

Fylde Community Link Limited

Fylde Community Link Supported Living and Domiciliary Support

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 02 & 03 August 2016 and was announced. The provider was given notice because the location provides a domiciliary care service we needed to be sure that someone would be available.

We last inspected this service in June 2014. At that inspection we found the service was meeting the legal requirements in place at the time.

Fylde Community Link Supported Living and Domiciliary Support is a community based, non-profit making agency that offers support services for adults with learning disabilities within Blackpool, Fylde and Wyre. The agency can also provide a service for people who have physical disabilities and/or sensory impairments. The agency provides personal care and support to people in their own home and to people living in supported living services.

At the time of our inspection, Fylde Community Link Supported Living and Domiciliary Support provided services to 120 people. 69 of these people were in supported living. They shared 18 properties. 51 people received support in their own homes.

There were three registered managers for this service. Two registered managers were present throughout our inspection and the third registered manager was present on the first day only. 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.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. These had been followed to ensure staff were recruited safely.

We looked at assessments undertaken for eight people. Risk assessments had been undertaken. We found care plans identified risk management in a person centred way. A significant number of incidents had been acted on appropriately.

Reviews had been carried out for people when significant incidents had happened. People were protected from bullying, harassment, avoidable harm and abuse because staff had responded to concerns of bullying and harassment when they noticed them. We found that the service had not consistently followed safeguarding reporting systems, as outlined in its policies and procedures and within the local safeguarding body arrangements. We made a recommendation about this.

The service promoted staff development; staff received training appropriate to their roles and

responsibilities. Staff told us they felt well supported by management and we saw evidence that regular supervisions had been undertaken.

The service had gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). We looked at people's care records and found mental capacity assessments, with supporting best interests' decisions records. The Local Authority had been informed of people whose care involved restrictive practice. However, we found this had not been consistent. We found a significant number of people that had not been referred to the local authority to be considered for deprivation of liberties authorisation.

Care records held details of joint working with health and social care professionals involved with people, who accessed the service.

We received consistently positive feedback about the staff and the care people received. Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. People and their relatives told us they had developed positive relationships with care staff. We saw evidence of this during the inspection.

We found people's needs were being met in a person centred manner and reflected their personal preferences. There were clear assessment processes in place, which helped to ensure staff had a good understanding of people's needs before they started to support them. People's care was delivered in a way that took account of their needs and the support they required to live independently in the community. Staff prompted people's independence.

Feedback from staff was mixed. Majority of the staff and people who used the service told us that the management team were approachable. However, two care staff had raised concerns and felt their views were not taken into consideration. Grievance and whistleblowing policies were available to all staff. The registered managers were familiar with people who used the service and their needs. When we discussed people's needs, the managers showed good knowledge about the people in their care.

There were systems in place to ensure people's views were sought. We saw evidence the organisation carried out surveys and spot checks to gather people's views about the services they received. Advocacy services were available for people who needed someone to speak up for them.

People's care had been reviewed and modern technology had been introduced to assist interaction with people who had communication difficulties. We saw evidence of working together with local schools to develop communication tools to help develop communication strategies for staff and people.

Minutes of meetings showed staff were involved in discussions about improving the service. Management encouraged the staff team to provide good standards of care and support.

The service had a complaints procedure which was made available to people they supported. People we spoke with told us they knew how to make a complaint if they had any concerns and the service had provided people with details on how to make a complaint. The registered managers used a variety of methods to assess and monitor the quality of the service. These included meetings with people, satisfaction surveys, audits, and care reviews. However, there were no audits for medicines within the domiciliary care part of the service. Care plans that we looked at had not been audited. We found things that should have been picked up by audits. We have made a recommendation about this.

The service had complied with some of the registration requirements. However, the service had not sent

statutory notifications on some of the notifiable incidents to the Care Quality Commission (CQC) to ensure CQC can undertake its regulatory activities timely and effectively. We have made a recommendation about this.

We found people were satisfied with the service they received. We found the registered managers receptive to feedback and keen to improve the service. They worked with us in a positive manner providing all the information we requested.

We found a breach of regulation 18 CQC Registration Regulations 2009.

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

Accidents and incidents had been analysed to show how the service had learnt from events. Risk management plans had been updated after significant incidents.

Safeguarding concerns had been reported to management and dealt with. However, some had not been reported to the relevant safeguarding bodies. We made a recommendation about this.

People we spoke with said they felt safe using the service and records showed that people's care needs and risks had been carefully considered during care assessments and care planning.

People had received their medicines safely however, there was a significant number of errors. People who self-medicate had not been assessed to ensure they can safely manage their medicines. We made a recommendation.

Staff were aware of safeguarding policies and procedures.

There were enough staffing levels to meet the needs of people who used the service and robust systems were in place for recruitment of staff.

People had personal emergency evacuation plans to facilitate safe evacuation in cases of emergency. Fire risk assessment had been undertaken and emergency planning had been done.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some people had been referred to the local authority for consideration whether they required Deprivation of Liberties authorisation however, some had not been referred. We made a recommendation about this.

People were supported by staff who had relevant skills and knowledge. Staff had received training in various areas of care and had received supervision and appraisal regularly.

Mental Capacity was considered before care was provided. Staff had knowledge of the Mental Capacity Act 2005 Consent was sought before care provision and best interest decisions were carried out for those who could not make decisions independently.

There were effective systems in place to ensure that people received nutrition and hydration appropriate to their needs. People had received regular annual health checks and referred to other professionals where suitable.

Is the service caring?

Good ●

This service was caring

People were treated with care and compassion. There was positive engagement between staff and people who lived at the service. The standard of personal care people received was good.

The systems and procedures operated by the service were designed to enable people to live their lives in the way they chose, so they could be as independent as possible. People's dignity and respect were promoted.

People had end of life care plans and staff had been trained to care for people towards the end of their life.

Is the service responsive?

Good ●

The service was responsive.

People told us the service responded to their needs and they were listened to.

Care planning was person centred. People's care plans were well detailed and provided their preferences, likes and dislikes as well as their life histories.

There were a variety of meaningful daytime activities for each individual and people's independence was promoted. Social Inclusion was widely promoted. People's social and economic needs were met and full participation in the local communities was encouraged and promoted.

Complaints procedures were in place and people were aware of how to raise concerns. We saw examples of how a complaint had been dealt with.

Transition between services was facilitated and care plans were

amended accurately to show people's changing needs. People were referred to specialist professionals where necessary.

Is the service well-led?

The service was not consistently well-led.

The service was sending statutory notifications to CQC however, this was not consistent as a number of notifications had not been made. This was a breach of regulation.

Audits and monitoring systems were in place. Audits had been followed up with action plans to address areas picked by audits. Areas for improvement had been identified. Some audits were missing for medication in domiciliary settings and care files. We made a recommendation.

There was a positive staff culture. We found the management structure had in depth awareness of people's needs and evidence of management oversight. Staff felt supported by management.

Staff complimented the changes that the service had brought and how they had improved the service and outcomes for people. Meetings for staff and people who used the service were taking place and actions had been taken on suggestions made by both people and staff.

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Requires Improvement 

Fylde Community Link Supported Living and Domiciliary Support

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 02 & 03 August 2016, and was announced. The provider was given notice because the location provides a domiciliary care service we needed to be sure that someone would be available.

The inspection team consisted of two adult social care inspectors including the lead inspector for the service.

Before the inspection, we reviewed information from our own systems, which included notifications from the provider and safeguarding alerts from the local authority.

We gained feedback from external health and social care professionals who visited and worked with the service. We had received safeguarding alerts from Lancashire County Council Safeguarding Enquiries Team and regular updates from other associated professionals at the local authority. Comments about this service are included throughout the report.

We visited two properties managed by the service. We also spoke to people and their relatives face to face and on the phone. We reviewed records and management systems. We spoke with five relatives, ten people who used service, the three registered managers, two project leaders, the chief executive, human resources

manager, quality monitor. We also spoke to four professionals who had visited the service and eleven care staff. We looked at nine people's care records, staff duty rosters, four recruitment files, the accident and incident reports book, communication books, and records of meetings for people who use the service and care staff. We also looked at medicine audits, service policies, medicine records and service maintenance records for the properties we visited.

Is the service safe?

Our findings

We asked people who used the service whether they felt safe. One person told us, "The service has really put our mind at rest, I feel at ease." Another person told us, "I'm safe and comfortable." A relative told us, "Absolutely safe, I have nothing to be concerned about."

One professional told us, "In my opinion, they are a very professional, person-centred organisation who has a sound ethos regarding delivering support to people with learning disabilities." And: "They are committed to providing the best service possible to those they support, often going above and beyond to deliver this."

We looked at how accidents, incidents, falls and near misses were managed. We found processes for reporting or recording accidents or incidents had been put in place. Accidents and incidents had been reported to management by staff. Actions had been taken to ensure people received medical care in the majority of the cases we saw. We found a small number of incidents had not been reported to the safeguarding department at the local authority; however, people had received appropriate care. Regulation requires providers must share relevant information such as information about incidents or risks with other relevant individuals or bodies such as safeguarding boards and regulators. This allows transparency and oversight from others who will check if the provider had acted appropriately and whether they have robust systems in place to prevent or reduce re-occurrences.

We recommend the provider to follow the national and local safeguarding guidelines on reporting incidents.

Systems of analysing incidents and accidents showed action had been taken following incidents. Following the inspection, the provider sent us additional evidence showing the work they had done to further improve this system. This showed how the registered managers had analysed and decided whether the incidents had been reported to safeguarding or consideration had been made to inform other authorities such as CQC.

We looked at how the service ensured people received their medicines as prescribed. We found documentation on people's medicines had been maintained. There was clear documentation about people's allergies. People who had been prescribed 'as and when required medicines (PRN) had plans to guide staff. The plans provided staff with detailed guidance on, what this medicine was for, when to offer the medicines and guidance for people could not say they were in pain. We found detailed information regarding each medicine people had been prescribed including the side effects and precautions that care staff needed to take to ensure people were safe after taking the medicines

Medicine records were audited to ensure people had enough stocks of medicines and that they did not run out and to identify errors. However, we found a number of medicine errors and shortfalls with management of medicines for people who self-medicated. People who managed their own medicines had not been assessed to ensure they were capable of managing their medicines safely without staff intervention. The organisation's medicine policy states that an individual who wishes to and is able to self-medicate must have a risk assessment completed to ensure they can administer their medicines without supervision and to

ensure all medicine is taken as prescribed. It also states that staff must complete regular compliance checks to ensure the person is taking the medicine as prescribed.

We spoke to the registered managers who informed us that the majority of medicine errors had been made by the individuals where they had been attempting to support in order for them to gain independence in medicine administration. They added that they had adjusted the support plans where errors had occurred. We found no significant impact on people supported by the service as a result of this.

We would recommend the provider to follow best practice in medicine management and to follow their organisational policies.

Risk assessments had been undertaken in key areas of people's care such as nutrition, skin integrity, moving handling as well as behaviours that could pose a risk to self and others. We saw evidence of how the risk assessments had been followed to ensure that risks were minimised. For example, we found one person's records showed they had been assessed for risks of epileptic seizures and how care staff were to minimise the risk of injury in the event of a seizure. There was clear documentation which instructed staff what measures to take. We also found examples of how risks around behaviours that can cause harm to people had been managed. The service used positive behaviour plans which had been developed to monitor changes in people's behaviours and what may have caused the changes and what staff could do to minimise certain behaviours. Specialist professionals had been consulted and involved in risk assessments.

Feedback we received from professionals stated the service was consistent in following professional guidance and recommendations.

Risks around the premises were managed and the premises had been well maintained. We found each house had building and fire risk assessments which provided sufficient information to guide staff on how to react in the event of fire. We found fire safety equipment had been serviced in line with related regulations. Fire equipment had been tested regularly and fire evacuation drills were also undertaken periodically to ensure staff and people were familiar with what to do in the event of a fire. There was a designated health and safety lead for each property and a lead health and safety officer for the whole service who provided guidance and oversight on all properties.

People had personal emergency evacuation plans (PEEPS) in place for staff to follow should there be an emergency. These provided detailed emergency planning and evacuation guidance for people who used the service. These had been written in easy read format for all people to understand. This showed the provider had put measures in place to reduce the risks to people in the event of an emergency evacuation.

We found staff had received training in safeguarding adults and demonstrated a good understanding about what abuse meant. They told us they would report incidents of abuse if they suspected or witnessed it. We saw incidents where staff had reported other staff in line with safeguarding procedures. This meant people could be assured staff would raise safeguarding concerns if they noticed someone being ill-treated.

Care staff spoken with during the inspection demonstrated an understanding of safeguarding procedures and their roles within both provider and national safeguarding procedures. This meant the provider had ensured staff received the necessary training. We saw evidence of actions that had been taken when staff had been alleged to provide unsafe care. Investigations had been undertaken and where necessary staff had been provided with support in line with the organisation's own policies.

On the day of the inspection there were sufficient numbers of staff. We asked people about staffing levels

and people told us there were sufficient numbers of staff at all times. We asked staff if they felt the properties were staffed sufficiently enough to meet the needs of people they cared for. Staff told us the service was well staffed.

The service followed safe recruitment practices. Staff files were well organised, which made information easy to find. All the files we looked at contained evidence that application forms had been completed by people and interviews had taken place before an offer of employment. At least two forms of identification, one of which was photographic, had also been retained on people's files. The provider had carried out checks on prospective candidates' suitability and character. They had requested references from previous employers and carried out disclosure and barring service checks (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Is the service effective?

Our findings

We asked people who lived at the service if they felt staff were competent and suitably trained to meet their needs. One person told us, "Staff are well trained, they know what they are doing." Staff told us, "It's really good here, so much better than where I have been working." And: "Training is a lot better and I have done a lot of it."

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 make 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 community supported living are called the Court of Protection Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was working in line with the key principles of the MCA.

We found evidence of mental capacity assessments carried out for key decisions such as receiving personal care and medicines administration. Mental capacity assessments had been carried out with substantial input from specialist professionals such as learning disabilities service. We found evidence of mental capacity assessments in relation to the use of restraint when people had exposed themselves or others to a risk of danger. These had been completed thoroughly to demonstrate how people's ability to make decisions on their own had been reached. There was evidence of best interest decision making that had been documented for people who had been assessed as lacking mental capacity. Evidence we saw demonstrated people's relatives had been consulted and advance decisions had also been considered.

We found a number of people whose care involved restrictive practice and people who were not free to leave their properties. Some of these people had been referred to Lancashire County Council to ensure care staff were authorised to provide care lawfully with deprivation of liberties authorisations as required by the law. We however, found some people who had not been referred to the local authority for consideration of the restrictions and subsequent referral to the court of protection if required. The registered managers referred the people as soon as we alerted them. We recommend the service to follow guidance and regulations on the application of DoLS.

The provider acted promptly and identified all people who required to be referred. We received a list of people they had identified soon after the inspection and the registered managers sought advice from the local authority mental capacity lead professionals.

We looked at training records and found care staff had completed training to help them understand the principles of the Mental Capacity Act 2005. Staff showed awareness of mental capacity and DoLS legislation

and requirements. We spoke to registered managers who informed us staff had received training and had continued to refresh their training annually.

People's care files had evidence care staff had considered the use of practice that is likely to put restriction on people's lives during day to day care. Where this had been identified we saw restrictive practice best interest meetings had taken place and plans had been put in place to ensure less restrictive practices are considered where possible.

Staff had received supervision and appraisal regularly and in line with the organisation's policy. Staff meetings had been undertaken regularly and staff told us they found these helpful in understanding service developments. Training had been undertaken for key areas of the service. For example, moving and handling, safeguarding, medicine management, mental capacity, positive behaviour management, managing nutrition, fire safety and first aid training. We also found training had been provided specifically for those care staff who provided care to people who showed behaviours that had a potential of putting themselves or others at risk of harm. Staff we spoke with showed awareness of people's needs and how to respond. Staff's knowledge of people's needs was detailed.

We looked at how people's nutrition was managed. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. We found snacks and drinks were readily available in one of the properties we visited and people were helping themselves. People who used the service had been encouraged to use the kitchen facilities independently and, at times, with supervision from staff. This also supported people to maintain their independence.

People were actively involved in making choices and shopping for their own food. Meetings had been arranged to allow people to have a say on the services they received. People had contributed to the choice of food they wanted to eat.

We looked at how people were supported to maintain good health, access health care services and receive on going health care support. The service had measures in place to ensure people were referred to specialist professionals. People's records had evidence of annual health assessments which identified their health needs. We saw evidence of referrals to learning disabilities services, mental health teams and people's doctors. Referrals had been made in a timely manner to ensure people received suitable care. There were close links with the local primary health services. Professionals such as, psychologists, occupational therapists and learning disabilities nurses were consulted regularly.

Is the service caring?

Our findings

We asked people if the staff team were caring. People told us, "We chose this service because of its staff, they are in a different league, we couldn't be happier with them." Another person told us, "The ethos of the company is brilliant; they do the best with what they have." One relative told us, "They know how to treat people with respect and I don't worry about that part." Another person said, "I think they are marvellous, I could not cope without them." And: "They are very good with her."

A care staff member said, "The improvements they are doing for clients are great, they are among the best."

We spoke to professionals who visit the service. One professional told us, "Service users are actively encouraged to help develop new activity sessions and feel valued as a result." Another professional told us, "They go the extra mile for people they support and I speak highly of [name removed] she has made wonderful strides for one person who had significant needs." And: "She created an environment where this person's needs are being managed better."

During the inspection, we observed warm and genuine interactions between people who used and care staff. Conversations showed kindness and compassion. The interactions were positive, warm and meaningful. People appeared to be very comfortable with staff and staff knew people well. We noted care workers approached people in a kind and respectful manner and responded to their requests for assistance promptly. They were also proactive in offering support to people and gave people enough time to express their needs. People were referred to by their preferred names.

We looked at how the service supported people to express their views and how people were actively involved in decisions about their care treatment and support. We saw people had been actively involved in planning their care. We observed care staff facilitating one person's care review. Staff used interactive technology to communicate and facilitate the person to actively express themselves and be part of the review process. This was person centred.

Where people had not been able to express themselves efforts had been made to involve relatives and family members who had known the person for a long time to advocate for them. Care plans, minutes of meetings and people's daily records showed people had been actively involved and consulted about their care and treatment. Care plans had been written in a way that people could read and understand. They were written in an easy read format to suit people's communication needs.

People's care files contained information regarding their personal preferences, what they valued about themselves and others. These documents also explored people's feelings and how to stay safe. These were referred to as 'Essential Life style plans'.

We looked at how people's privacy and dignity was respected and promoted. People we spoke with told us they enjoyed their own privacy and personal space regardless of the fact they shared accommodation. They informed us their privacy and dignity was respected by the staff team. One person told us "Yes they knock on the door." In the properties we visited, we saw staff seeking permission to enter people's bedrooms and

where people declined their views were respected.

Plans of care we saw outlined the importance of respecting people's privacy and dignity and promoting their independence. The presence of risks had not prevented people from taking part in activities and accessing the community.

When we spoke with staff we found they had a good knowledge of people they cared for in terms of medical needs and personal interests, likes and dislikes. Staff we spoke with were passionate about the care they provided to people and took pride in the difference they made in people's lives. One staff member told us, "I like my work, it's very rewarding." Another care staff told us, "It's a good environment to work in and I like to make a difference to people."

We found evidence the service had ensured people who required advocacy services had been considered and offered the right support. Advocacy services represent the interests of people by supporting them to speak, or by speaking on their behalf. They do not speak for any other organisation. There was some information within the service for people who were unable to make decisions around their welfare. People's relatives had been considered as another source of advocacy during planning for care. External health and social care professionals had also been involved and consulted to ensure the people's best interests would be considered. We saw evidence of assessments carried out by learning disabilities professionals.

People were supported to plan for the end of their life. We saw evidence of end of life care planning in the care files that we looked at. We spoke to the registered manager who informed us they had provided staff with an intensive end of life care program. This meant care staff had awareness of supporting people towards the end of their life.

We looked at people's bedrooms and found they were clean, warm, well presented and people had personalised their bedrooms with their own possessions. People told us they had been involved in decorating their own bedrooms and fittings.

Is the service responsive?

Our findings

We asked people who lived at the service if they felt their needs and wishes were responded to. One person told us, "I go to recycling." And: "I do my own medicines; they help me where they can." Another person told us I use the on call services a lot, when I ring for help they are very responsive." And: They help me sort my things out." A relative told us, "They facilitated [name removed] to go to the doctors as I live away." Another relative told us "They try their best to match people." and: "Staff communicate well and keeps us informed." One relative told us, "I find them very good, and they are marvellous." And: "When I ask questions I get answer, I can go to the top but I don't need to."

We spoke to a professional who worked with the service and they told us, the service was proactive in seeking guidance from specialist professionals. They felt the service took ownership of the guidance they were provided by professionals and developed it further. They added, "I have confidence in them and I cannot say that for most providers."

We looked at how the service provided person centred care. We found assessments had been undertaken before people started using the service to ensure the service was the right place for them. It also helped to ensure people were suitable to share accommodation with other people in the shared properties. A person centred care plan had then been developed outlining how people's needs were to be met. We saw evidence of person centred care by the way staff interacted with people during our inspection.

People were treated as individuals. The service had a dedicated person centred champion who provided guidance to other workers around working and supporting people in a person centred manner. However, we found care files in one property did not adequately reflected person centred care. For example, people had been referred to in their own files as 'this individual' in risk assessments. However, the other care files were found to be person centred. We discussed this with the registered managers who started an audit project to check all files, using care staff from the properties that we found to have led by example.

During the inspection we observed a review session which was being carried out by the person centred champion with one person who used the service. Although this was not a full session, we found interactions and the planning for this event was centred at supporting this person and ensuring that regardless of communication and behavioural challenges, they were part of the review. An interactive whiteboard had been used to assist with communication. We saw evidence of the output of this type of review in all the care files we looked at.

We found evidence of proactive person centred care for people who had displayed communication and behaviours that could put them or others at risk of harm. Challenging behaviour had been identified as a form of communication by those who could not express their needs verbally. We also found examples of positive behaviour support plans. These were specific care plans for people who had difficulties with communication and expressing themselves. These plans were person centred and gave clear directions on how to communicate with individuals and what people meant by way of their body language or behaviour if they had no speech.

There was detailed information on what care staff should try before they gave people medicines and the likely side effects of the medicine. This meant the provider has anticipated people's needs and acted in a responsive manner.

In order to develop skills and knowledge on why people present with certain behaviours, the service had planned to commission some joint work with a local special school to develop a course which provided strategies to support adults with little or no speech using alternative forms of communication. The service had got involved in this project through a referral from a parent of a person they supported. This showed the service had been responsive to people's suggestions and also inventive in its approach and had anticipated staff and people's needs and the support they required.

The care staff had a clear knowledge of people's needs. We looked at care plan reviews and found these had been completed regularly and showed changes in people's needs. The care records we looked at were very detailed, informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. All documentation we saw had been written in a way that ensured people living with a learning disability could read them.

People who received domiciliary care informed us staff visited in line with their plans of care. We looked at the system which monitored visits and found staff were punctual and stayed the duration of the visit. Where staff had been running late, the person and management had been informed. An alert system was in place to notify management if staff did not visit on time. This meant the service had systems in place to ensure people received their care as planned.

We looked at the plans of care to see if they were written in a way that was informative and clear. We found each person's file had a one page profile which provided a basic guide on the person's needs. This provided a clear profile of the person and allowed those who did not know the person to have guided knowledge of them. The care records included detailed information on what support people needed, their likes and dislikes and what worked for them.

We looked at how people were assured they would receive consistent coordinated, person centred care when they used, or moved between different services. We found people's care plans contained important information they needed if they were being transferred to hospital or other services. These were also known as hospital passports. They were written in an easy to read format using pictures and illustrations to enable people to understand. They contained details such as allergies, medical history, and medicines. This meant people were assured they could be effectively supported if they were to be transferred to another service or hospital.

People were supported to maintain local connections and take part in social activities. For example, we saw evidence of one person who was supported to visit their family on a regular basis to ensure they maintained their relationship. People were actively encouraged and supported to maintain local community links. For example, people volunteered for charity organisations and some had paid employment. We also found people attended college. People were supported to attend local leisure centres. This meant that the service had ensured that people could make a positive contribution to their local community and society and avoid social isolation.

People were given a choice of activities and what they preferred to do. Each individual had their own activities and where possible group activities were arranged. However, this depended on whether people could cope with this. We observed group activities during the inspection and spend time with people who

used the service. We saw warm interactions between staff and people. People we spoke to informed us they enjoyed attending the activities and making friends. This meant the provider had provided people with meaningful day time activities to prevent social isolation.

We found the service had encouraged people to organise their own activities including fund raising for events and publicising them. This enabled people to take ownership of the activities and empowered them. Examples of the work people did during the activities was displayed throughout the service. For example, we saw a number of collections of pictures taken by the photography group. We also saw a publication called 'A quality group year' which was a picture collection of achievements and various activities people had been involved in during the previous year.

The service had a complaints procedure which was made available to people. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and advocacy organisations had been provided, should people wish to refer their concerns to those organisations. The leaflets had been written in an easy to read format. This helped enable people with different communication skills to understand them. We saw evidence of how a complaint had been dealt with and other complaints that were in progress. We also saw evidence of various compliments sent by relatives of people, thanking staff for the service. We were assured people's complaints were dealt with effectively.

Is the service well-led?

Our findings

Relatives of people who used the service spoke highly of the management team. They told us, "The service is run very well and it's reassuring." Another person said, "We are invited to the annual general meeting and it's good that they let us know how the service is running."

There was a positive staff culture within the service. This was reported by the staff members we spoke with. Staff told us: "We get on really well here." And: "Management are very approachable and I can speak to them anything, I feel listened to." Staff spoke highly of the organisation and its ethos. They told us, "It is a good company to work for." However, two of the staff we spoke to felt concerns they had raised had not been effectively responded to and felt management had not taken their concerns on board. We spoke to one of the registered managers who informed us they had an open and transparent approach and staff are encouraged to raise concerns. We saw evidence of staff grievances and how one was resolved. This showed staff had been given an opportunity to speak and seek representation. We looked at the organisation's policies and found there was a grievance policy and a whistleblowing policy, which were provided to all staff.

Professionals we spoke to informed us they had confidence in the knowledge and skills of the senior management team and enjoyed a good working relationship with them.

We found the service had clear lines of responsibility and accountability with a structured management team in place. There were three registered managers who covered different geographical locations. They were experienced, knowledgeable and familiar with the needs of the people they supported. The care staff had been delegated individual responsibilities such as person centred champion, health and safety lead and service user ambassador. Individual properties had project leaders who provided leadership and oversight on daily care delivery. Each person took responsibility for their role and were supported by the registered managers. The management team was overseen by the chief executive and a board of trustees who provided overall oversight on the service delivered. This meant the service had adequate governance systems in place.

The service had systems in place to assess, monitor and improve the quality of the service. We found regular audits had been undertaken which had identified various issues in different areas, including medicines related incidents and health and safety issues. Where audits had been undertaken we found actions had been noted and delegated to relevant members of staff to complete. However, we found some areas where formal audits had not been carried out, such as care files and medicine administration records for people who used the domiciliary service.

We discussed our findings with the registered managers who confirmed the lack of audits in these areas. However, they showed us a system of checks they had in place which they felt were able to identify some of the issues in the care files, such as spot checks by the quality monitor. They also informed us they had a new system which involved managers across the organisation auditing each other's services regularly. We were assured that the systems and processes the service had, enabled them to identify areas where safety was

compromised and to respond appropriately.

We found the service had sought views of stakeholders, including people who used the service and their relatives, about the quality of care and treatment delivered by the service. We saw evidence the information gathered had been analysed. The provider had responded to the information gathered and issues raised, including how they will resolve the issue or what they intend to do in the future, in response to the issues. This meant the provider people had shown how they considered people's views.

We checked to see if the provider was meeting Care Quality Commission (CQC) registration requirements, including the submission of notifications and any other legal obligations. We found the registered provider had not sufficiently fulfilled their regulatory responsibilities. They had submitted some notifications to CQC. However, some notifications had not been sent for certain incidents that were notifiable. Regulation requires providers should notify CQC of certain incidents. The intention of this regulation is to ensure CQC is notified of specific changes in the running of the service, incidents involving people using the service and allegations of abuse, among other things. This is so CQC can be assured the provider has taken appropriate action. This also helps to ensure CQC is able to undertake its regulatory activities effectively. The provider immediately sent all incidents that had not been notified. This was a breach of Regulation 18 of Registration Regulations 2009 -Notifications of other incidents.

People were involved in decisions about the general running of the service. We saw evidence of meetings where people who used the service had been organising events and activities. We also saw evidence of tenancy meetings. We looked at various documents including meetings people had with care staff to discuss various changes to their properties, routines and menus. Evidence showed these meetings were regular. We spoke to relatives of people who informed us they took part in the annual general meetings to discuss the service improvement plans. This meant the service had demonstrated people's voices were heard and their opinions used to shape how their care was delivered.

There were policies and procedures relating to the running of the service. These were up to date and some showed they were in the process of being reviewed as they either did not have the latest guidance or were not reflecting the latest change in practice and law. For example, mental capacity, physical interventions and restriction of liberty policies. These were under review. Staff had access to up to date information and guidance procedures were based on best practice, in line with current legislation. Staff were made aware of the policies at the time of their induction and when there were changes in the policies and procedures.

We found the registered managers were familiar with people who used the service and their needs. When we discussed people's needs the managers showed good knowledge about the people in their care. For example, one registered manager was able to identify people with very complex needs and the risks associated to these individuals. This showed the registered managers took time to understand people as individuals and ensured their needs were met in a person centred way.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found the internal communication system used in the service was effective, informative and kept staff informed of people's daily needs and any changes. They had utilised email based systems to keep registered managers and staff informed about various changes in people's care. Information was clearly documented in the communication books. Staff had been kept informed in a variety of ways including staff meetings, annual appraisals and supervision.

The service had a business continuity plan. All the properties we visited had emergency planning and

contingency plans to ensure people were safeguard in the event of emergencies. Information on how to respond had been kept and shared with people who used the service and the care staff.

We found the organisation had maintained links with other organisations to enhance the services they delivered. This included affiliations with organisations such as 'Investors in People' and local commissioning groups, learning disabilities professionals, pharmacies, local schools, charities and local doctors. We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all the information we requested. Recommendations we made were taken into consideration and acted on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider was not notifying the Care Quality Commission of reportable incidents Regulation 18(1)(2)