met with a representative of the local authority DoLS team to ensure compliance with the Act. Management and staff were currently working through the Autism Specific Quality Assurance Scheme which would support them with the development and improvement of the service and provide their staff team with the skills and knowledge to develop and deliver a bespoke autism specific service for people in their care.

There was an effective governance and communication structure in place and clear lines of accountability and responsibility. The providers made regular unannounced visits to the houses to carry out checks on the manager's practice and on the operation of the service.

There was an effective quality assurance system in place to drive continuous improvement within the service. An external auditor completed monthly and annual quality audits and a daily and weekly overview of the service was undertaken by the manager. These included checks on health and safety, cleanliness, medicines, equipment, finances, staff training, supervision and appraisals, accidents and incidents and all

records associated with the people's care and support. There was evidence these systems had identified shortfalls and improvements had been made. The results of the audits were closely monitored by the provider and prompt action taken to improve the service where shortfalls were noted. There was an emphasis on continually striving to improve.

There were systems to seek people's views and opinions about the running of the home. People and their relatives were asked to complete customer satisfaction surveys to help monitor their satisfaction with the service in areas such as personal care and support, activities, staff, admission to the home, management of the home, the premises and mealtimes. The results from the recent survey showed a very high satisfaction with the service. The management team reviewed the results of the surveys and used them to improve practice. Examples of this included the variety of meals and activities provided and how the home was decorated and furnished. The external assessor also spoke with people using the service and their families to determine their views, wishes and feelings. A relative said, "They work closely with parents and make sure we are involved."

Regular 'tenants' meetings were held. Minutes showed new people were welcomed and photographs of the new person were shown to existing people in the house. People were asked if they were happy with the support they received and with the staff and other people in the house.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local commissioners, local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services. This showed the manager understood her responsibilities in relation to her role.

The management team worked alongside staff, supporting and guiding them. Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities. They told us they were kept up to date and encouraged to share their views and opinions at meetings. We looked at minutes of meetings and found topics discussed included work performance, activities, medicines, safety issues, routines and menus.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. They told us, "The service runs really well. The manager is always willing to help, easy to talk to and is part of the team." Staff told us there was excellent communication within the service and they were very well supported. Staff felt they could raise their concerns with the management team and were confident they would be listened to and appropriate action would be taken. There was a stable staff team; the majority of staff had worked at 4 Shanter Close for a number of years.

Staff were aware of who to contact in the event of any emergency or concerns. There was always a senior member of staff on duty with designated responsibilities and the registered manager or the owner could be contacted in an emergency. This meant staff always had an experienced member of staff available to support and advise them.