

# Blue Sky Care Limited

# Pure Offices

## Inspection report

Lake View Drive  
Sherwood Park  
Nottingham  
Nottinghamshire  
NG15 0DT

Tel: 01623726177  
Website: [www.blueskycare.org](http://www.blueskycare.org)

Date of inspection visit:  
25 February 2016

Date of publication:  
20 April 2016

## Ratings

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

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 25 February 2016. Pure Offices is registered to support people with their personal care. Pure Offices specialises in providing care and support for people who live with a learning disability, in their own homes and when out in the community. At the time of the inspection there were twelve people receiving support with their personal care.

On the day of our inspection there was a registered manager in place. 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.

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments had been completed in areas where people's safety could be at risk. People had the freedom to live their lives as they wanted to. Staff were recruited in a safe way and there were enough staff to meet people's needs and to keep them safe.

Accidents and incidents were investigated. Assessments of the risks associated with the environment which people lived were carried out and people had personal emergency evacuation plans (PEEPs) in place. People's medicines were stored, handled and administered safely.

People were supported by staff who received an induction, were well trained and received regular assessments of their work.

The registered manager ensured the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. Staff ensured people were given choices about their support needs and day to day life. The registered manager was aware of the requirements to apply for and implement Deprivation of Liberty Safeguards.

People were encouraged to plan, buy and cook their own food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People were supported by staff who were very kind and caring and treated them with respect and dignity. Treating people with dignity was one of the provider's top priorities. Innovative methods were used to communicate with people to make them feel their views mattered and they would be acted on. Staff responded quickly to people who had become distressed. There was a high emphasis on person centred care and staff were aware of the importance of encouraging people to live their lives as independently as possible.

People were able to contribute to decisions about their care and support needs. People were provided with an independent advocate, if appropriate, to support them with decisions about their care. People's friends and relatives were able to visit whenever they wanted to.

People's support records were person centred and focused on what was important to them. The records were regularly reviewed and people and their relatives were involved. People were encouraged to take part in activities that were important to them and were provided with the information they needed, in a format they could understand, if they wished to make a complaint.

People, relatives and staff spoke highly of the registered manager; they found him approachable and supportive. The registered manager understood their responsibilities and ensured staff felt able to contribute to the development of the service. Staff roles were developed and the risks to the service were explained to them. People who used the service were encouraged to provide their feedback on how the service could be improved. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

## 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 were supported by staff who could identify the signs of abuse and knew the procedure for reporting concerns.

The registered manager had the processes in place to ensure that all accidents and incidents were appropriately investigated. Assessments of the risks to people's safety were conducted and regularly reviewed.

Regular reviews of the environment in which people lived, along with plans to evacuate people safely in an emergency, were carried out.

People were supported by an appropriate number of staff to keep them safe. Safe recruitment processes were in place.

People's medicines were stored, handled and administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff felt supported by the registered manager, were well trained, and had the quality of their work regularly assessed.

People's records showed the principles of the MCA had been adhered to when a decision had been made for them.

People were supported to follow a healthy and balanced diet and were encouraged to plan, buy and cook their own food.

People's day to day health needs were met by staff and external professionals and referrals to relevant health services were made where needed

### Is the service caring?

Outstanding ☆

The service was very caring.

People had an excellent relationship with staff who were kind, caring and respectful.

Staff had a detailed understanding of people's needs, used innovative ways to communicate with them and treated them with respect and dignity.

Person centred care, encouraging independence and treating people with dignity were the provider's main objectives.

People were provided with the information they needed that enabled them to contribute to decisions about their support. Where needed, independent advocates supported people with making important decisions.

People were encouraged to maintain meaningful relationships with friends and relatives. Where able, staff were supportive with end of life care.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's support records were written in a person centred way. People were involved with the planning of their care and support.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People spoke highly of the registered manager. The registered manager understood their responsibilities and ensured staff knew what was required of them.

People, relatives and staff were encouraged to provide feedback on how the service could be improved.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

# Pure Offices

## 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 25 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that staff and people who used the service would be available.

The inspection was conducted by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, six relatives, five members of the support staff, and the registered manager. We also visited three people in their home and carried out observations of staff interacting with them.

We looked at the support records for six of the people who used the service, and also reviewed parts of other records for other people. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

After the inspection we spoke with four health and social care professionals who gave us their views on the quality of the service provided.

## Is the service safe?

### Our findings

People and their relatives told us they felt they or their family members were safe when staff supported them. One person said, "Yes, I feel safe when the staff are here." Another person said "They [staff] help me to stay safe." A relative said, "[My family member] is absolutely safe. I have no concerns whatsoever." Another relative said, "I trust the staff 100% to keep [my family member] safe."

People were provided with the information they needed to be able to identify what safe care means and what they should expect from staff when they supported them. Regular meetings were held with people where they were able to raise any concerns they may have about their safety.

The risk of people experiencing abuse was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. Staff attended safeguarding adults training and were aware of who they could speak with both internally and externally if they had concerns. This included reporting concerns to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

The registered manager responded quickly to any allegations of abuse, however minor, and clear reporting processes were in place to ensure MASH and the CQC were notified. Records showed other investigations were carried out where people's safety was or could be at risk. The registered manager told us changes to company policy and procedures would be implemented to protect people's safety where a risk had been identified.

Assessments of the risks to people's safety were conducted. There were detailed individual risk assessments for each person in relation to their care needs and behaviour. These included, accessing the community, the environment in which they lived and their ability to manage their own individual safety. Each risk assessment had been regularly reviewed to ensure the support plans in place to manage the risk, were appropriate to each person's individual needs.

Each person's support records contained a support plan and assessment of the person's ability to carry out tasks independently and safely, ensuring their freedom was not unnecessarily restricted. People told us they were able to live their lives in the way they wanted to, and the relatives we spoke with agreed. One person said, "I get to choose what I want to do." Another person said, "I can do things for myself, the staff just help if I need them." A relative said, "The staff never restrict [my family member]. They are really supportive."

We looked at records which contained the documentation that was completed when a person had an accident, or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager, or other appropriate person, and they made recommendations to staff to reduce the risk to people's safety. The registered manager carried out regular analysis of these incidents to identify any trends. This enabled them to put preventative measures in place, if needed, to reduce the risk of reoccurrence.

The risk to people's safety had been reduced because regular assessments of the environment they lived in were carried out and regularly reviewed. People's support records contained a personal emergency evacuation plan (PEEP) that identified each person's individual needs in a case of an emergency. Regular fire drills were also carried out to ensure people were aware of what would happen if there was a fire at their home.

People told us there were always enough staff available to keep them safe when they needed them. One person said, "There are always staff here. They help me when I'm poorly." Another person said, "I'm never left alone." A relative told us they were happy that their family member was never left alone, or left waiting for staff to arrive at their home. Another relative said, "There is always someone there, I have no worries about that."

The registered manager told us staff numbers were regularly reviewed to ensure they met people's changing needs. Records showed staff numbers were discussed during staff meetings, team leader meetings and senior management meetings. They also told us the regular review of accidents and incidents and other factors within the service, meant they were able to increase staff in a timely manner. During the inspection we visited three people within their own homes. They had the appropriate numbers of staff in place which was stated within their support records. Records showed where people had been assigned continuous supervision, also known as 'one to one' support, this was provided.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. The staff we spoke with felt there were. One staff member said, "People are safe. We are always here to help and the manager is just a call away if we need them."

The registered manager told us they had clear recruitment processes in place to ensure people were protected from the risk of unsuitable staff. Records showed that before all staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. These were also reviewed every three years to ensure any future offences committed by staff could be identified. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider in making safer recruitment decisions.

Where appropriate, processes were in place that ensured staff supported people safely with their medicines. People told us they were happy with the way staff supported them with their medicines. One person said, "I get my tablets when I need them." The relatives of people who required staff support with their medicines, all spoke positively about the way the staff supported them. One relative said, "They [staff] support [my family member] with their medicines. They remind them to take them. I have no worries."

During our visit to the homes of three people we checked to see whether their medicines were stored appropriately. Medicines were stored safely in locked cabinets. Checks of the temperature of the cabinet the medicines were stored in were not currently carried out. Regular checks ensure that medicines are stored at a safe temperature so as not to reduce their effectiveness. After the inspection the registered manager told us they had purchased thermometers to ensure these could be carried out. No medicines were required to be stored in a refrigerator.

People's medicine administration records (MAR) were appropriately completed. They were used to record when a person had taken or refused to take their medicines. In each person's MAR there were photographs of them to aid identification, information about their allergies and the way they liked to take their medicine.

Individualised processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times.

There was evidence of regular medicine audits being completed. Staff administering medicines told us they had completed medicines management training and their competency was regularly checked. Records viewed confirmed this. Medicines policies for each aspect of medicines administration and management were in place.

## Is the service effective?

### Our findings

People spoke positively about the way staff supported them. One person said, "The staff are cool, but if I'm not happy they are there for me." Another person said, "They [staff] are there for me." Relatives felt the staff who supported their family members were knowledgeable, well trained and understood how to provide effective care. One relative said, "I've never heard [my family member] say a bad word about the staff." Another said, "I can't praise them enough. They [staff] are brilliant."

Staff had received an induction to provide them with the skills needed to support people in an effective way. A member of staff said, "My induction was fine. I did e-learning, fire safety, medicines, care planning. I had lots of training." The registered manager told us staff completed their induction along with key areas of training such as how to support people living with autism before they commenced their role. They also told us all new staff were expected to complete the 'Care Certificate' training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Plans were also in place to give other staff the opportunity to complete the Care Certificate.

All staff were enrolled on an on-line e-learning programme. This provided staff with a wide ranging and on-going training programme to ensure they had the skills to provide people with effective support. In addition to this, staff completed face to face training and other specialist training. Records showed staff had completed training in a number of areas deemed essential for their role. These included, safeguarding of adults, mental capacity, dignity awareness and the safe moving and handling of people. We viewed the training matrix, used by the registered manager to monitor what training staff had completed. This showed the vast majority of training was up to date with a very small number of exceptions. The registered manager told us they were aware of these gaps and had spoken with the staff to request they complete this training by an agreed date.

Staff spoken with told us they felt well trained. One staff member said, "I have done the training I need to do my job well. Although I am always ready to learn more."

We spoke with four healthcare professionals after the inspection. They agreed that staff carried out their role effectively. One professional said, "I feel they do try to meet the service users' individual needs and choices and they seem to be flexible in order to make this work."

Staff told us they felt supported by the registered manager and received regular supervision and an annual appraisal of their work. Records viewed supported this. Staff also had personal development plans in place to agree how they wanted their skills and career to develop. This included staff being encouraged to complete nationally recognised qualifications in adult social care.

People's support records contained individualised communication support plans to provide staff with the guidance they needed to communicate effectively with people. When we visited the three people within

their own home we saw each person had varying communication needs. Staff used a variety of verbal and non-verbal techniques to communicate effectively with them. The techniques used were carried out in line with the guidance as recorded within their support plan records.

People's support records contained individualised guidance on how they wanted and needed to be supported if they presented behaviours that challenge. All of the staff we spoke with had a good understanding of these processes. During our visit to people's homes we saw staff use these techniques effectively. Records showed staff had completed training in areas such as, positive behaviour and intervention, communication and Makaton. Makaton is a language programme which uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. With Makaton, children and adults can communicate straight away using signs and symbols

People told us they were offered choices by staff. Relatives told us they were happy with the way staff gave their family members choices and options and never forced them do anything that was not in their best interest. One relative said, "They [staff] always seem to give options. They never dictate, just offer calm choices." Staff could explain how they ensured they gave people choices and only made decisions for them, when they were unable to make them themselves and they were in their best interest.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

The staff we spoke with had a good understanding of the MCA and could explain how they used it effectively when supporting people. One staff member said, "It is about assuming someone has capacity, unless it has been assessed as otherwise."

In each person's support records we saw people's ability to make decisions had been assessed in a wide range of areas, such as their ability to manage their own medicines and finances. Where decisions were needed to be made, that they could not make for themselves, meetings were held with other appropriate people such as relatives and external health and social care professionals. This ensured that decisions were always made in a person's best interest.

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). Staff had a good understanding of what DoLS meant for people. Where needed, appropriate applications had been made and the appropriate safeguards were in place.

People were involved with and actively encouraged to plan, buy and cook their own food where able. People told us they held regular weekly meetings with the staff and the others they lived with and planned their meals for the week. Staff told us people enjoyed doing the shopping and cooking their own food as it gave them a greater sense of independence.

During our visit to a person's home, we saw staff encourage them to make their own packed lunches ready for their day out the next day. Staff supported the person where needed, encouraged healthy options, but gave the person the freedom to make their own food and drink choices.

All of the relatives we spoke with told us they were happy with the way their family member's meals were planned for and felt staff encouraged, wherever possible, their family member to follow a healthy diet. A person who used the service explained how staff had supported them to lose weight and they very proudly showed us the certificates they had gained to prove their weight loss.

People's support records gave staff clear guidance on the foods that people liked and disliked, any allergies they may have, and any risks they may face when eating. For example one support plan advised staff how to reduce the risk of a person choking. When referrals to dieticians or speech and language therapists (SALT) were needed, due to weight gain or loss or a choking risk, these were done so in a timely manner.

People and their relatives told us they were happy with the support they or their family members received from staff with their day to day health needs. One person said, "They [staff] help me" A relative said, "If [my family member] needs to see a GP or needs any help the staff are always there to help."

People's day to day health needs were met by staff. People's records contained numerous examples where people had attended external health and social care appointments. These included visits to see a GP or dentist.

People's support records were regularly updated to record any changes to people's health and these were regularly monitored by staff and the registered manager. The health and social care professionals we spoke with after the inspection told us they felt the staff acted on their guidance and supported well with their day to day health needs.

## Is the service caring?

### Our findings

People who used the service and the relatives we spoke with all felt the staff were kind and caring and genuinely cared about them or their family members. One person who used the service, "I love them [staff], they are my friends." Another person said, "I am so lucky to have them." A relative said, "Everything they [staff] do is above what is required. Their attention to detail is second to none. Their number one priority is for [my family member] to be as happy as possible." Another relative said, "The staff are fantastic. I'm always thinking about what a fulfilling life [my family member] leads. I never dreamed [my family member] would get the quality of care that they do."

A health and social care professional said, "I do feel there is genuineness from the staff I met, they seemed very fond of all the service users [they supported]." Another told us they felt staff were very passionate about their role and committed to their work.

Staff spoken with could explain how they provided compassionate care and support for people. The registered manager told us their staff regularly went above and beyond the expected level of support people required, but did so because they and their staff genuinely cared for the people they supported. They gave an example where a person they supported needed to go to hospital. This was outside of the hours the staff supported this person. The registered manager, acknowledging that the person needed their support, arranged for staff to help and go with them to hospital. The registered manager said, "Although this was outside of the 'work hours' for this person, we couldn't say no when they needed us."

A health and social care professional agreed that staff were flexible when supporting people. They said, "The support worker who is involved with my service user has been very flexible in their approach and has even changed their days off to accommodate the service users' chosen activities."

People's support records showed that their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. We spoke with the relative of a person who told us the staff were very supportive in the way they encouraged their family member to attend religious events with them. The staff we spoke with were all knowledgeable about people's religious or cultural needs.

Innovative ways of talking and listening to people were incorporated in the daily support people received from staff. 'Talk Time' was used regularly. This process gave people the opportunity to talk with their key workers to discuss anything they wanted to. This included a review of their support records but also included areas such as the activities they wanted to do or the food they wanted buy. We observed staff use a variety of verbal and non-verbal methods to communicate with the people they supported. People responded positively to the staff and all interactions were calm and friendly.

A relative said, "To get [my family member] to communicate you really need to know them well. The staff have done this brilliantly. I am so pleased; [my family member] is a different person." Another relative said, "They know [my family member] inside out. They know [my family member's] mannerisms. [My family

member] cannot talk and tell you how they are feeling. The staff know the signs and are brilliant at spotting things before they escalate."

People were given the option of attending the staff 'Away Day', titled, 'Recognising People – Transforming Lives'. One person agreed to attend and was invited to give a talk about what being supported by the staff meant to them. We spoke with two staff about this and they told us it was an enlightening experience that made them reflect on the way they supported people. We spoke with the person's relative about this experience and they told us they were excited and proud to be given the opportunity.

Records showed staff had received training for 'person centred thinking and planning'. The registered manager told us this training was important as it gave staff a better understanding of how to ensure that people received their care and support in the way they wanted it. The staff we spoke with had detailed understanding of people's care and support needs. They knew what people liked and disliked and could explain, in detail, people's personal history and how that could affect them, both positively and negatively.

A relative we spoke with said, "The staff are absolutely attuned to what is needed to support [my family member] in the way they want to be supported." Another relative said, "[My family member] can be difficult, but they [staff] know exactly what to do. They really do care. It doesn't seem like just a job to them."

During our visit to three people's home we saw staff responded quickly if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. It was clear that staff and the people they supported had an excellent rapport and people responded positively to the staff.

People and their relatives were actively involved with the planning and making of decisions about their or their family member's support needs. Regular meetings were held to review people's needs. These reviews were also used to discuss ways that any barriers to people's personal development could be overcome. A relative said, "Staff have regular discussions with each other and with me to see how any problems can be overcome. They [staff] really are superb."

Regular 'impact assessments' where people and relatives were asked to comment on the impact a decision had had on the person were regularly carried out. We reviewed many of these records and saw the feedback in the large majority of examples was very positive, and where improvements were needed, action plans were put in place. Some of the feedback recorded included, 'We are really impressed with the staff input, the communication and the relationship between them [staff] and [my family member]. We are really pleased with the activities being organised. Overall we know [family member] is very happy. This is all we could have asked for.' A healthcare professional commented, '[Name] now uses buses independently instead of staff transport. They also use the gym and swimming pool independently. This wouldn't have happened two months ago.' These were some of the examples of how people's lives had been improved by the support they received from staff.

People were provided with a 'welcome guide' when they first used the service. This guide provided people with, in a format they could understand, information about how to keep themselves safe, the services' approach to equality, diversity and human rights and how staff would use different ways to communicate with them. Information was also provided about how they could access advice from an independent advocate if they wanted it. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People were provided with information about what they should expect from staff when they supported them in their own home and how they could expect their rights to be respected. This included treating them

with respect, not eating their food and not using their mobile phones. People told us the staff were respectful when they were in their home. A relative said, "I trust them [staff] 100%."

The provider's 'mission statement' contained the following phrase, 'We enable the individuals we support to identify and achieve their dreams and aspirations and encourage people to have autonomy in their everyday lives.' People's support records reflected this statement and showed there was a strong emphasis on encouraging people to develop and improve their lives and to be able to lead as independent a life as possible. The staff we spoke with could explain how they supported people to be independent.

People's support records contained assessments of their ability to undertake tasks and to make decisions about their life independently of staff. People we spoke with felt empowered to lead their lives in the way they wanted to. One person said, "I'm encouraged and helped to do what I want to do. When I was unhappy with my weight, they [staff] helped me. I said I wanted to run my own exercise class to help others and they helped me with that too. I am really happy."

Relatives also agreed that their family members were encouraged to lead as independent a life as possible. One relative said, "They really do help [my family member] to do as much for themselves as possible. You really can't buy this type of service." Another relative said, "They have managed to get [my family member] to think about their own life. [My family member] talked to me about how they were cleaning their home and how much pride they now have in doing so. I can't believe how much they [staff] have done for [my family member]."

The staff we spoke with explained providing people with support in a dignified way was discussed with them during their induction and was then continually discussed during supervision and team meetings. Records showed staff had completed dignity awareness training. The registered manager told us the provider had set up regular meetings between all services within the provider group where a 'dignity champion' from each service, met with others, to discuss ideas for improving the way people received dignified care from staff. All of the people and relatives we spoke with felt staff supported them or their family members in a dignified way.

People told us staff respected their privacy when supporting them. People told us staff always knocked on their door before entering and we saw staff leave people alone when they asked to be.

There was a respectful and compassionate approach to end of life care. The registered manager told us that due to the type of service provided, deaths were rare. However, records showed that where people wanted to talk about what support they would like at the end of the life, this had been discussed with them. The registered manager told us they had recently supported the family of a person who had passed away; the person used to receive support from the service. They helped to arrange their funeral, ensure all staff, both past and present, were able to attend, and when they were invited to speak at the funeral by the family, they respectfully accepted. We also saw the registered manager had included a tribute to the person in the service's newsletter.

We spoke with the person's relative. They said, "When [my family member] passed away, we had no idea how to arrange the funeral. [The registered manager] helped me so much. A lot of the staff came to the funeral, we found that so respectful."

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. People were supported to send birthday cards to relatives and were able to see them when they wanted to.

## Is the service responsive?

### Our findings

People told us they led an active and varied social life and were able to take part in the hobbies or activities that were important to them. One person said, "I go on holiday, I go out with my friends. It's great." Another person said, "I go and see my friend at the disco." Relatives spoke highly of the activities their family members were encouraged to take part in. One relative said, "[My family member] goes out a lot. They have gone to Blackpool, are going abroad later this year and they have been to the theatre. [My family member] is very happy." Another relative said, "[My family member] goes to places they could only have dreamt of. They've [staff] done that. They have given [my family member] a new lease of life."

The staff we spoke with told us there was a flexible approach to the activities at the home. They told us regular discussions were held with people about what they wanted to do and when, and then plans were put in place to support them with this. The staff we spoke with all said that people were able to do what they wanted to, when they wanted to.

A relative told us they were happy with the way the registered manager had supported their family member to plan to achieve one of their goals to go on holiday abroad. We discussed this with the registered manager. They told us they were aware of the person's wish and, through discussions with relatives and health and social care professionals, had agreed a plan of action to make this happen. This included taking the person on a short haul flight in the United Kingdom first, to see whether they were happy with the going on the plane. Once that had been achieved, then further plans would be put in place to travel abroad. This was an example of the registered manager and staff using innovative ways to help people achieve their goals.

Records showed that when people had tried a new activity, impact assessments were carried out to establish what went well and what could be improved. We viewed some of these records. Comments from relatives and others included, '[My family member] is happy and enjoys a very good social life. We would like to thank the dedication of the staff.' And, '[Name] seems very happy and comes in looking glamorous'.

Before people started using the service, pre-assessments were carried out to ensure the staff had the right skills and experience to meet their needs. They were then matched with the members of staff who were best equipped to support them. People's records were regularly reviewed with them and/or their relatives where appropriate. Key workers and/or the registered manager carried out the reviews and where changes were needed; they were agreed and then implemented. Relatives told us they had been involved with this process. One relative said, "We have regular meetings but also keep in contact by phone or text. We have no issues with this at all."

People's support records were written in a way that showed their views were central to the care and support planned for them. Documents included, 'What people like and admire about me, what is important to me and how best to support me'. These documents were updated regularly to ensure if people's views or needs changed they were reflected in their support records. The staff we spoke with had a wide and detailed knowledge of the people they supported.

People's support records contained guidance for staff on how people would like their personal care to be provided. People had varying levels of ability to carry out tasks independently of staff. The registered manager told us that one person did not like male support staff in their house. They had ensured that only female staff attended. They also told us the person has recently accepted contact with the registered manager (who is male) over the phone to discuss their support needs. The registered manager told us they were proud that they had made this breakthrough and wanted to continue to develop a good relationship with the person.

People were provided with an 'easy read' format of how to make a complaint. This format provided people with signs, symbols and pictures to assist them with their understanding of the information. None of the people we spoke with raised any concerns about this process. One person said, "They [staff] listen." Relatives we spoke with also felt able to make a complaint and that it would be acted on. One relative said, "I've never needed to make a complaint." Another said, "If I've ever had to raise a complaint or concern, they [the registered manager] have always sorted things out."

We reviewed the provider's complaints policy and complaints register. We saw complaints had been responded to, in line with the company policy.

## Is the service well-led?

### Our findings

People, staff and relatives were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. As well as contributing to the 'talk time' initiative and regular reviews, people were also encouraged to give feedback via questionnaires. We saw questionnaires were analysed and individual action plans were put in place to address any areas of improvement.

There were regular meetings for people who used the service to discuss their views on the quality of the service provided. Regular staff meetings were also held. Minutes of these meetings showed a wide variety of issues were discussed, along with staff having the opportunity to raise any concerns they may have.

When we visited people in their home we saw they and the staff had a positive relationship with the registered manager. Staff told us they felt the registered manager was open and transparent and welcomed their views on how to improve the service. All relatives we spoke with agreed.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place. Staff understood their roles and were held accountable for them. Regular team meetings, supervision and team leader meetings were held to enable staff to give their views but also to receive constructive feedback both individually and collectively.

Staff felt encouraged to develop their skills and felt confident that the registered manager continually looked for ways to improve the quality of the staffing team. Staff told us they felt they were able to build a career at the service. The registered manager told us they wanted to develop the skills of the staff, to ensure they felt supported, but also to encourage them to stay, which ultimately would lead to a higher quality and consistent service for people.

The provider's mission statement and values clearly explained to people who used the service what they could expect from the staff who supported them. The staff we spoke with had a clear understanding of these and could explain how they incorporated them into their role. The registered manager told us during their weekly quality monitoring process they reviewed whether they were effectively meeting these values.

A regular newsletter was provided for people, relatives and staff. We looked at the most recent version. It included helpful information about the service, an update on the recent staff away day and a tribute to a person who had recently passed away.

People and staff were supported by a registered manager who understood their role and responsibilities. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

All of the staff, people who used the service and relatives spoke highly of the registered manager. A person who used the service said, "I like him [the registered manager]. He is really nice." A member of staff said,

"The manager is great. He is very encouraging and really helped me with my confidence." A relative said, "I can't fault the manager in any way. His phone is always on and it is clear he genuinely cares about everyone."

A health and social care professional we spoke with after the inspection told us they felt the home was well-led and the registered manager communicated well with them. They also said, "I haven't any concerns regarding the manager, he contacts me and updates me with info as needs be; he responds quickly to any issues."

The registered manager had a variety of auditing processes in place that were used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly. These included weekly and monthly audits as well regular senior management reviews conducted for the provider. Where areas for improvement had been identified, action plans were put in place to address them. These were then continually reviewed to ensure sufficient progress was made.

The service's provider, Blue Sky Care Limited had achieved Investors in People status. Investors in People is an internationally recognised standard which defines what it takes to lead, support and manage people well for sustainable results. In achieving this, the provider has shown that it has invested in their staff in order to provide the people they support with a high quality service.