

Mrs Linda Joyce Zephir

Parkhouses Independent Living Services

Inspection report

32 Lyndhurst Road
Burnley
Lancashire
BB10 4EG

Tel: 01282416592
Website: www.parkhouses.net

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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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an announced inspection of Parkhouses Independent Living Services on the 22 December 2015 and 6 January 2016.

We last inspected the service 26 June 2013 and found the service was meeting the regulations that were applicable at that time.

Parkhouses Independent Living Service provides a flexible 24 hour personalised care and support service for people who require support to live independently within the community. Additional services are offered such as domestic support and carer support. The office is located near the centre of Burnley, Lancashire. At the time of the inspection 10 adults with a learning disability or autistic spectrum disorder were using the service.

People spoken with were complimentary about the care and support provided and about the staff team. They told us, "I like all the staff who work in my house." And I like my staff; they help me decide what I want to do." Quality assurance monitoring surveys showed people consistently received excellent care and support from staff employed by the agency.

There were good systems and processes in place to keep people safe. Staff had an excellent understanding of risk management. Risks to people had been identified, assessed and managed safely. People were encouraged to live their lives the way they chose, but supported to recognise this should be done in a safe way. The service liaised with other service sector professionals such as the fire authority who offer a free fire risk home assessment and liaised with landlords to ensure the safety of people's homes.

People told us they felt safe in their homes when staff visited. Arrangements were in place for staff to gain entry to their home according to people's wishes. People had a direct telephone link to the office they could use for emergencies. People told us staff were respectful towards them and their property. The agency had a code of conduct and practice staff were familiar with and expected to follow when visiting people in their homes. This was monitored closely.

People were cared for by staff that had been recruited safely and were both trained and receiving training to support them in their duties. People using the service were involved in recruiting their own staff and providing induction training when they started work. Staff training was thorough and all staff held a recognised qualification in care. We found there were sufficient numbers of suitably qualified staff to attend to people's needs and keep them safe. Staff were trained in emergency procedures.

People's medicines were managed safely and were administered by staff who were trained and competent.

Staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. This helped to ensure the staff team had a good balance of skills and knowledge

to meet the needs of people using the service. Staff were very well supported by the management team and received regular supervision.

The registered provider and staff understood their responsibilities in promoting people's choice and decision-making under the Mental Capacity Act (MCA) 2005. Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected. People were very well supported in decision making and decision making tools were used to help people remove barriers that prevented them doing what they wanted to do and remain independent.

People's nutritional needs were met and they were involved in menu planning, shopping for food and basic food preparation. Healthy options were promoted.

People's individual needs were assessed and support plans were developed to identify what care and support they required. People were regularly consulted about their care to ensure their wishes and preferences were met and their independence was promoted. Staff were knowledgeable about people's individual needs, backgrounds and personalities and worked with health and social care professionals involved in people's care and support. Staff supported people to maintain their relationships with their friends and relatives.

People told us staff acknowledged they were working in their home and treated their visits as such and respected their privacy. They knew what staff could and could not do. This was explained to them in their information guide they received which was in a format suitable for their understanding. This meant people's expectation about the service they received was what they wanted and what was right for them.

People were supported to participate in a range of appropriate activities and to pursue their hobbies and interests. Activities were tailored to the individual and staff who shared the same interests supported them.

People told us they were confident to raise any issue of concern with the registered provider and staff and that it would be taken seriously. They had weekly house meetings to discuss any matter that affected them. They also had contact details for other agencies they could approach to help them raise complaints.

People had also been encouraged to express their views and opinions of the service through regular house meetings, care reviews, staff appraisals and during day to day discussions with staff and management. There were opportunities for people to give formal feedback about the service, the staff and their environment in quality assurance surveys. Recent surveys showed overall 'excellent' satisfaction with the service provided.

People said the management of the service was excellent. Staff and people using the service told us they had confidence in the registered provider and considered they were 'listened to'. There were systems in place to monitor the quality of the service and evidence the findings supported business planning and development.

People using the service were given copies of policies and procedures that affected them. These helped them know how staff will respect and support them to make sure their rights to dignity, choice, independence, fulfilment and privacy was being promoted.

There were excellent internal and external quality monitoring systems in place to monitor the quality of the service. This meant there was constant oversight of the service and this provided an opportunity for everyone to reflect and improve the service where needed. There was evidence these systems had identified

areas for improvements and these had been made. The registered provider regularly visited each of the houses. This helped her to keep in touch with people using the service, monitor staff practice, review the quality of information in people's records and to obtain people's feedback about the service provided.

People did not express any concerns about the management and leadership arrangements. They said, "We see (registered provider) a lot. She is always checking to see if everything is all right. Any problems we have we just ring the office for help and advice." Staff reported having 'job satisfaction' and one staff member said, "We all work well together making sure people get a very good service. I'm very happy working here."

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 told us they felt safe. They were shown how to keep safe and they were cared for by staff who had been carefully recruited and were found to be of good character.

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.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was excellent guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective

People were supported by staff who were well trained and supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to plan menus, prepare food and have sufficient to eat and drink to promote and maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People told us staff were very kind and caring.

People were able to make choices and were involved in decisions about their care. People's views and values were central in how their care was provided.

People were involved in making decisions about how the service was run. They were involved in the development of policies and procedures and the recruitment and training of staff.

Is the service responsive?

Good ●

The service was responsive

People's care plans were centred on their wishes and needs and kept under review. Staff were very knowledgeable about people's needs and preferences

Staff supported people's right to be self-determining in how they lived their lives as valued citizens within the home and wider community.

People were supported to keep in contact with relatives and friends.

People felt able to raise concerns and had confidence in the registered provider to address their concerns appropriately.

Is the service well-led?

Good ●

The service was well led

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

There were effective systems in place to seek people's views and opinions about the running of the home.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Parkhouses Independent Living Services

Detailed findings

Background to this inspection

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

This inspection took place on 22 December 2015 and 6 January 2016 and was announced. The registered provider was given short notice of our intention to visit because the service was small and we needed to be sure that someone would be available for the inspection. The inspection was carried out by one adult social care inspector.

During the inspection we spoke with six people who used the service, three staff members and the registered provider. We also contacted local authority commissioners contracting unit for feedback about the service.

We looked at the care records of three people who used the service and other associated documents, including policies and procedures, safety and quality audits, quality assurance surveys, three staff recruitment records, induction and supervision records, minutes from meetings, complaints and compliments records, medication and financial records, policies and procedures, external quality monitoring report, audits and comments and compliments records.

Is the service safe?

Our findings

We visited five people in their own homes. They told us they were all very happy with the help and support they received and the staff who supported them. They felt safe in their home. We discussed what 'being safe' meant for them. One person told us, "I know (staff member) will always come. We do different things every day. I lock my door and when (staff member) leaves I can use the telephone to ring the office if I need help." Another person told us "I press the red button on the phone and I can speak with (The service provider) straight away. We always lock our door when we go out and keep it locked for safety. We check to see if we know people before we open the door, you never know who it is that's calling."

Staff we spoke with told us how they supported people to keep safe in their homes. Before people used the service their homes were checked for safety. Action was taken to reduce the risk of injury caused by the environment people lived in.. Any safety issues identified were relayed to the landlords by the registered provider on behalf of people, to ensure any work required was completed. They also liaised with other professionals such as the Occupational Therapist (OT) for aids if these were required and the fire authority who offer a free fire risk home assessment. We noted at a recent staff meeting, staff were reminded of dealing with emergencies in people's homes and the location of first aid boxes, tool box, spare bulbs, torch, stop tap, gas/electric meters, sewing box, boiler controls, spare heater and appliance instructions. All staff had been trained in first aid and health and safety. This meant staff could take swift action and respond quickly to emergency situations by taking action to minimise risk to people's health and safety.

The registered provider told us they monitored neighbourly relations to make sure people were not being subjected to any bullying or harassment from their neighbours. The provider also monitored how staff conducted themselves whilst offering support to people and people were frequently asked about this. People's view of staff behaviour towards them was constantly reviewed through appraisal systems designed specifically for people using the service.

Staff told us if they were dealing with an emergency during their visit, or were concerned about someone, they knew what to do. A 'team approach' was taken to deal with the situation. They could contact the office using the direct telephone link and additional staff support would be provided. The registered provider made sure no person using the service was without staff support during this time. This meant people were not left at risk in emergency situations or of not getting the help when they needed this.

The registered provider told us they had enough staff employed at the service to meet people's needs safely. People's care needs and the number of hours of support they required were calculated before they used the service. Staff were employed specifically for each person and had been chosen by them to provide the support they needed. The registered provider told us if people's needs changed or new people started to use the service, the staffing levels would be reviewed to make sure they received the care and support they needed. This helped to ensure there were enough staff to provide a reliable and consistent service.

We looked at the recruitment records of three members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service.

These included the receipt of a full employment history, an identification check, written references from previous employers, 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. This helped protect the safety of people who used the service as it reduced the possibility of them receiving their care from people of unsuitable character.

People using the service had been involved in the recruitment process. They had been able to meet applicants in their home and take part in the interview process. This was part of the formal process. The service had equipped them with an identification work badge to wear during the interview and had provided training to ensure they asked suitable questions relating to their care and support. Following that, people using the service discussed their views of the interview with the team and we saw evidence their views supported the final decision whether to offer the applicant a job. This helped to show a fair selection process had been used that embraced equal opportunity for everyone.. One person using the service told us "We picked (staff member) to work for us at our house. We like her very much and she is good." The registered provider told us it was important they employed people with the right values and personality to meet people's needs. People using the service needed to feel comfortable with the staff providing their support and be able to build trusting relationships with them.

We looked at the arrangements in place to support people with their medicines. People's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked by the staff on duty in people's homes. Medicines were stored securely which helped to minimise the risk of mishandling and misuse. We saw documentary evidence to demonstrate staff administering medication had been appropriately trained. We looked at medicine administration records and found these were complete and up to date. People had been assessed to determine their wishes and capacity to manage their own medicines.

We talked with two people about their medicines and how staff helped them with this. They told us staff helped them and their visits were arranged so that they had their medication when they needed it. One person told us they were learning to manage their own medicines. They said, "I'm learning what to do. We have been practicing taking my tablet out of the box. When the staff checked, I'd forgotten to take it. We are going to try again using a different way so that I don't forget." The staff on duty told us they were looking for a different dispenser more suited to the persons needs to help them gain some independence and keep them safe.

There were safeguarding vulnerable adults procedures and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. Safeguarding vulnerable adult's procedures are designed to provide staff with guidance to help them protect vulnerable people from abuse and the risk of abuse. We saw this information included clear reporting procedures and information such as how to recognise signs of abuse to help ensure staff were able to identify concerns and take the correct action. All staff had training on this topic.

All the staff we spoke with were fully aware of the service's safeguarding procedures and their responsibility in ensuring any concerns were reported immediately. We were told they were actively encouraged to raise any concerns they had regarding people's health, welfare and safety as part of day to day practice. Staff were also aware of the service's whistleblowing policy and were confident the registered provider would deal appropriately with any concerns they raised. The registered provider was clear about their responsibilities for reporting incidents and safeguarding concerns and had experience of working with other agencies dealing with these issues.

We looked at other protection measures taken by the agency to ensure people using the service and staff employed were supported to keep safe. Risk assessments were in place to ensure the safety of both staff and people using the service. People were encouraged to live their lives the way they chose, but they recognised this should be done in a safe way. Staff we spoke with had a good understanding of risk assessment processes and were able to speak confidently about the measures they took to promote the safety and wellbeing of the people they supported.

We found the assessment process was designed to consider all aspects of people's needs, individual circumstances and potential risks. These assessments were central to the support people received and were person centred to support people in their self-development.

Management of identified risks was very well documented and provided staff with detailed guidance on how to keep people safe. Policies and procedures were in place for staff to follow, for example what to do in the event of being 'unable to gain access into people's homes' and a 'missing person procedure'.

We saw evidence the service level risks had also been assessed. A few examples were lone working, infection control and hazardous substances and home security. We saw documentary evidence to indicate all risk assessments were updated on a regular basis

All staff were provided with an identity card that remained the property of the company which were required to be returned when staff left. Staff were provided with disposable gloves and aprons and hand cleansing gels to minimise the risk of cross infection.

We noted a Business Continuity Plan had been developed. This set out contingency emergency plans for example in the event of fire, bomb, flood, gas leak, explosion, gas/electric/water disruption, adverse weather, outbreak of disease, Computer and IT systems. This meant disruption to people's care and support was minimised because the registered provider had plans in place for dealing with this.

Is the service effective?

Our findings

We asked people who used the service if they felt staff were able to help them do the things they wanted to do, and support them when they needed support. All of the people said staff were very helpful. Comments included, "We go for walks sometimes. If I want to do something extra, I just let (registered provider) know and she arranges this." "We all do what we want to. One of the staff is always here to help us."

We looked at quality surveys completed by people living at the service. These were in easy read and pictorial formats. Completed surveys showed people were happy with the support they received. People had commented for example, "I like all the staff who work in my house." And "Staff help me when I am poorly." "I like my staff, they help me decide what I want to do."

We looked at a sample of quality surveys completed by relatives and friends. These showed an overall satisfaction that their relative's cultural, religious and lifestyle needs were met. Comments included, "An excellent service." "We are very happy with every aspect of our relatives care." "She is always supported to do what she likes to do." We noted people attended Church services if they wished and staff supported them to do so.

We looked at how the provider trained and supported their staff. We found good evidence that staff were trained to help them meet people's needs effectively. All staff had completed induction training when they started work with the agency. This included an introduction to the agency's policies and essential training such as safeguarding vulnerable adults, moving and handling, fire safety, infection control, first aid, food safety, medication and health and safety. New staff would be expected to complete induction in line with the 'Care Certificate'. This is based on national standards and principles of good care. This meant that all new staff would be supported within their first 12 weeks of employment and then to be assessed as being competent in a range of standards relating to their work.

In addition to the organisations induction, people using the service carried out their own induction of staff. During this time they told staff what was important to them and how staff should conduct themselves when they provided their support. Topics included 'being respectful', 'being an individual' and 'having rights'.

Staff were also trained in specialist subjects such as autism, learning disabilities, epilepsy, positive response training, managing behaviour that challenge, respect and dignity. The majority of staff employed at the service had achieved a recognised qualification in health and social care and had completed the 'Learning Disability Diploma'. E learning (computer based learning) had been introduced for some courses to assist staff to develop further in their role and encourage a different way of learning. We saw staff training records were completed and copies of training certificates filed appropriately.

Staff told us they were supported and provided with regular supervision and had an annual appraisal of their work performance. This helped to identify any shortfalls in staff practice and identify the need for any additional training and support. People using the service were also involved in staff training, appraisal and supervision.

Staff also had access to a wide range of policies and procedures to support them with safe practice. At staff meetings Policies and procedures were discussed routinely at staff meetings and the management had taken a positive attitude in ensuring staff followed these. At the last meeting staff had been reminded of the importance of following the correct procedures when undertaking their duties. This supported staff to take a consistent and effective approach to their work.

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 the 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 are called the Deprivation of Liberty Safeguards (DoLS). The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS. The registered provider and staff indicated an awareness of MCA 2005 including how they would uphold people's rights and monitor their capacity to make their own decisions. Records showed different stakeholders, such as the person, their family, social workers and health professionals had all been involved in decision making. This supported decisions made were robust and in the best interests of the individual.

During the inspection, we saw staff speaking to people clearly and waiting for their response before providing support. One person said, "(support worker) always ask me what I want to do; if I don't want to do something then I say so." Another person told us, "I talk about what I want to do with (support worker). She helps me a lot but, I can do a lot for myself. I'm doing very well." We spoke with staff at two of the houses they worked in. They were aware of people's ability to make choices and decisions about their lives and care records showed people's preferences were clearly recorded. We noted that staff did things with people and not for them. This promoted people's independence.

We viewed three records of people using the service. The care records showed assessments had been made about people's capacity to make decisions in all aspects of their lives. We looked at decisions that had been made, for example sharing of information, medication administration, support with personal and social care, health monitoring and personal environment. We noted in every decision taken the person was involved throughout the process. People with limited use of words were supported to communicate their wishes using visual reference, and where appropriate, family members or friends had been involved.

People were supported to access food and drink of their choice. The support people received varied depending on their individual circumstances. People were involved in planning weekly menus, shopping for food and basic food preparation and were consulted about the food provided. This helped ensure people's dietary preferences and needs were considered. We saw people were given flexible support as needed with their food and drink.

People told us they enjoyed their meals. Care records included information about people's likes and dislikes and any risks associated with their nutritional needs. We saw that healthy eating was considered as part of the menu planning and preparation of meals. One person told us "I've lost weight and I'm glad. I feel better. We try different recipes with [support worker]. They are really good." Another person told us, "[my support worker] is a good cook. We all decide our meals at our house meeting what meals we want. We can have what we want. Every week we go shopping for groceries." This approach to health and lifestyles was supportive to wider health needs.

We looked at how people were supported with their health. People's healthcare needs were considered during the initial planning process and as part of on-going reviews. Each person had a Health Action Plan which showed that people using the service or their relatives, were involved in discussions and decisions about their health and lifestyles. People told us that if they needed support to attend appointments such as for dental treatment, a support worker went with them.

People's records included contact details of relevant health care professionals, including their GP, so the support workers could contact them if they had concerns about a person's health. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

Is the service caring?

Our findings

People spoken with made positive comments about the management and staff and the service they received. One person told us, "I am happy with (staff) she is really good. We get on really well." Another person said, "All the staff are really nice. I tell (the registered provider) this when she asks me." Relatives were also happy with the staff team, the service they provided and the manner in which support workers had an understanding of their family members' culture, religion and lifestyle. In response to this question comments included, "We are very happy with every aspect of our relative's needs." And "She is always supported to do what she likes to do."

We looked at the service information given to people when they start to use the service. This included for example 'respecting their rights and dignity' and 'maintain their independence at all times'. The service also had a commitment to 'work closely with relatives, friends and other professionals to ensure people's needs were met' and 'respond to changes in needs and help to put people in touch with other agencies when necessary.

Part of staff training given by people using the service centred on respect for one another and what this meant for them. The training included key principles on the right to respect, compassion, dignity in care and empowerment. These values were closely monitored by the registered provider who carried out quality monitoring of staff performance at frequent intervals. We looked at samples of these and found the feedback the provider had received was excellent.

We observed how people were treated with dignity and respect. People were called by their preferred names and the staff and people chatted happily together. Two people were keen to tell us how staff had supported them when they had moved home and had helped them build good relationships with their new neighbours. They told us, "I've got to know (neighbour). He is nice and has a dog. he always says hello." We were told how staff had helped them to purchase furniture and decorate their home as they wanted.

Staff we spoke with had a good understanding of people's personal values and needs. It was clear they had built trusting relationships with people they cared for based on mutual respect for each other. For example staff knew what was important to people and what they should be mindful of when providing their care and support. People using the service knew what staff could and could not do. This was explained to them in their information guide they received which was in a format suitable for their understanding. This meant people's expectation about the service was what they wanted and what was right for them. Visit times had been arranged to suit people's needs and preferences and we were told by people using the service visits were never missed.

We spoke with people about their privacy needs. They told us staff gave them privacy when they wanted. One person said, "We have our own bedroom and this is our home. Staff knock at the front door before they come in." The staff handbook was clear in instructing staff to 'remember you are a guest in a service user's home'. We observed staff responding to people in a way that respected their dignity, We also observed staff communicating effectively with people. Conversations were relaxed, friendly and inclusive.

We were able to engage with people using the service. They were encouraged by staff to express their views. Staff helped people to recall events and experiences they had in their everyday life. People told us they had support plans that belonged to them and staff were familiar with the content of these. This helped staff to meet people's needs in an individual way. Everyone we spoke with felt their support workers listened to them and explained things in a way they could understand. Staff we spoke with had a very good knowledge of people's needs, likes and dislikes. One staff member said, "I've worked here a long time now. They (people using the service) are lovely to work with. I couldn't imagine doing anything else."

There were policies and procedures available for staff about caring for people in a dignified way and information on advocacy services. Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. There was also information on these core values in the service user's guide for people using the service to read. For example 'To put the people we support first, to take pride in the care we deliver, to respect others, to strive to be the best and to always act with integrity'. Information on how this was accomplished was also provided.

People told us they were supported to maintain and build their independence skills both within their own home and also, in the community. One person told us, "I like to go shopping. (staff member) helps me to write a list of what I want before I go and when I want to buy something special I save up. We talk about it at our meetings." Another person told us, "We take turns at doing the housework. I do my laundry and change my bed. Sometimes staff help me tidy my bedroom if I ask."

Staff told us they gave people choices and offered care and support in a way which promoted their involvement and independence. Staff were familiar with the content of people's support plans. This helped them to meet people's needs in an individual way. We were told new staff were introduced gradually by shadowing experienced staff to ensure they had time to understand people's needs.

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed on a daily basis. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. This meant people using the service could be confident their personal matters were kept confidential.

We could see that people's preferences were at the centre of all their care and support. Separate house meetings were arranged weekly for people to raise any issues and discuss their plans for the week. Other opportunities to express their views included day to day discussions with staff and management, through care reviews and regular satisfaction surveys. This showed the service listened to people and people's opinions were considered important and these were used to develop the service. People had access to community learning disability and mental health teams to discuss their needs and express their views.

Staff had been trained in end of life care. One person we spoke with reflected on their friend's death and wrote her name during our visit. It was clear they had been upset about this and told us it was near the anniversary of when they had died. We observed how staff handled the situation with sensitivity and compassion. They shared good memories of their friend, looked at their photographs and openly discussed the sad event. It was clear staff treated people using the service with empathy, understanding and concern for their welfare.

Is the service responsive?

Our findings

We spoke with two people who lived together in the community. They told us they had always shared a house and had expressed their wish to continue to share accommodation when arrangements were being made for them to move to a community supported living service. They told us they had wanted Parkhouses Independent Living Services to provide their support and the registered provider had helped them find a suitable home. Both people told us they had been involved in choosing their home. Staff had supported them in deciding the best type of accommodation that would meet their future needs and they had chosen a bungalow. The registered provider had helped them negotiate with the landlord to secure their tenancy and had explained their tenancy agreement to them. One person said, "I love it here. It's not too far from town." Another person told us, "We have always lived together and we get on well. We have the same friends we can visit and keep in touch with. It's nice here." People we visited in another house told us they received a service that they were happy with.

Before a person moved into one of the houses the registered provider carried out a detailed assessment of their needs and gathered information from a variety of sources such as social workers, health professionals, and family and also from the person needing the service. The level of support people required was assessed and an agreement made who would provide this.

People were able to visit the house and meet with staff supporting other people living there and spend some time getting to know the people they would be sharing the home with. This allowed people to have some experience of life in the home and help them make a choice about whether they wished to live there. It also provided an opportunity for people already living in the house to see if the new person would fit in and get on with everyone. People were supported throughout the whole process by the staff team.

We looked at three people's assessment and care and support plans. These were thorough and focused on people's individual circumstances and their immediate and longer-term needs. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs.

Each person had a support plan that was personal to them. These contained information about people's routines, likes and dislikes as well as their care and support needs and provided good evidence to show people were at the centre of their care. There were details about when and how people wished their support to be delivered. For example when specific activities were planned and for routine daily support needs. People were also supported to access financial benefits they were entitled to and supported to manage their household bills.

People's continuing assessment showed they had the opportunity to make and change decisions they made regarding their care and support. Records showed people's right to be self-determining in how they lived their lives as valued citizens within the home and wider community was acknowledged. People's support needs, lifestyles and circumstances were regularly monitored and reviewed. One person told us that staff

had helped her to continue working when they shop located to another place. They said, "I went for a while then gave it up. When they moved it wasn't the same." They had found if people required additional support for a specific activity this was arranged.

Records showed people were involved in their care plan review and were actively encouraged to discuss the arrangements for their support. Prior to a care planning meeting people's expressed wish of involving others such as family, friends, and social worker was recorded and staff were respectful of this. 'What's working and what's not working' problem solving tool was used to support people think about their life, relationships, good and bad days, what matters, what they want to change, their dreams, hopes and fears and making changes.

Records showed how barriers to making changes were overcome. Care plans identified people's needs, actions required and the staff member responsible for carrying out the task. It was clear people were supported to take some responsibility in meeting their needs and the level of staff intervention was based on what people could do for themselves. Records showed all staff were trained in person centred care that placed an emphasis on promoting and maintaining people's independence within care planning process and care delivery.

People were provided with information about the service in a format suitable for their understanding, as well as a contract highlighting the terms and condition of using the service. Within these documents an outline of policies and procedures that affected them such as confidentiality and data protection, safeguarding, equality and diversity and human rights were included. This supported people to have a good understanding of what standards they should expect from the registered provider and staff whilst receiving support.

Detailed daily records were kept of the care and support delivered including what went well, how people were feeling, meals taken and activities participated in. This helped staff to monitor and respond to people's wellbeing.

We found positive relationships were encouraged and people were being supported as appropriate to maintain contact with relatives and others. People we spoke with told us staff helped to organise visits to family members and friends and to entertain their family and friends at their home.

From our discussions with people using the service and staff it was clear people were encouraged to participate in a range of varied activities and to pursue their hobbies and interests. The provider told us that staff were available to make sure people were supported to do what they wanted and when they wanted. Staff were matched with people who shared the same interests and people using the service chose the member of staff they wanted to support them. Staff we spoke with told us this worked well. One staff member told us, "It's better when you have the same interest as each other, it's a focal point of conversation. You can also share experiences and have fun together."

We found activities were tailored to the individual. Staff we spoke with told us they worked with people on a one to one basis to help them to identify what they wanted to do. Activities included for example, domestic arrangements such as cooking, shopping and laundry. People were also supported to use local clubs, pubs, hairdressers and colleges and pursue employment if they wished. One person told us they had done voluntary work for a local charity. They were considering what to do next. Another person told us they had a season ticket for Burnley and his buddy/keyworker went to home matches with him. People told us they had holidays of their choice, days out, visited family and friends and enjoyed concerts, attended various clubs and generally used all community resources for leisure activities. This helped to improve their confidence.

We looked at the way the service managed and responded to concerns and complaints. In order to promote people's awareness of their right to complain, a pictorial compliments and complaints procedure was given to people at the time they started using the service. The procedure included the action to be taken when raising concerns and expected time-scales for the investigation and response. Reference was made to other agencies that may provide people with support with their complaints.

People we spoke with were all aware of how to complain and who to complain to. One person said, "I would tell (registered provider). Another person said, "I would tell (staff member)." People who used the service were confident if they made a complaint it would be dealt with by the management team. All the people we spoke with were complimentary about the service provided.

There had not been any complaints at the service within the last 12 months linked to people's care and support. The registered provider said they dealt with 'minor issues' as and when they occurred which meant concerns were less likely to occur. If needed these were usually discussed further at house meetings. An example of this could be not following agreed house rules people using the service had agreed together. People who used the service and their relatives had plenty of opportunity to discuss any issue of concern during regular house meetings, during day to day discussions with staff and also as part of regular quality monitoring surveys carried out. Information from the recent satisfaction survey indicated people using the service knew who to complain to if they were unhappy about any aspect of their care.

The registered provider told us they supported people to raise any issue of concern regarding their accommodation. Any issue raised at people's weekly house meeting was discussed and this was raised under their tenancy agreement with their landlord on their behalf. One person told us they had some 'leaking in' from the roof. (The registered provider) had told the landlord who organised the repairs. The ceiling needed painting and they were encouraged to choose the colour they wanted.

Is the service well-led?

Our findings

People using the service and staff made positive comments about the management and leadership arrangements for the service. One staff member told us, "It's a very good service to work for. We are given all the help we need and involved in decisions, We have regular staff meetings where we openly discuss things. There is never a problem giving your views. We all work well together making sure people get a very good service. I'm very happy working here." One person using the service said, "We see (the registered provider) a lot. She is always checking to see if everything is all right. Any problems we have we just ring the office for help and advice."

The registered provider was in day to day control of the service. They used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives by means of quality assurance questionnaires. People using the service and their relatives were asked for their opinion of the staff who supported and cared for them. This enabled the service to monitor people's satisfaction with staff qualities. The results from the recent survey were very positive. A 'You said, We did' tool was used to show how the service learned and made changes as a result of comments, compliments and suggestions they had received. An example of this was managing unplanned activities. Occasionally people had wanted to do an extra activity and this had been difficult to arrange at the last minute. Because the service provided was a bespoke service and therefore governed by commissioned hours, to avoid people being disappointed the provider introduced a new system that allowed for people to request additional support in a more organised way. This meant people were never disappointed and their commissioned hours were used well. People using the service told us the new system was 'better'.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. People using the service were given copies of policies and procedures which they needed to know about in an accessible format. These were discussed with people in their home and were included in the service user guide. People were also able to reflect with staff, policies and procedures and issues these raised which impacted on their life experience when they trained staff such as their right to dignity, choice, independence, fulfilment and privacy.

Management and staff meetings were held at regular intervals. We noted good practice issues were raised during these meetings such as the requirement to sign in and out, using the right form of address with people, and staff's status as being a guest whilst working in people's homes. This helped to make sure staff respected people's rights to be treated as valued citizens. Staff were updated on any quality audits that had been carried out. Staff we spoke with told us they could have an open discussion and give their opinions during their meeting. Staff also told us they felt 'valued' in their work and had job satisfaction. They were enthusiastic and positive about their work. We noted at the last staff meeting staff were invited to give ideas on how rotas and weekly planning could be managed better. This meant staff's experience of what worked well and what could be done better would enable the provider to make the most of the time allocated to each person using the service.

Staff we spoke with also had a good understanding of the expectations of the registered provider. They had clear defined roles and responsibilities to people using the service, themselves and the provider. They were kept well informed of changes and had a good working knowledge of the people they supported. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should conduct themselves whilst carrying out their roles and know what was expected of them. Staff told us they received regular feedback on their work performance through the supervision and appraisal systems and that they enjoyed working for the service. They had been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care to people using the service.

There were effective systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, support plans, management of people's money, access to activities and staff training. This meant there was constant oversight of the service and this provided an opportunity for everyone to reflect and improve the service where needed. Audits were also carried out with people using the service on the standard of the environment to ensure they lived in safe homes and that their tenancy rights were protected.

Staff visiting people's homes were required to sign in and out. This practice helped the registered provider monitor staff attendance and ensured they were meeting their obligations and duty of care by providing the support people needed as agreed. Staff were also required to visit the office at least once a week for a face to face discussion about people's care and support with the registered provider. This meant the provider was able to make sure the service people received was meeting their needs and promote on-going communication, discussion and openness between people using the service, staff, relatives and others.

The service worked in partnership with other agencies to support the provision of good care and support. The registered provider had also developed links with other useful organisations and networks to help keep up to date with good practice and drive up standards of quality. For example, the registered provider had introduced a new assessment called "Hands off my Home". (This is a toolkit for auditing support to people with learning disabilities and developing an outcomes-based action plan for citizenship. It is used to ensure providers can fully understand the impact on freedoms and citizenship that anything other than the best quality of support will have on people with learning disabilities).

We looked at Parkhouse Independent Living Service assessment carried out in September 2015 and supporting evidence showing the service was meeting their obligations of providing person centred care, and the subsequent report on this. The assessment covered every aspect of people's rights to live a fulfilling and meaningful life with the right support. This had been peer reviewed with another provider in the Community to validate the standards of care and support and to identify any area where improvements could be made in the service. It was clear from the report Parkhouses Independent Living Services provided an excellent service. Comments from the report included, 'The care that Parkhouses provides is based on service users' human rights'. 'Parkhouses has a good culture that listens to service users, their family and staff. They encourage people to speak out'. And, 'Parkhouses management team are second to none. They are always there when you have a problem, listen to service users and their family when things are going well and not so well, and make changes when needed. The service users and their families are always involved when decisions are made with the home, any changes to be made and how things are run'.

We also saw the registered providers' self-assessment that considered further improvements in all areas that could be made for 'driving up quality'. For example 'To support people have an ordinary and meaningful life' One action to accomplish this was 'To increase staff awareness on the need to actively promote friendships, decision making and community involvement'. The outcome was 'training in friendship, awareness training

for decision making and community involvement'.

The registered provider was a member of 'In Control' and Mencap. 'In control' is a national charity working for 'an inclusive society' where everyone has the support they need to live a good life and make a valued contribution. Mencap offer advice and good practice for professionals working with people with a learning disability. We found that the provider consistently reflected the principles of quality of life experience for all people using the service in all the domains we looked at.

We were shown a copy of the providers business and development plan. We could see the registered provider short term and long term objectives were set out, outlining continuing investment into staff training and involving people using the service and staff in decision making.