

Affinity Trust

# Affinity Trust - Domiciliary Care Agency - South

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 17, 18 and 19 February 2016, and was announced. This was to ensure people and staff we needed to speak to were available.

This service supports people with learning disabilities, including autism, sensory impairment and physical or mental health needs, in the counties of Berkshire, Surrey and Hampshire. People were supported with personal and domiciliary care in their own homes. This included supported living housing locations. These are self contained homes in shared tenancy housing, and sometimes include 24 hour care support. At the time of our inspection 55 people were supported with personal care.

Within this report we sometimes refer to staff. This is used to describe all staff roles, including support workers, team leaders and support managers. Each supported living location was managed on a day to day basis by a team leader and/ or support manager. Support managers oversaw several supported living locations for day to day needs, and reported to the registered manager.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

People were protected from potential harm, because staff were trained to recognise and deal with possible abuse. People felt safe with the staff who supported them.

Risks affecting people's health and wellbeing had been identified. People were supported to manage risks safely without affecting their chosen activities and lifestyle.

There were sufficient staff deployed to support people's needs safely. Recruitment checks and roster reviews provided assurance that people's commissioned care was fully met by support workers of suitable conduct.

People were supported to take their prescribed medicines. Support workers were trained and assessed to ensure they administered people's medicines safely. Records demonstrated that support workers followed the provider's training and guidance to protect people from potential medicine administration errors.

People were supported by staff who completed and regularly refreshed their training. This ensured they had the skills required to meet people's needs effectively. Staff had regular supervisory meetings that provided opportunities for skills and development review, as well as discussion of issues. Support workers and their managers were effectively supported to resolve any concerns identified.

People were supported to make decisions about their care and support. Staff understood and implemented the principles of the Mental Capacity Act (MCA) 2005. People's relatives confirmed that they were involved in

best interest decisions where people were assessed as lacking the understanding to make an informed or complex decision. The registered manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and had applied to the Court of Protection for these when necessary. DoLS ensure that where people's liberty is restricted, this is only to protect them from identified potential harm, is as least restrictive as possible, and is applied in accordance with the MCA 2005.

People were supported to maintain a healthy diet. People's dietary and health needs were managed effectively, because support workers liaised with and followed health professionals' guidance.

Support workers treated people with compassion and care. They provided reassurance and comfort when this was needed, and took pride in people's developing independence. They understood people's wishes and preferences. People's cultural, religious and gender preferences were recognised and respected. People were able to seek privacy when they wished, and staff treated them in a dignified manner.

People and those important to them were involved in agreeing and reviewing their plan of care. Changes were identified promptly to ensure people's support plans remained current, and met their needs and wishes.

Feedback was welcomed, and used to influence changes in the service. Complaints were managed and resolved in accordance with the provider's policy. The registered manager liaised with families to ensure concerns were addressed to their satisfaction.

Staff understood and demonstrated the provider's values of inclusiveness and empowering people's independence as far as possible. Despite some concerns regarding changes to people's commissioned care regarding the change from residential care to supported living, support workers took pride in the quality of care they provided.

Staff spoke positively of the leadership provided by the registered manager and divisional director. People's relatives told us communication was improving, and they had no concerns about the quality of care people experienced.

The provider's quality audit framework ensured issues were identified and addressed. Progress towards resolution of issues was monitored by the divisional director to ensure changes were embedded into practice. Learning was shared in management meetings to drive improvements to the service. The service was well-led.

## 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 protected from abuse. Staff had completed safeguarding training and understood the process to recognise and report possible abuse. Allegations were robustly investigated.

People were protected from harm because risks were identified and managed safely.

Staffing levels were sufficient to meet people's needs safely. People were cared for by staff of suitable character.

People were protected from the risks associated with medicines, because appropriate checks and records ensured that they were supported to take their prescribed medicines safely.

### Is the service effective?

Good ●

The service was effective.

Staff were supported, trained and skilled to effectively meet people's health and care needs.

People were supported to make informed decisions about their care by support workers who understood and implemented the principles of the Mental Capacity Act 2005.

People were encouraged to maintain a nutritious and healthy diet, and identified dietary needs were managed effectively.

People's health needs were effectively managed in accordance with health professionals' advice.

### Is the service caring?

Good ●

The service was caring.

People were supported by support workers who demonstrated kindness, thoughtfulness and compassion.

People were encouraged and supported to develop their independence.

Staff understood people's wishes and interests, and respected their differences.

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

**Good** ●

The service was responsive.

People were supported in accordance with their current and changing needs and wishes.

Feedback from people and their families was welcomed, and actions implemented to address any issues raised. Complaints were resolved appropriately in accordance with the provider's policy.

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

**Good** ●

The service was well-led.

People experienced care that reflected the provider's values, and were included in the running of the service.

Staff spoke positively of the leadership and support provided by the registered manager and divisional director.

Audits, reviews and meetings identified areas of improvement required. Reports demonstrated these were regularly reviewed and addressed to ensure people experienced high quality care.

# Affinity Trust - Domiciliary Care Agency - South

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 17, 18 and 19 February 2016 and was announced. The provider was given 48 hours' notice because the service provides domiciliary care, and we needed to be sure staff we needed to speak with would be available.

Before the inspection we looked at notifications and other information that we had received from or about this service. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Review (PIR) had been submitted in February 2016. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited people in six supported living locations, with their permission. We spoke with five people supported by the service, and met a further 11 people. They were unable to tell us about their experience of care, so we observed their care and support. We spoke with four people's relatives after our inspection to capture their views of people's care. During our inspection we spoke with ten support workers, and eight team leaders and support managers. We also spoke with the registered manager and divisional director.

We reviewed five people's support plans, including daily support records, and medicines administration records (MARs) for ten people. We looked at four staff recruitment records, and reviewed training records from a central schedule. We viewed the provider's policies, procedures and records relating to the management of the service. We considered how comments from people, staff and others, as well as quality assurance audits, were used to drive improvements in the service.

We last inspected this service on 9 September 2014, and did not identify any areas of concern.

## Is the service safe?

### Our findings

One person told us "I feel safe with staff", and relatives told us people were safe and well cared for by staff. One relative told us their loved one was "Always happy. I would know if something was wrong". Another relative told us their loved one had raised concerns about a member of staff who they no longer wanted supporting them. They explained the investigation and actions the registered manager had taken, and told us "I appreciate that they reacted". They confirmed that the staff member no longer supported the person, in accordance with their wishes.

The registered manager told us of the process to ensure all safeguarding issues and concerns were robustly investigated. Staff completed and refreshed safeguarding training. They were able to identify indicators of abuse, and understood the procedure to report their concerns. One support worker described how changes in one person's planned activities had been made to protect them from potential abuse. They told us the team leader had been prompt to respond to their concerns raised out of office hours.

One person was playing a ball game with support workers. They threw the soft ball at staff, then laughed as they pretended to be afraid when staff threw the ball back. They demonstrated that they felt secure and safe in the care of the staff supporting them. Minutes from a house meeting held in a supported living location explained how a person had requested advice on how to raise concerns if they felt unsafe when staff were not present. They were told to call the police, then call the service out of hours number for additional support and police liaison. People were supported to understand the measures in place to keep them safe.

Risks associated with people's preferred activities had been identified and assessed. Actions were explained and implemented to protect people from harm while supporting them to do the things that were important to them. For example, one person enjoyed walking to their day centre alone, and used this time to reflect and calm down between times of sociability. Support workers understood this period of quiet was important to the person, but recognised the vulnerability of this person in the community. They had agreed with the person that they accompany them at a distance to ensure the person was protected from potential harm.

Other risks affecting people, for example associated with dietary needs, were identified and managed appropriately to promote people's safety and wellbeing. For example, risks associated with choking were managed as people were reminded to cut their food into small pieces and eat small mouthfuls. Support workers were aware of people's allergies, and behaviours that could challenge or harm the person or others. Guidance in people's support plans provided staff with the knowledge to manage identified risks safely, and support workers demonstrated their understanding of these in the support they provided.

People had personal evacuation plans that guided them to leave their home safely in the event of an emergency, such as fire. The provider's policy for dealing with emergencies ensured staff had guidance to support people to manage events such as severe weather, utility failure or inadequate maintenance in their homes. Following a recent emergency evacuation, support workers discussed actions that could improve people's response to the fire alarm. Support workers reminded people of the procedure to follow, and



arranged for a fire safety officer to speak with them to help them understand how to keep safe. Risks associated with people's care and support were identified and managed safely.

People and their relatives had no concerns regarding staffing levels. Relatives told us there was some use of agency staff, but a core group of long term support workers known to people provided them with consistent care and support. They believed people's care needs and wishes were met promptly, and there were sufficient staff to support planned activities.

Support workers told us there were some staff vacancies, but they were able and content to cover additional shifts to ensure there were sufficient staff on duty. They understood the impact unknown staff had on people, and avoided this as much as possible. Where agency staff were used, support workers confirmed the same staff were used regularly to ensure people received consistent care. The registered manager explained that they had struggled to recruit to vacant positions in one geographical area. They had run a recruitment open day on 16 February 2016, and were confident that they had identified sufficient suitable applicants to fill these vacancies. The registered manager confirmed that people's core hours of commissioned care were fully met, and support managers reviewed staff rosters regularly to ensure that sufficient staffing was available to meet people's needs.

Records demonstrated a robust recruitment process that met legal requirements. All required checks had been completed, including identity, reference of good conduct in previous employment and full employment history. Disclosure and Barring Service (DBS) checks were completed and refreshed every three years to assure the provider that support workers remained suitable for their appointed role. DBS checks disclose criminal records that may mean an applicant is unsuitable to support people. The provider took all appropriate actions to assure themselves that staff employed were of suitable character to support people safely.

People confirmed that support workers assisted them to take their prescribed medicines. One person told us support workers gave them tablets to alleviate headaches when they had them. This was reflected in their PRN medicine administration record (MAR). PRN medicines are those given as prescribed to manage occasional health needs, such as pain relief.

Support workers told us they had completed training and were practically assessed to ensure they remained competent to manage and administer people's medicines. They were able to explain the medicines used for people's health and wellbeing, as they understood what each medicine was prescribed for. They supported people to understand what their medicines were for, so that people understood the importance of taking their medicines to maintain their health. Support workers were aware of people who required prompting or assistance to take their medicines, and how they preferred to take their medicines.

MARs demonstrated that people received their prescribed medicines safely, at the correct times of day. We did not identify any unexplained gaps in people's MARs. Stock check records demonstrated that medicines were stored and monitored regularly. This ensured people had sufficient medicines available to meet their health needs. Risks associated with people's medicines had been identified, and measures put in place to protect people from harm. People were supported to take their medicines safely.

## Is the service effective?

### Our findings

New staff completed on line training to ensure they understood key topics such as safeguarding, infection control and health and safety, before they worked in people's homes. This training was valid for a 12 week period, during which all staff were expected to complete a nationally recognised care certificate, which provided more in depth training in mandatory topics, and shadowed experienced support workers. In addition, further training was provided to ensure support workers had the skills required to meet the specific needs of the people they supported, such as epilepsy care or meeting people's dietary health needs.

A support worker explained how one person's changing needs meant the staff supporting them required additional training. This had been provided by a health professional before the person left hospital, ensuring support workers had the new skills required to meet the person's needs on discharge. Training in the use of hoists was specific to the type of hoist and tailored to the individual supported. Staff were confident that they had sufficient training and guidance to meet people's needs effectively.

A support worker told us "I love the training, it has made me a better carer" and described the training as "Fantastic". A support manager told us they were "Very impressed with the quality of training". A recent training report demonstrated that staff training had been completed and refreshed regularly to ensure people were supported by skilled staff.

Support workers told us they felt supported. They stated they were able to access support and guidance from the registered manager or divisional director if this was lacking locally. Team leaders and support managers worked alongside support workers on some shifts. Support workers told us this meant their line managers had a better understanding of the problems they faced when supporting people.

Support workers told us they had regular supervisory meetings, in accordance with the provider's policy. This gave them the opportunity to raise and discuss issues and career development. One support worker told us "The managers are very approachable. I can have a good chat with the boss". A support manager told us supervisory meetings provided the opportunity to discuss concerns and resolve issues. They valued support workers' "Creative ideas" to promote people's independence, and described how they encouraged support workers to take ownership of changes to people's care. Staff were supported to raise and address concerns, to ensure people were supported effectively.

We observed, and people confirmed that they were encouraged to make decisions about their care and lifestyle. Support workers understood their role in supporting people to make informed decisions about their lives. One support worker told us how they offered people options and explained healthy choices, but supported the person's preference. They said "It's their wishes, how they want to live their lives". Another support worker explained that it was important to support people to "Make their own choices. They told us "I explain the impact of their choices" to ensure people made informed decisions about their life style.

People's support plans documented 'how to explain things so that I understand', noting appropriate time, location and subject matter for these discussions. A communication profile and dictionary assisted support

workers to understand people's preferred method of communication, for example verbally, or using gestures or pictures of reference. This ensured that support workers understood how to help people to understand the choices available to them, and make informed decisions about their care and support. These choices were documented in people's support plans to inform the care they experienced.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood when it was appropriate to consider whether DoLS was required, and used a screening tool document to identify restrictions to people's liberty. People's support plans noted when a mental capacity assessment had been completed, and any restrictions affecting their liberty, for example the use of door alarms to alert support workers when people left their home. DoLS were implemented appropriately to protect people from harm when they were unable to recognise this for themselves.

Where people had been assessed as lacking the mental capacity to make a specific decision for themselves, documents recorded the process of assessment and best interest decision to promote their best interest, for example through medical intervention. People, their relatives, staff and health professionals were involved in the process to ensure an appropriate decision was made on the person's behalf. One relative described the process of a best interest decision to address a health issue affecting their loved one. They had not initially agreed with the decision made on the person's behalf. They explained how staff had helped them to understand the impact of their wishes on the wellbeing of the individual, and told us "I was content with the explanation". People's consent to their care and support was managed in accordance with the principles of the MCA 2005.

One relative described issues their loved one had maintaining adequate nutrition. This was reflected in their support plan, and in the nutritional support the person was offered during our inspection. Another relative told us support workers were "Good" at encouraging their loved one to eat and drink sufficiently. A support manager explained how they liaised with the dietician to manage people's nutritional health when issues arose.

Support workers explained how they had been trained to manage one person's percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is a form of tube feeding for people who are unable to or have difficulties in swallowing. This person's support plan documented that they still enjoyed smelling and playing with food. Support workers described how the person sat at the dining table with their friends, and was given preferred foods to smell or touch. Their support plan referenced their PEG feeding needs, and included guidance from a PEG nurse specialist to ensure the person's dietary needs were supported effectively.

People's support plans evidenced contact with health professionals involved in people's care, such as the occupational therapist, psychologist, community and specialist nurses, for example for learning disabilities and diabetes nurses. A support worker explained that the occupational therapist visited people they supported regularly, as people's changing needs meant they required regular assessment to ensure their mobilising needs were met with the equipment and techniques used. Support workers were trained and

assessed by the occupational therapist to ensure they assisted people to move safely and effectively.

A person explained how support workers supported them to discuss their health needs and medication with health professionals. This ensured their needs were met and their views considered. One relative told us support workers were "Very dutiful in looking after" their loved one, as they "Monitored health needs and liaised with" health professionals as required. A log of health appointments demonstrated that people were supported to attend planned and emergency appointments. Visit outcomes, such as health professional guidance, were recorded and effectively put into practice to support people's health and wellbeing. Feedback from health professionals, such as a clinical psychologist and community nurse were positive, acknowledging the liaison initiated and actions completed promptly by staff to meet people's changing health needs.

People's health action plans summarised their health conditions and actions they took to promote their good health, such as exercising and healthy diet. They documented how the person indicated that they were unwell. A hospital passport was prepared for each person in case they required emergency hospitalisation. This ensured health professionals were aware of important issues, such as allergies, medical history and current health conditions. It also documented the person's preferred method of communication, risks affecting their health or wellbeing, and religious or cultural needs and preferences. This meant that health professionals were informed of how to communicate and support people's individual needs to provide effective health care and reassurance. People were effectively supported to maintain their health.

## Is the service caring?

### Our findings

A person called into the office during our inspection. They knew the office staff by name, and were warmly welcomed. They laughed and joked with staff, indicating that they felt relaxed and content in their presence. They were introduced to us. Staff engaged with this person respectfully and inclusively.

When visiting people in their homes, we observed people laughed and joked with their support workers. They appeared happy and at ease with the staff who supported them. One person told us "I like the staff, they do the things I want". A support worker was unwell on the day of our inspection, and a person suggested they make a get well card for the staff member. People demonstrated that they liked the staff supporting them, and enjoyed their company.

Relatives told us people were well cared for. A relative stated their loved one was "Really well looked after", and several relatives described support workers as "Brilliant". One relative told us they were "So pleased" with the person's support and home, and "Hope she stays there the rest of her life". Another relative told us their loved one was "Happy, and that's the main thing". They told us that commissioned care had not initially supported their loved one with additional support worker care during their emergency hospitalisation. They described how a support worker had travelled to visit the person in their own time. They described support workers as "Caring and committed, concerned when he is not well", and "Fond of him". We observed this person supported in their home with kindness. At one point they were upset, and a support worker sat and chatted with them, providing reassurance until they had cheered up.

A support manager described the work force as "Fabulous". They explained how support workers had willingly taken on extra shifts to support a person during their hospital stay. Support workers understood the impact hospitalisation would have on the person, and ensured they were supported by staff they recognised and trusted.

As support workers arrived on shift, they greeted people by name with a smile before they took their coats off. They demonstrated to people that they were important to them. Support workers spoke with care and pride of the people they supported. One support worker told us "I love the bond I have with the guys. They've come so far, become so independent". They valued the connection they had built with the people they supported. Another support worker told us "I love my job so much".

A person told us that if they did not get on with support workers, they could request a change. They told us they had interviewed the support worker who was supporting them during our inspection, and enjoyed spending time with them. They told us they had chosen the destination and accommodation for their last holiday, and the staff who supported them on this. They took pride in their achievements and independence, but appreciated the support of staff when required.

People were encouraged to be independent. We observed one person was reminded to lock their front door when they left their home, and was reminded of road safety when in the community. They had been supported at night, but now used an intercom to call support workers in a nearby location if they required

support during the night. They valued their growing independence.

People, or their relatives where appropriate, were encouraged to complete a 'pen picture' of the type of support worker they wanted to support them, for example staff with a bubbly and outgoing temperament, or quiet, and any preference for gender. People had described the routines and activities they enjoyed, and what a good day would look like, and this was documented in their support plans. One support worker explained how they had "Sat down with people to build up" their support plans. This ensured that people's views and wishes informed their plan of care. They told us "Anyone new coming in now can see what people like".

Support workers described how they liaised with people's families to understand their concerns, and informed them of changes in people's lives. One support worker told us of improving trust between staff and people's families. They told us "It's nice that the managers tell you when you are doing good, but at the end of the day it's more important when it's from the families".

One relative told us support workers were "Immensely respectful", providing their loved one with the time and space to attend to their personal needs without pressure. We observed one person indicated they needed to go to the toilet. A support worker supported them discreetly. Another support worker was struggling to understand what a person was requesting, because their speech was indistinct. They apologised to the person, and asked them to repeat their request until they understood. The support worker treated this person with respect and ensured their wishes were not ignored.

The provider's equalities and diversity policy reminded staff to respect and value people's differences. This was evidenced in staff actions and the provider's inclusion of people in key areas of the service, such as recruiting new staff. People's support plans identified people's religious and cultural needs and wishes. At one supported living location, several people told us they looked forward to attending a church service on Sundays. Support workers understood how important this was to them, and arranged staffing to ensure they were supported to attend. A relative described how support workers had looked on line to ensure their loved one's hair styling was appropriate to their cultural wishes. They spoke of the care support workers took to present the person in accordance with their preference. People's differences were recognised and valued. Staff were caring and thoughtful in the way they supported people.

## Is the service responsive?

### Our findings

Relatives told us people's care and support needs were well met, for example in maintaining skin care and personal hygiene. One relative told us how well groomed their loved one always appeared. Another told us support workers were "Aware of [person's name]'s needs, and meet these precisely".

Support workers explained how they were able to understand how people indicated their wishes and needs. One support worker described how one person's mobility had declined following an illness. Support workers had provided care and encouragement to help them regain their mobility. The support worker said "It's a good feeling knowing we've helped him get his independence back". A support worker told us communication between staff was effective and "Vital. Any changes [to people's needs] are shared very quickly".

The registered manager told us, and staff confirmed, that support workers were encouraged to write and update people's support plans with them. People were aware of their support plans, and told us how they were involved in reviews. Where they were able, people signed their support plans, and the support plan logged how each person was involved. For example, one support plan noted 'We spoke about the things I like and don't like to do, we typed up and talked about my history, and I chose what I want to do and who with'. For one person unable to verbalise their wishes, their support plan noted 'I am easily able to express my choices and wishes, so please listen to me and respect them'. The support plan described how the person made their wishes known. Support plans evidenced regular review, and updates in accordance with identified changes. Daily records demonstrated that people were supported in accordance with their plan of care.

Each person's support plan included information headed 'All about me'. This explained the person's preferred activities and needs, such as the support required to promote good health, choice and wellbeing. A 'pen picture' of the person described their history, needs and preferences. An agreement of guidelines between people and their support workers promoted consistency of care, and meant the person was aware of and in agreement with how they were supported.

A support manager explained how people's relatives were offered training to understand how to support their loved one's needs, for example in managing behaviours that challenge. This ensured that staff and families approached and dealt with situations in a consistent manner. This meant that people had clear guidance on appropriate actions, and understood how they would always be supported when they were anxious. The manager described this as "A circle of support" for people, and told us of the positive change this had made for one person and their family.

People were encouraged to set goals to work towards. Progress steps helped people to understand how to reach their planned goals and strive to achieve more. Where things had not worked as planned, people were supported to reflect on this, and consider how they would do things differently in the future. Goals were regularly reviewed to monitor progress towards completion. For example, one person was planning their birthday party. They told us how they had chosen and booked the venue, and ordered the food. They were

now planning the invitations. Their achievements helped them develop self-confidence as well as independence.

People told us staff listened to their wishes. One person said support workers "Give me a choice about where to go", and another said "Staff listen to what I want to do". One person explained how they went shopping with support workers, and wrote a list of items they required to make sure they kept to budget. Other people told us of activities they attended, including cookery classes and visiting friends. Staff understood people's preferences and interests. Staff supported people to plan and enjoy activities in the home or community. One person's relative told us support workers "Know what he likes", and organised activities to meet these. As their wishes changed due to age, the activities offered had changed according to the person's wishes. They told us there were "Daily activities to cater to his needs".

Support workers placed importance on helping people develop and maintain relationships in the community. One support worker described how the local newsagent had got to know a person who visited daily, and chatted with them. People were supported to live inclusively in the community.

One relative described staff as "Very inclusive", and felt their comments were listened to and used to inform the care their loved one received. They told us they were "Kept informed" and invited to meetings about their loved one's health. They told us they were welcomed to visit, but liaised with support workers to ensure this did not affect planned activities. They explained how birthday celebrations had been planned to ensure the family were able to attend the person's party. Another relative told us they had "A good rapport" with the support workers, and "Exchanged ideas" on how to support their family member.

People, their relatives and staff were invited to provide feedback, for example through care reviews and an annual survey. Actions to address improvements identified from feedback were monitored in the providers' quality meetings and discussed at staff team meetings. For example, people had identified a need for more drivers to support them to attend their planned activities. Alternative public transport had been identified where drivers were not available. Feedback was invited and actions implemented to address issues shared.

A support worker explained how they had supported a person to raise a complaint, which had followed the provider's procedure. They confirmed this had been appropriately resolved to the person's satisfaction. A support manager told us they appreciated how people were prepared to raise issues. The provider's complaints policy documented the procedure for investigation and resolution of complaints, and explained the process to escalate these if necessary. Complaints were logged and monitored electronically to ensure they were managed in accordance with the provider's policy. A support manager told us the process was "Very open", as the provider ensured investigations were thorough.

The registered manager explained they had instigated weekly calls with some families to "Nip issues in the bud" and ensure effective communication addressed concerns shared. We reviewed a log of complaints and concerns raised with the provider. These had been resolved through investigation and disciplinary action as appropriate. Where required the person or relative had received an apology for omissions in or inappropriate response to people's needs or wishes. The provider responded to complaints and concerns appropriately.



## Is the service well-led?

### Our findings

Some of the locations supported by the provider had previously been residential homes, and/ or managed by another provider. The registered manager explained the impact on people's, relatives' and staff's experience that moving from the previous provider had made, as well as transitioning from residential to supported living care, since our last inspection. Residential care means people have their own rooms within a residential care setting, where the provider is responsible for their accommodation and care needs. The provider ensures care staff are based in the home 24 hours daily. Supported living means people live in their own homes with a tenancy agreement with the landlord, who is not the provider of their care. People's care is commissioned for a set number of hours daily, which may include 24 hour care.

The registered manager told us this had been challenging for staff, as some had struggled to understand and meet the changes required as people moved from residential care to supported living. She explained the actions taken to support staff to adapt to these changes. A team leader told us some support workers were embracing the opportunity and felt empowered with the changes they could make in people's lives.

Support workers had varying opinions about the changes implemented, although all staff told us the situation was improving. One support worker told us the changes were "Really hard, there was a lot of uncertainty" for staff. They did not feel that communication had always been sufficient, and they were worried about the impact commissioned care changes had on people's support and wellbeing. They told us the registered manager and divisional director had come to see people and their support workers in their homes to understand support workers' issues in person, and described these managers as "Very approachable and flexible". Although they still had concerns about supported living arrangements, they recognised the efforts management were taking to support people, their families and staff to understand why these were required. They told us "It has got so much better in the last six to eight months". Another support worker told us staff had "Worked really hard to put changes into place. It has worked. The guys genuinely gain more person-centred time". The changes referred to were to support people to live more independently. Managers had provided team building and discussion forums to support staff to understand why the changes were required. The support worker explained "The people we support come first. I feel positive about the changes".

Some relatives told us they did not feel this period of transition had been well managed, and communication had been lacking to inform them of the changes planned well before implementation. One relative stated they had only been informed of housing alterations "A few days before the refurbishment, when they told me [person's name] was going on holiday because of the refurbishment". They told us "I wish people [the provider and care commissioners] would talk to us before decisions are made". Another relative explained how staff had ensured people were supported to maintain their planned activities and meet financial obligations in response to financial cutbacks in care commissioning. They told us support workers found "Different ways to meet people's needs and wishes" with no financial "Wastage". They explained shopping arrangements to make the most of people's spending power. Another relative told us communication had improved since the provider first took over their loved one's care. They stated "I think we have all learned" from the process of change.

The registered manager and divisional director told us that "Lessons had been learned" from the transition from residential care to supported living care, including recruiting staff from another provider. They had worked with people's families to understand the impact of these changes, and explain the requirement for the actions implemented because of the changes to people's commissioned care. They were confident in the changes implemented, as they believed this empowered people to gain greater control of their lives.

The provider's mission statement described the service's purpose as enabling people to pursue active and fulfilling lives, gaining increased independence and achieving equal opportunities. Staff were expected to reflect values of commitment, honesty, respect and inclusion, being creative and flexible when supporting people.

An initial telephone interview ensured applicants demonstrated the values expected from the provider, for example in the reason for their application, and understanding the importance of promoting choice for people. People were included in the running of the service. They were paid to work as part of the staff recruitment and selection team, demonstrating that their involvement was valued. A person proudly explained how they had recently been involved in a staff recruitment day. They told us they were satisfied with the staff they had helped to select. Support managers observed applicants' interaction with people in their homes as part of the recruitment assessment. This ensured that successful applicants were able to interact with people with empathy and compassion, and displayed the values the provider expected of staff.

Staff spoke positively about the service. One support worker told us "I can't find fault" with the values or running of the service. They told us "I would like to spend my life in an organisation like this". They told us people's support was less institutional and "More dynamic" than it had been previously. Another support worker told us the service was "About being fair and honest. The main focus is the people we support, it's all about them. It's a nice place to work". A support manager told us they had left their previous employer because they did not like the attitude of that provider. They told us "The ethos and attitude is right" with this provider. The registered manager and divisional director spoke passionately about their personal and organisational drive to make a difference to people's lives, striving for continual improvement in the quality of care people experienced. Staff demonstrated the values expected by the provider.

One support worker explained how the registered manager helped them through a grievance procedure to "Resolve issues". Another support worker described support managers and the registered manager as "Very supportive". They worked alone with people in the community, and valued the contact they had by telephone or in the office. Some support workers told us they did not always feel their views were listened to, although all staff confirmed they had the opportunity to raise concerns and discuss issues at supervision meetings and bi-monthly staff forums. When issues were raised, such as concerns over out of hours response to support workers, a plan of action was implemented. Responses were reviewed quarterly and discussed at staff meetings to ensure the improvements required were implemented and maintained.

A team leader explained that some support workers had been frustrated by the transition changes, but others "Glowed" as they had developed their skills and confidence with the additional responsibility. They told us "I've been pushed hard, but I've learnt a lot in the last year". They were positive about the support provided to help them effectively deliver their role. A support manager described their staff team as "Amazing". They valued their support, for example in updating people's support plans. A team leader described the provider as "Supportive from the top down".

A strategy day had been held in October 2015 to provide time for the provider's management team to reflect on and celebrate the progress and improvements made over the previous year. They had identified and agreed key objectives required in the coming year. The divisional director described this as an opportunity

to understand and share the service's challenges and achievements. They had set targets for achievement, including full recruitment and supporting staff to work cohesively. The registered manager confirmed that they had selected staff to fill vacancies, and had planned team building events to promote team working. Long term strategies for the following year were identified and agreed, for example to maintain and support further staff training, maintain a committed workforce and set up new services to support people. The managers were focused on the changes required to promote high quality care for people, and understood the challenges and actions they needed to implement to achieve this. They led by their example, as they demonstrated the quality of care people should expect from staff.

Quality and management meetings were used as an opportunity to discuss issues and their resolution. The registered manager explained "It's about learning and reflecting, that's the key". Audits were used to monitor the quality of support people experienced, and issues were collated into a plan of action. The registered manager's action plan was updated regularly, demonstrating progress and completion of identified tasks to resolve concerns. For example, support workers told us a new document was being trialled in people's homes to better demonstrate the daily support people experienced. They had been invited to feedback comments and suggestions to improve the document to ensure it was fit for purpose.

Accident and incident reports were reviewed by the registered manager and health and safety team to ensure required actions were implemented to promote the safety of people and others. Summaries were shared with support managers quarterly to identify and manage trends. The provider's quality assurance framework included monthly service visits, focused audits, and review of feedback through people's participation in service related activities, such as recruitment and forum meetings. Audits were reviewed by the divisional director to ensure all required actions were completed within the agreed timeframe. Improvements identified were monitored to ensure actions were embedded into practice. This drove improvements to the quality of care people experienced.