

Havencare (South West) Limited

Supported living Plymouth and Devon

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Supported Living Plymouth and Devon provides personal care and support to people living in their own homes. The registered provider for this service is Havencare (Southwest) Limited, a registered charity that operates as a provider supporting people with learning disabilities and autism. Supported living is where people live either on their own or with a small group of others, and have their own tenancy agreement. Care and support is provided in order to promote their independence. The care people receive in supported living settings is regulated by CQC, but the accommodation is not. The service supported some people on a 24-hour basis and others at specific times during the day and night. At the time of the inspection 27 people were being supported by the service with personal care tasks.

We checked the service was working in line with 'Registering the Right Support' which makes sure services for people with a learning disability and/or autism receive services that are developed in line with national policy. For example, how the service ensures people care is personalised, maintains their independence and supports links with people's community.

At our last inspection in July 2016 we rated the service as Good. At this inspection we found the evidence continued to support the rating of good in the areas of safe, effective, responsive and well-led. We found further improvements had been made in relation to caring and this area is now rated as outstanding.

There was a positive, open and inclusive culture within the service. The management team provided good leadership and led by example. Relatives, staff and other agencies were positive about the leadership of the service. Staff said they loved their work and were passionate about providing good care to people.

People were provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed without exception staff treated people with the upmost patience and kindness. When we visited people in their homes we saw staff knew people well and had built positive and trusting relationships. Relatives and other agencies praised the staff and management for their caring and compassionate approach to supporting people. Staff really respected people and recognised they were supporting people in their own homes.

All the staff we spoke with were able to tell us about the values of the organisation and said they were informed of them and their importance during the recruitment process and as part of on-going training and discussion. It was very clear staff had adopted these values in relation to the support they provided. It was reflected in the way staff spoke about the people they supported, in the practices we observed, and in the feedback we received about the way people were cared for and treated.

The service had a culture which recognised equality and diversity amongst the people who used the service and staff. Staff were sensitive and respectful to people's religious and cultural needs. People were not discriminated against in respect of their sexuality or other lifestyle choices.

Personalised care was central to the service philosophy and staff demonstrated they understood this by talking to us about how they met people's care and support needs. Staff spoke about their work with commitment and passion and used words like "Individual", "Independence" and "Rights" when they talked about the people they supported. People's care records were personalised, which ensured care was tailored to meet their individual and diverse needs. We saw people were supported to live a happy, fulfilled life, to feel safe, enabled to try new opportunities and to maintain their independence as much as possible.

The provider and registered manager recognised the benefits of multi- agency working and external agencies were very positive about the management and care provided to people.

Staff were well trained and training was relevant to their role and kept updated. The registered manager was passionate about developing the skills of the team and also kept themselves updated with best practice. All staff said they felt well supported, and had opportunities to discuss and reflect on their practice and incidents that had occurred. Staff were employed in sufficient numbers to meet people's needs and to keep them safe. Staff teams were organised in a way that helped ensure consistency.

Relatives and other agencies said they felt people were safe using the service. We observed people were relaxed and comfortable with the staff supporting them. Staff had undertaken training and were clear about how to report any concerns relating to abuse or people's safety. Recruitment practices helped ensure staff employed by the service were suitable to work with vulnerable people.

Management and staff understood their role with regards to the Mental Capacity Act (2005). People's consent was sought before care and support was provided. When people were unable to make decisions, discussions took place with relatives and other relevant agencies to help ensure decisions were made in people's best interest.

People's health and dietary needs were understood and met. Staff ensured people had access to the food and drinks required to maintain good health. If concerns were highlighted about people's health or diet advice was sought and appropriate referrals made to relevant health services. Staff supported people to attend hospital and other healthcare appointments.

People continued to receive their medicines safely. Staff who administered medicines had received up to date training, and competency checks were completed to help ensure their skills and knowledge remained sufficient and up to date.

Good governance of the service by both the provider and the registered manager benefitted people because it ensured the quality of care was maintained and enhanced. Regular audits were carried out, which included checks of health and safety, staffing levels, training, and medicines. Checks were carried out by management and support staff to ensure records held in people's homes were appropriate, accurate and up to date. As a result of audits and reviews of the service recent improvements had been made in relation to staff recruitment, incident reporting and staffing. Staff said the addition of an extra tier of management within people's staff team had improved communication and consistency of care.

Information gathered about people was used to aid learning and drive continuous improvement across the service. Investigations were carried out when required and systems were in place to identify any trends or patterns, to help make changes when needed. The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. They understood and reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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 remains Good.

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service was extremely caring.

Relatives and other agencies were very positive about the things the management and staff did to really show they cared.

Staff were kind and compassionate and had built strong relationships based on trust and understanding with people and their relatives.

Staff showed a deep respect for people's privacy and dignity, and always respected people's home and personal belongings.

People and their relatives were always made to feel they mattered.

People's individual daily routines, communication methods, behaviours and preferences were understood and respected by staff. This helped ensure people were able to be fully involved in decisions about their care and lifestyle.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Supported living Plymouth and Devon

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.

The inspection took place on the 8 and 11 January 2019 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to ensure that someone was present in the office. One adult social care inspector undertook this comprehensive inspection. At the time of the inspection, the service was supporting 27 people with personal care tasks.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 also reviewed previous inspection reports and notifications the provider had sent us. Notifications are specific events registered people have to tell us about by law.

On the first day of the inspection we visited the head office and met the registered manager, chief executive for the organisation and the operations executive. We also met and spoke with two members of the care team. We viewed the premises to see if the location was fit for purpose and to see if information about people was stored and managed appropriately. We looked at a sample of records relating to the service and people being supported. This included support plans, risk assessments and daily records. We also looked at a sample of records relating to the running of the service including, staff recruitment records, policies and procedures and incident reports.

On the second day of the inspection we visited people who were receiving a service. We visited three people who shared one large house. Each person had their own separate self-contained flat and care was provided

on an individualised basis. People shared a communal hallway, garden and also had access to a small communal lounge if they chose to use it. In supported living settings the accommodation and landlord was separate to the care provided and people had their own tenancy agreements. We also visited two other people who were supported within their own homes. During our visits we were able to speak to some people about the care they received. Some people were unable to tell us about their experiences, so we spoke to staff and observed the care and support being provided. During our visits to people's homes we spoke with five care staff and two relatives.

Following the inspection we contacted two relatives and five health and social care professionals.

Is the service safe?

Our findings

At the last inspection in July 2016 the service was rated as Good in this area. At this inspection we found the service continued to provide good safe care.

We saw people were comfortable and relaxed with staff supporting them. When we visited people in their homes we saw people spending time with staff and seeking them out when they wanted company or reassurance. For example, one person was happy for staff to sit next to them and indicated that they wanted staff to give them a foot massage. Another person frequently checked with staff about their routine for the day and visibly relaxed when they were given information about activities and times when they would be going out. People's laughter, body language and interactions told us they felt safe and comfortable with the staff supporting them.

Relatives and professionals told us they felt people were supported to feel and keep safe. A relative said they totally trusted the staff and organisation. Comments included, "I really don't have to worry at all, I can totally trust they will do whatever is needed to make sure [person's name] is safe and well cared for".

People continued to be protected from the risks of abuse because staff knew what action to take if they suspected a person was being abused, mistreated or neglected. Staff spoke confidently about how they would protect people by raising concerns immediately with the registered manager, senior staff or external agencies, such as the local authority safeguarding team or the police. Staff said they were confident the registered manager and provider would take prompt action to safeguard people who used the service.

The registered manager and provider helped ensure people did not face discrimination or harassment. People's diverse needs were understood and respected. Staff undertook training in equality and diversity and had good knowledge of the people they supported.

People were supported to understand what keeping safe meant and about how to keep safe in the community. For example, one person who went out on their own had a mobile phone with a quick dial number for the service if they should need support. Easy read information was available to people about abuse and keeping safe. We saw a compliment received by the provider from the police in relation to a person who had not let staff know where they were. The police said they had been impressed with the staff's professional approach and detailed knowledge and information about the person concerned, who returned safely.

People were supported to live in a safe environment. Staff completed a daily checklist of the environment and took appropriate action to address any issues, such as minor repairs or improvements needed. Staff and the provider supported people to maintain their tenancy agreements and liaised on people's behalf with landlords when required. People had personal evacuation plans in place (PEEPS). This helped ensure emergency services had the information they needed to safely evacuate people in the event of a fire. It was noted that one person's flat had areas that needed addressing due to damp. This was brought to the

attention of the provider during the inspection who assured us they would liaise with the landlord on the person's behalf.

There were sufficient numbers of staff available to keep people safe and to meet their needs. The number of staff supporting people and times of the day people were supported had been planned as part of an individual package of care. Some people had staff supporting them 24 hours, whilst others had support at specific times dependent on their individual needs. People had their own designated staff team and a rota to help them understand who would be supporting them. People who were unable to understand a written rota had photos of the staff team, or were kept up to date verbally about their support and any changes. An electronic clocking in system was in place, which helped ensure any missed calls or problems with the staff team were identified and dealt with promptly. Staff said people would always be supported by the required number of staff and would never receive support from someone they hadn't met.

Staffing levels were regularly reviewed and changes made when required. For example, staff said one person sometimes needed a change in staff as they would get very stuck in an activity and would not always be able to progress without a staff change. The provider recognised the value and importance of family members when planning people's care arrangements. For example, relatives had been included in the process of interviewing and recruiting the staff team for their loved ones.

Assessments were carried out to identify any risks to the person using the service and the staff supporting them. Risk assessments had been completed thoroughly to ensure people were able to receive safe care, whilst also ensuring their choices and independence were promoted and maintained. Policies and procedures were in place to support staff when they worked on their own with people using the service. This provided staff with guidelines about how to keep safe and what to do if they had an emergency when supporting a person in their home or in the community. People's behaviours were understood and managed safely and appropriately. Staff undertook training in the management of behaviours and also received support from other agencies.

People continued to receive their medicines safely. People's support plans clearly described the level of support required and how this support should be delivered. Staff who administered medicines had received up to date training, and competency checks were completed to help ensure their skills and knowledge remained sufficient and up to date. Medicines Administration Records (MARS) were kept in people's own homes and these were checked regularly by staff and management to ensure they were accurate. People were supported to store their medicines safely.

The registered manager and provider had worked hard to learn from incidents, near misses and mistakes. Investigations were carried out when required and systems were in place to help identify any trends or patterns, which could mean changes were needed. Staff showed us how the electronic care planning system could be used to identify patterns and trends. For example, staff had cross referenced information on the electronic system to identify that one person maybe suffering from a gluten intolerance. This information had been used to review the person's diet and possible changes needed. Recent audits had highlighted improvements needed in relation to recruitment practices and incident reporting. The registered manager said action was being taken to help ensure practices remained robust and protected people using the service. This had included updated training for staff in the reporting of incidents.

Is the service effective?

Our findings

The service continued to provide effective care and support. Staff were competent in their roles, undertook good quality training and had very good knowledge of the people they supported. This meant they could effectively meet people's needs.

New members of staff completed a thorough induction programme, which included being taken through key policies, procedures and training to develop their knowledge and skills. Staff who were new to the health and social care sector completed the Care Certificate. The Care Certificate is a national training programme introduced to support all staff new to care to obtain a basic level of understanding of good care standards. All staff said they felt the induction programme was sufficient to provide them with the skills they needed to start working in the service.

Following induction all staff undertook regular training relevant to their role and the people they supported. Some of the training was deemed mandatory by the provider, such as fire safety, health and safety and safeguarding. Staff also undertook training specific to the needs of people they supported. For example, managers and key staff undertook Positive Behaviour Support (PBS) training. The provider PIR stated, "The provider uses Positive Behaviour Support as a support delivery model. PBS helps us understand the reason for a person's behaviour that maybe challenging or harmful to them or others. By delivering PBS, we can meet people's needs, enhance their quality of life and in doing so, reduce the likelihood that behaviours of concerns will happen".

The provider and staff worked closely with a range of external agencies to help ensure people received effective support and care. One person who could at times display behaviours which could restrict and limit their opportunities was also supported by the local specialist learning disability team. The roles of each agency had been clearly defined as part of the person's support plan. The team leader for the person's support team said, "We focus on ensuring the environment is set up in a way that meets their needs and the learning disability complete the behaviour support plan".

Staff said they felt well supported through regular supervision, team meetings and training. An additional tier of management had been introduced to support people's core staff team. All staff said this had improved communication and support available to them. Staff had access to an internal social media system to allow them to receive important information and share news and ideas.

People had access to equipment and technology to enhance the delivery of effective care and to help promote independence. For example, one person used a computerised system to provide them with instructions about performing daily tasks, such as "How to tidy your bedroom", and "How to make a sandwich". The small hand-held computer allowed the person to see pictures and follow simple instructions. This person was also happy to show us a timer they used to tell them when their meal or something they had cooked was ready to come out of the oven.

When required people were supported to eat and drink enough to maintain their health. People's daily

eating and drinking routines were documented and understood by the staff supporting them. Records were kept when required about people's food and fluid intake and any concerns were monitored and referred to relevant healthcare professionals. The registered manager said they had recently contacted the specialist speech and language team to request 'diet mats' which would provide visual reminders for staff about supporting people to eat safely. Staff had undertaken recent dysphagia training. Dysphagia training is aimed at staff that provide treatment and support to people with drinking, eating and swallowing disorders.

People's support plans included information about their healthcare needs and how staff could support them to maintain their health and well-being. Monitoring forms had been completed when required to help ensure any changes in health were identified and addressed promptly. For example, one person had a catheter and daily records were completed for the district nursing team of the person's fluid input and output. When required people were supported to plan and attend healthcare appointments. Hospital passports had been completed for some people to ensure their needs were understood should they require an admission to hospital. Hospital passports included important information about people so that their needs can be understood and met within an unfamiliar environment. Information was available to staff about signs to look out for to indicate a person maybe unwell. Important contact numbers of health were kept updated to help ensure prompt action and referrals could be made.

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

We saw people being supported to make daily decisions about their care and lifestyle. Staff had good knowledge about how people made daily choices and this information was clearly documented as part of people's support plans. Best interest discussions had taken place when people had been assessed as lacking the capacity to make decisions for themselves. For example, discussions had taken place in relation to the risks associated with one person's diet. The discussions had taken into account keeping the person safe, whilst allowing them the right to enjoy the diet of their choice.

Is the service caring?

Our findings

At the last inspection in July 2017 we rated the service as good in this area. At this inspection we found the quality of care provided to people had improved and was now rated as Outstanding.

Most of the people supported had communication needs, which limited their ability to understand and tell us if the service was caring. Therefore, we spent time with people observing their daily routines and the care being provided. We also spoke to staff, relatives and other agencies to gather their views about the care provided.

The provider's strategic plan for 2018 to 2023 clearly described their focus, mission and values. The plan stated, "The focus for the next five years is to continue to be outstanding for each person we support. Our vision is, 'A world where people with learning disabilities and autism are able to live their lives through opportunity and choice. Our values flow through every decision we make and every action we take. Transparency, trust is built on telling the truth. Engagement, treat people like they make a difference and they will. Quality, don't just do it, do it well'".

All the staff we spoke with were able to tell us about the values of the organisation and said they were informed of them and their importance during the recruitment process and as part of on-going training and discussion. It was very clear staff had adopted these values in relation to the support they provided. It was reflected in the way staff spoke about the people they supported, in the practices we observed, and in the feedback we received about the way people were cared for and treated.

Relatives without exception spoke very positively about the care their loved ones received. One relative told us they totally trusted the service to provide good, safe care. They said, "They could not have a better team, they understand [person's name] and really care. It is the perfect situation, everything they do is structured around [person's name]'s needs. They are all so enthusiastic and prepared to go that extra mile to ensure [person's name] has the best quality of life. I trust them absolutely and that is a strong sentiment coming from a parent". Two other relatives said they could not be happier with the care provided to their loved one. They said, "We are over the moon, [person's name] had a very difficult time in a different service, but now goes out every day and we meet up for coffee".

We saw some feedback the provider had received from relatives. These included, a letter stating, "You can't know how comforting it is to know [person's name] is in such good hands. I thank God every day I found such a wonderful team, so thank you". Another relative had sent the provider a letter which included, "Sometimes, as parents, we are too ready to find fault, however it is also good to give credit where it is due. I visited [person's name] today for the first time in three weeks and found a happy, calm and contented son. I have noticed a very marked difference in [person's name] over the past few months. Improvements have been gradual, sometimes hesitant, since Havencare took him on and my visits over the last six months have been very positive. The [person's name] I saw today was very far removed from the [person's name] of those early days. He has a superb team led by [staff name], who is remarkable for his enthusiasm and ideas. I can't express my gratitude to Havencare enough; the staff and the people who care for [person's name], through

thick and thin are exemplary".

Feedback from health and social care professionals was positive and included, "For client [person's name] the referral was made for proactive work to improve their quality of life and daily routines. On the visit, I found the support workers to be very knowledgeable about [person's name] and their needs and very appropriate and caring in their interactions, both with them and the other clients with whom [person's name] shares the house. All staff I spoke with also spoke with warmth and with a good value base about the clients". An advocate responsible for overseeing some people's finances said, "Staff are courteous and to our mind motivated to provide an individual service to meet the needs and requests of the person". A representative from the local authority Adult Social Care team said, "The assessments and practice I observed reflected a caring approach, with a clear promotion on empowering the person with their support with all their interventions".

The values of the organisation ensured the staff team demonstrated genuine care and affection for people. This was evidenced in our conversations with the staff team. A staff member supporting a person we visited said, "It is the best job, [person's name] has been on quite a journey and I have had the pleasure of sharing that journey and watching them progress". There was a clear focus on people being fully involved in their care and being at the heart of how they were supported to live their lives. Staff said, "[person's name] is at the heart of everything, they make all the decisions about their day and their lifestyle".

The provider demonstrated they cared about people. The head office was situated in the centre of Plymouth and was easily accessible to people who used the service. People and members of the local community were welcomed into the offices, which had space for socialising and planned events. One person we met liked to go to the head office each week to meet staff and the management. The staff supporting them said they enjoyed this visit so much it was part of their weekly plan.

People were provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed without exception staff treating people with the upmost patience and kindness. When we visited people in their homes we saw staff knew people well and had built positive and trusting relationships. Staff really respected people and recognised they were supporting people in their own homes. Staff referred to people's homes as "Their home" and reminded people who may not always recognise their environment as being their own home by encouraging them to answer the door to visitors, and asking them for permission before using or moving people's personal belongings. One staff member said, "When I go into [person's name]'s home I always take off my shoes, they don't wear their shoes in the house so it is important we respect that and do the same". Another staff member said, "We know it is [person's name]'s house when we walk in, there are photos of [person's name] and her family everywhere. It is their home, they decide where things go and how to decorate it, they love glitter, there is glitter everywhere".

Staff recognised the importance of people's family members and supported people to maintain these contacts. The registered manager showed compassion towards a relative who was having a difficult time, and was sensitive to their needs. They said, "They are a remarkable parent, we support them to have good quality time together and they have told us the pressure has been lifted". We met relatives who had been spending time with a loved one during our visits. The staff clearly knew the relatives well and the person, staff and their family all sat together chatting, reminiscing and planning for future visits. The staff member ensured everyone remained happy and comfortable during the visit and was enthusiastic and supportive of plans for a further visit the following week. Staff were keen to help ensure people were considered valued and respected members of their community. Staff said, "We go out every day, everybody knows [person's name] and says hello, it is [person's name] people know and want to talk to not the staff".

The staff team were passionate about respecting people's privacy and dignity. During our inspection we heard staff speaking to people in a respectful manner at all times. When people communicated repetitively or displayed behaviours, which could be considered challenging to others, staff were calm, sensitive and respectful in their responses. For example, one person liked parts of their environment to be uncluttered, but chose to have particular personal possessions laid out in a certain way next to where they sat. The staff supporting them respected this person's wishes and understood the importance of ensuring the person's environment remained as they chose and preferred.

Most people were supported on a one-to-one basis, which meant staff had to be with them or close by to support with personal care and other daily tasks. Staff recognised this level of support could be intrusive and difficult particularly in people's own homes, and worked hard to ensure people's privacy and dignity was respected. For example, staff said they would help people prepare what they needed in the bathroom and then leave them to have privacy. One staff member supported a person who had previously lived in a group setting. They said past behaviours for this person had included self-injury when people went into their personal space. The person was now supported in their own home and support plans highlighted the importance of allowing them personal space and private time, which was factored into their day. Staff said this had resulted in a reduction in past negative behaviours and an improved quality of life.

Staff demonstrated a passion to really understand people's behaviours and to help them remove obstacles to achieving their goals and wishes. For example, one person had very complex needs associated with their learning disability. Much care and consideration had been given to ways of supporting this person's to ensure their needs could be met sensitively, whilst avoiding the risk of them not achieving their goals to live a more independent and less restricted lifestyle. Staff had worked closely with other agencies to really understand the person and had worked hard to consider practices which would enhance the person's quality of life. For example, the person concerned found simple tasks such as changing from one activity to another difficult to process and understand. The care team allowed the person time and adapted communication aids to assist the person to progress through an activity or task. For example, symbols had been placed on the wall leading up the stairs, and the person removed them as they went from the sitting room and up the stairs to their bedroom. They then placed the stickers in an envelope at the top of the stairs. This had helped the person focus on an activity, and had reduced anxiety and behaviours which had occurred in the past.

People were supported to maintain their independence. Support plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed help with. A staff member who supported a person with very complex needs said, "[person's name] makes their own decisions, we use communication tools to support them and they have a routine so they know what is happening, but they make decisions, decide what time they get up, what they want to eat and what they want to do each day". It was evident through discussions with staff, relatives and other agencies that there were many examples of people having developed their skills and independence whilst being supported by the service. One person was attending to their personal care needs more independently and another person was going out more and had enjoyed holidays for the first time.

People's achievements had been recognised and celebrated. One person had been nominated for an award at the local authority celebrating excellence in care awards evening. The person had attended the evening and had received a certificate for their story about their journey through the service to finally living on their own with support from Havencare. We met the person concerned and they were very proud to show us their certificate, which had been framed and took pride of place in their home. Staff showed equal enthusiasm for this achievement and said how much the person had enjoyed their special evening.

Is the service responsive?

Our findings

The service continued to be responsive to people's current and changing needs. The registered manager and staff worked hard to understand what was important to people and to ensure these needs were responded to and met. The service followed the principles of 'Registering the Right Support' to ensure people could live as ordinary a life as any citizen. 'Registering the Right Support' covers new legislation relating to services for people with a learning disability and the underpinning principles of choice, promotion of independence and inclusion. The providers' missions statement said, "Supporting individual journeys that empower the person to realise their potential and direct their own life".

Before people started to use the service a pre-admission assessment was completed to ensure people's needs could be met. A meeting would take place with the person, their family and other agencies to consider the person's needs and their requirements in relation to staffing and environment.

The service was very person centred and staff had a good understanding of people's needs. People's support plans provided staff with good detail about people's needs and how they chose and preferred to be supported. For example, one person's plan stated that they enjoyed films but didn't like watching soaps on the television. Staff supporting this person were very aware of this information and said it was important it was documented as the person concerned was not able to verbalise their choice. When we visited the person was relaxing on the settee with staff watching a film on the television. Their body language and smiles indicated that they were enjoying the film and company of staff. People's preferred daily routines were documented, which included times people liked to get up and go to bed, personal care routines, daily tasks and activities. Daily monitoring forms reflected these person-centred care arrangements and helped ensure care was delivered as required. The registered manager told us they were in the process of reviewing people's care plans and systems to further ensure the delivery of person-centred care.

People's support plans included people's goals, wishes and aspirations. Plans described the steps needed to help people fulfil these wishes and achieve their goals. Regular meetings took place to monitor people's progress and to ensure that care arrangements remained appropriate and up to date. The service ensured they continued to respond appropriately to people's needs by using a tool to measure outcomes and progress. For example, a 'Support pathway' tool was used to monitor a person's goal to make a cup of tea. The tool monitored the initial steps through to when they had achieved and been empowered to perform the task.

A staff member from the local authority adult social care team said they had been impressed with the services' practices in relation to reviewing packages of care. They said, "On contacting the manager they agreed to send copies of their assessments, risk assessments and relevant records, which was provided promptly. They were accurate and up to date, reflecting a person centred and individual approach for the person they were supporting. It was evident they had spent time getting to know the person and to identify what was important to them".

People's support plans included information about family members and significant others. One person's

plan detailed their family members, care staff and important people in the community such as neighbours and shop assistants. Staff said, "This information is really important, the person's family is important, but they also love seeing people in the street, shops and even the local fireman".

People's individual communication needs had been assessed, which helped ensure information was provided to them in a format they could understand. Staff had undertaken training in relation to one person's specific communication needs, and the structuring of tasks in the home. The trainer said they had been very impressed with how independently the person was now performing daily tasks as the staff team had followed guidance and structured them so well.

The service had referred people to speech and language services when required to provide additional support and resources to aid communication and understanding. This helped to ensure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS funded care to ensure people with a disability or sensory loss can access information they are given.

People's backgrounds and particular interests were understood by staff and supported as part of people's plan of care. We heard staff talking to people about their interests and hobbies and sharing stories about family and social events. People were supported when required to access opportunities in the community and to undertake other daily tasks such as shopping, laundry, cooking and attending appointments.

At the time of the inspection the service was not supporting anyone with end of life care. The PIR stated, "End of life planning is reviewed each time support is reviewed. Havencare has two end of life champions to facilitate planning and eLearning is provided to give support teams the practical knowledge to support people when required".

Is the service well-led?

Our findings

Relatives and other agencies told us they thought the service was well-led. Comments from relatives included, "I am always able to contact staff or the manager if I have concerns", and "I rate the organisation as well as the staff, the managers are always approachable to deal with any bigger issues". A representative from the local authority adult social care team said, "The manager demonstrated a high standard of care, showed they had built a professional and caring relationship with the client, who also indicated they felt able to contact the manager at any time to discuss any problems".

The service had a registered manager in place who was fully involved in the operation and running of the service. 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 registered manager had in the past four months taken over the full running of the service. Prior to this they had shared responsibilities with the previous registered manager who had taken on a new role within the organisation. They said they continued to review systems and practices to ensure they met people's needs and maintained high standards of care. This had included reviews of recruitment processes and incident reporting due to some safeguarding incidents that had been investigated. They had been fully involved in the assessment process and transition planning as well as continuing to oversee packages of care, visiting people in their homes and monitoring the on-going quality of the service.

The registered manager was very knowledgeable about the types of needs and people the service supported. They worked hard to keep up to date with best practice and their own professional development. This had included undertaking mandatory training, and attendance at a number of internal and external forums relevant to their role and the needs of people supported. They said attendance at local authority outstanding managers meetings had helped develop their skills to be an effective leader, and more recent involvement in a positive behaviour support forum had been a good source of information to share with staff.

The registered manager and staff worked in partnership with other agencies to help ensure the best possible outcome for people using the service. This included working closely with the specialist learning disability team to support people in relation to behaviours, diet and other health and social care needs.

The registered manager felt supported by the provider and effective governance of the service. It was evident throughout the inspection that people benefitted from receiving a service that was continually seeking to provide the best care and support possible. During the visit to the domiciliary care office we met with the registered manager, chief executive, operations lead and two team leaders. They all demonstrated effective leadership skills within their roles and a commitment to the service and people they supported.

The providers visions and values were observed throughout the inspection and have been reflected within

this report. We observed that staff attitudes and behaviours reflected this commitment in all the work they did on a daily basis. For example, promoting Havencare's Mission of promoting "A world where people with learning disabilities and autism are able to live their lives through opportunity and choice". During our visits to people's homes we saw many examples of people being supported to take control of their lives where they had previously been restricted as well as care planning being based around people's personal goals, wishes and choice. Staff spoke to people with respect, appreciating the diversity of their conditions, needs, backgrounds and personal lifestyle choices. These diverse needs were understood and respected in the overall delivery of people's care and support.

Staff were very positive about how the service was run. Staff worked together to support each other and to ensure people's needs were met. Staff roles and responsibilities were clear and management provided staff with clear lines of accountability and support. For example, each person had a dedicated staff team supported by a practice leader and team leader. The registered manager told us following a recent review of practices team leaders had been introduced as an additional tier of management. Staff and other agencies said they felt this had improved communication and consistency in relation to care. A local authority adult social care representative said they felt once embedded this additional management would further improve the quality of care provided to people.

There was an effective quality assurance system in place to check quality and to drive continuous improvement across the service. Regular audits were carried out including health and safety, care documentation, staffing levels, training, staff supervision and medicines. Recent audits had identified some gaps in relation to recruitment checks, which the registered manager assured us had now been addressed.

Staff told us they were happy in their work and felt valued by management and the provider. The provider had programmes in place to develop the skills of staff and to promote a positive image about people supported and the care industry. This included leadership programmes for staff, and community events. One staff member said, "I am an ambassador for Havencare, I visit schools and promote care work". Another staff member was in the process of undertaking a 'lead to succeed programme' and said this helped them develop their leadership skills.

Information gathered about people and the service was used to aid learning and drive continuous improvement across the service. The systems in place to document these events detailed what had occurred, the outcome and any action taken. Systems allowed for this information to be collated to help the provider and registered manager to see any patterns and address any shortfalls in the service.

The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. They understood and reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to people's care and treatment.

Services that provide health and social care to people are required by law to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of events, outcome for people and any action taken.