

Accept Care Ltd

Accept Care Limited

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

This inspection took place on 30, 31 January and 1 and 9 February 2018.

At our last inspection in November 2016 we rated the service as 'Requires Improvement'. We found breaches of regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not meeting the requirements of the Mental Capacity Act 2016 and was not mitigating risks to people using the service. Following the same inspection we also made recommendations to follow best practice guidelines with regard to electronic data storage and to review care plans in relation to people's medicines.

At this inspection we noted people's care plans identified their personal risks and clear guidance was given to staff on how to mitigate those risks. Staff had engaged people's care managers to assess people's mental capacity and made decisions in their best interests. People's medicines were being managed appropriately. Documents were now stored safely using an electronic device known as a cloud. It was evident from this inspection that significant improvement had been made to areas identified previously.

This service provides personal care to people living in their own houses and flats in the community on three sites in County Durham. It provides a service to adults with learning disabilities and mental health issues. The service provided support for up to 57 people across the three sites. At the time of our inspection there were 54 people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found people were cared for by kind, caring and respectful staff across the organisation. A range of opportunities to suit people's individual needs and promote inclusion were given to people so that they could contribute to the service. Staff listened to people and their views and responded to them.

Relatives and other professionals described the service as 'outstanding' or 'brilliant'. They saw positive changes in people as they led fulfilled lives.

People were supported to maintain relationships. Staff provided support to people to visit or meet up with their family members.

Staff displayed a good knowledge of people and were skilled to manage the different relationships of people who lived in close proximity.

Staff understood the purpose of advocacy which includes having an independent person to speak up. They encouraged and supported people to self-advocate in their care reviews. They also advocated on behalf of people to use the service ensuring their safety and well-being.

Promoting people's independence was a key theme of the service. Relatives and other professionals spoke to us about people's increased independence and the positive impact this had.

Professionals told us the service worked well with them and communicated the information they needed to know. Relatives told us they felt involved and were given the information they needed to support their family members.

Staff felt valued and supported by management who had set up an additional service called, "Inspiring Lives". This was a day service where people could go and participate in activities. The centre had been purchased by Accept Care and they had developed a crafts room, a quiet room, a computer room, a hairdressing salon and a kitchen where people cooked their own meals.

The service had effective quality assurance systems and processes in place which highlighted any improvements needed. As a result of these systems changes had been made in the service which showed a culture of continuous improvement. People and staff had regular meetings where they were given updates on the service and were able to explain any concerns.

We found the culture of the service was focused on continually improving the quality of people's lives. The registered manager felt strongly that the direction of the service should be led by the people who used it. We found the senior management team had driven the values encompassed in their mission statement and throughout the service. Where they told us about improvements or people's care needs we found staff echoed the same comments. This showed us the service had an integrated approach to people's care.

We found there had been changes to the management structure of the service. This had led to clear governance systems and processes being implemented. House managers had been empowered and given greater accountability in their role. They told the inspection team they were happy to have the increased responsibility. A roles and responsibilities document was visible in each section of the service. Relatives and other professionals were extremely complimentary about house managers and the support they had given to people to make valued changes to their lives.

People who used the service, their relatives and other professionals were regularly asked for feedback about the service. We found responses were mainly positive. Comments had been drawn together, reviewed and responses provided by the registered manager to state what actions had been taken.

People were protected from the risk of harm by the systems, processes and practices in the service. Staff had received training in safeguarding people from abuse and had made safeguarding alerts. One of these alerts led to changes being made to hospital systems to improve hospital services for people with learning disabilities.

People received their medicines from staff who were trained and competent.

We found there were sufficient staff on duty to meet people's needs. Some people had additional support

hours allocated to them. These hours were delivered to meet people's needs.

Assessments of people's needs were carried out before they received a service. We found people had detailed and person centred care plans in place which described their needs and any personalised risks. Staff were given detailed guidance on how to provide people's care.

End of life care was provided in a sensitive and caring manner. Staff worked alongside other professions to ensure people received dignified and pain free end of life care.

People were encouraged to be part of their community and continue activities that were important to them.

When new staff were appointed, thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support. Staff knew people well, were well trained and demonstrated the skills, knowledge and experience to care for people effectively. We found staff were given a comprehensive induction and increased supervision and support through their probationary period. On-going training was provided and staff received an annual appraisal.

We found staff had been trained in the Mental Capacity Act and understood what actions to take if a decision needed to be made and a person's capacity to make the decision was in question. They knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. People were able to make choices about aspects of their daily lives. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice

Staff supported people to have a healthy diet. People spoke to us about how staff encouraged them to increase the range of foods they ate. We saw people had lost weight when necessary and were proud of their achievements.

Managers dealt with people's concerns and complaints and provided appropriate written responses when required.

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.

Relatives and people who used the service reported to the inspection team that they felt safe being cared for by Accept Care staff. We found the service provided safe care for people.

People's medicines were administered safely by staff who had adapted to new checks introduced by the senior management team to minimise errors.

The service had appropriate systems in place to protect people from harm.

Is the service effective?

Good 

The service was effective.

There were well-established processes for the induction, training and support of staff in the service.

Staff supported people to eat healthy foods and make changes to their diet when necessary.

People's health needs were met by staff who were alert to changes in their health and supported them to visit health care professionals.

Is the service caring?

Good 

The service was caring.

People were supported to develop their independence in all areas of their lives.

Staff knew people well, understood their needs and treated them with respect. Staff facilitated people's involvement in the service according to their wishes and preferred method of communicating.

People were enabled to develop positive relationships with staff

and maintain contacts if they wished with their family.

Is the service responsive?

Good ●

The service was responsive.

People had detailed person-centred care plans in place which were consistently reviewed and monitored.

People were supported to have access to a variety of activities which reflected their personal tastes including access to a new activities centre specifically set up for them by the provider.

Opportunities were provided throughout the service for people to raise concerns. We found complaints had been investigated and complainants were provided with an outcome of their complaint.

Is the service well-led?

Good ●

The service was well-led.

There was a consistent culture throughout the service which focussed on improving the lives and opportunities for people.

There were effective audits in place. Managers had responded to the audit findings and looked for different ways to improve the service.

Feedback was continually sought from staff, relatives and professionals. This was analysed and considered by the registered manager who provided responses to people's comments.

Accept Care Limited

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 team consisted of two adult social care inspectors and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One of the experts-by-experience spoke to people face to face during the inspection whilst the second expert-by-experience contacted people's relatives by telephone.

This inspection took place on 30, 31 January and 1 and 9 February 2018. The first day of our inspection was unannounced. We spent time on site carrying out the inspection on 30 and 31 January 2018. We spoke to relatives by telephone on 31 January and 1 February 2018. We also spoke to other professionals to seek their views on 9 February 2018.

Prior to the inspection we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We also contacted professionals involved in caring for people who used the service; including local authority commissioners.

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

During the inspection we spoke with 16 staff including the registered manager, two directors, house managers, senior care, staff and staff employed at the Inspiring Lives centre. We spoke with 12 people who used the service and 15 relatives. We visited each of the three sites where the service was delivered.

We reviewed seven people's care files and other information in relation to the regulated activities. We

looked at five staff files. We observed staff practices throughout the course of our inspection.

Prior to our inspection we sent out questionnaires to people who used the service and received nine responses from people who used the service and two responses from their relatives. We also received 21 responses from staff and six responses from community based professionals to the questionnaires we had sent out to them. Following the time we spent on site we contacted five professionals for their views on the service.

Is the service safe?

Our findings

People spoke positively about staff keeping them safe at all times. One person said, "The carers make me feel safe and secure", and added "I like to keep on my own space and carers respect that." Another person said, "I like [staff name] out of all the carers, as she talks to me every day and asks if I'm alright and safe." They added "I think staff also get on well with each other and that's always a good thing in regards to safety". A third person said, "I feel safe and stable living here because staff and carers are very patient with me. They spend a lot of time talking and not rushing things, as I can get confused easily."

Relatives gave us their views about the service delivering safe care. One relative said, "We feel confident that the residents are safe because they all have keys so that they can lock their rooms and keep valuables safe." Another relative said, "Their environment is safe because it is well maintained and kept clean, residents are encouraged to look after their own accommodation if possible which supports independence." We asked relatives if they were aware of any bullying or harassment. Relatives did not witness any of this type of behaviour at Accept Care. One relative said, "I would soon know if something wasn't right because I know my son very well, he is always happy."

We spoke with the staff about safeguarding adults and action they would take if they witnessed or suspected abuse. Everyone said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. One senior member of staff told us, because of their role with increased responsibilities, they had received more in-depth training in relation to this. We saw information about how to report safeguarding concerns was displayed in communal areas of the scheme.

There were enough staff available to support people and found staff were available on each of the sites to meet people's support needs and in case of emergencies. There was a regular pattern of night shift staff also available to provide overnight support. Staff explained that people who received a service were allocated a number of additional hours per week by the Local Authority. Staff told us the deployment of these hours had been reviewed and amended in order to meet people's needs. In addition to this we saw people had been provided with one to one support when required; this was in addition to all other support hours.

One relative told us, "The care team are really nice, there is consistency in numbers resulting in safe staffing and this gives me peace of mind as a parent and it also helps develop meaningful relationships." None of the staff we spoke with expressed concerns regarding the number of staff available to support people. Staff confirmed that rotas were arranged so that each service user had a 'core team' of staff. We found there were sufficient staff on duty, as a result of this people received continuity of care.

The service had a medicine policy in place, which staff understood and followed. We checked Medication and Administration Records (MAR). These were fully completed, contained required entries and were signed. Where people required "when required medicines", detailed medicine administration plans were in place to guide staff on what medicines should be given and when. Where people required prescribed creams or ointments, and where they needed support with this, staff used a body map diagram to show where they

should be applied. Detailed information about each type of medicine people had been prescribed, as well as possible side effects, was available. There were regular audits to monitor safe practices and staff responsible for administering medication had received safe handling of medication training? As a result of these audits the management team had introduced additional daily audits and guidance to staff to reduce errors. This demonstrated systems were in place to ensure medicines were managed safely.

Each house manager managed incidents, accidents and safeguarding concerns promptly. The house manager also reviewed any incidents and accidents and improvements were made if required to ensure people's safety. People were kept staff by staff who were trained to recognise behaviour triggered by distress. Staff had specific training in best practice conflict resolution techniques. Where people were distressed due to changes in their lives we saw the registered manager had authorised additional staff to support them.

The provider had in place a staff disciplinary policy. We discussed the use of the policy with the senior management team. They told us there was no on-going disciplinary action with regards to staff misconduct.

A 'personal evacuation plan' was available for each person which provided staff with guidance on the support people required in the event of a fire.

Staff confirmed they had completed training in the prevention and control of infection. Staff supported people to keep their homes clean and tidy.

We spoke with staff about staff recruitment procedures. They told us that prior to being employed by the service they were required to attend an interview and satisfactory references and disclosure and barring services (DBS) checks were obtained. This helped to make sure only suitable people, with the right experience and knowledge, were employed. We checked staff records which demonstrated the provider had in place appropriate checks to ensure staff were suitable to work with people in their own homes.

We spoke with the registered manager and other members of the senior management team about lessons learnt. They told us how their on-going evaluation of the service meant they were learning on a regular basis and cited changes they had implemented with people's medicines. These were now administered from a see-through blister pack so staff could easily check no medicines had become stuck in the pack. They also spoke about their learning about hospital passports and how they had enhanced them to ensure people were not put at risk if they went into hospital. Staff told us when they held staff meetings two member of the senior management team came along to listen and join in. They found this overpowering and only one senior manager now attends. This meant senior managers listened to staff.

Risk assessments to ensure people were safe in their accommodation were in place including fire safety and health and safety. Maintenance of the properties was carried out by the owners. There were clear procedures in place to access maintenance. During our inspection repairs were being carried out.

Is the service effective?

Our findings

People spoke with us about the effectiveness of the service. One person said, "The staff I am in contact with are always courteous and appear to want to provide the best possible care for their service users."

The operations manager told us assessments which were carried out before a person started to receive a service. They showed us three new assessments they had begun. They told us whilst they had carried out an initial assessment they had not gone into great detail with the people as yet as funding decisions had yet to be made, and they did not want to raise a person's hopes if funding was refused. House managers told us they were now involved in these assessments and were able to judge if a person would fit in their service group. Staff told us, before any new person received a service; they always obtained a copy of the local authority's person's risk management and care plan from their care manager.

Before being allowed to work directly with people staff began an induction period with two weeks of intensive training. They also shadowed more experienced staff in order to learn about the service and the people who used it. Through the first six months of their employment they met the training manager each month for supervision to ensure there was continuity between their training and care delivery. After the six months and a successful probationary period staff were supervised by their house manager. Staff confirmed to us they had been through an induction. One staff member described the induction as, "Very thorough." Another member of staff said they had been, "Well supported." The registered manager explained to us they felt they were able to retain staff who had received a comprehensive induction.

The provider had an on-going training programme in place. Staff training was regularly updated. We saw a training matrix which showed when staff were due to renew or update their training. We asked staff to describe the training and development activities they had completed. The staff we spoke with told us they completed training in areas such as dementia care, autism awareness and end of life care. They also told us they had found the training to be very beneficial and had helped them to understand and support the people receiving the service. Staff confirmed they had regular one to one meetings with the house manager (called supervisions) where they had the opportunity of discussing their work and training and development needs and annual appraisals. They also said they had regular team meetings. The registered manager spoke with us about their on-going skills and knowledge assessment. In some case this meant staff required training on how to cook. The registered manager had introduced training on abandonment to encourage staff to think about people's past lives. All this demonstrated staff received effective training and support to carry out their duties.

Staff supported people to prepare and cook their own meals either in their own flats or in a communal kitchen. Staff spoke to us about trying to support people to eat healthy diets; they told us they can support and provide encouragement but people can still choose what they wish to eat. A professional told us, "Accept Care has accessed training to improve their own knowledge and that of the service users around health related issues." We saw the service had invited in other professionals to run a 'Jack and Josephine' course about healthy living for women and men with learning disabilities.

One person told us, "I'm aware that I've been well over weight over the last few years due to my lifestyle and

carers have been effectively supporting me every step of the way in helping me to lose weight. They added, "They [the staff] have advised me how to cut down on certain foods and reduce the portions I consume and this has resulted in me losing 3 stone in 8 months." Another person said, "Staff and carers respond very well to making sure I get the food I like" he added "The food is generally nice. I have Fish Fingers, but carers encourage me to have more variety." A third person commented, "I love my shepherd's pie, but I aware that staff respond to this by highlighting that I may be having too much of the same thing and I should spread out my diet better."

If people's physical or mental health needs changed, referrals were made to other health professionals to ensure people's needs were met. We saw people had regular access to primary health care professionals such as speech and language therapy staff and occupational therapists. We saw in peoples' support plans detailed guidance was provided on the action needed of care staff to meet people's health and social care needs following guidance and information provided by other healthcare professionals.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA) 2005.

Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. In some cases where staff had identified the need for a capacity assessment, the assessment had been carried out by their care manager. Where people did not have the capacity to make decisions, their friends and family were also involved. This process helped and supported decision to be made where they were unable to do this by themselves.

Staffing hand over meetings were carried out and were led by the manger, they included providing details of any issues from previous shifts. A handover book was available for staff to share with team members. Relatives we spoke with were complimentary about the standard of communication with them. One relative said, "Keeps me informed." We saw staff communicated with relatives using email and provided updates on their family members. Professionals associated with people in the service praised staff for their proactive communication with them.

Is the service caring?

Our findings

People we spoke with during the inspection made positive comments about the care people received from the service. One professional had written in an email to the registered manager, "Please could you thank [name of house manager] & her staff team for the excellent work they have done with [person], they have supported him through a massive change in his life & the support and care they have given [name] over the last few months to ensure he settled into his new home has been exceptional." We found the values associated with caring permeated through all the staff group and across each layer of management.

Improvements in people's lives were attributed to the care and support provided by staff. One person told us they had increased motivation and pointed to staff saying, "That's why I am doing so well." Their care manager had noticed a "Marked improvement" in their well-being. We spoke with one person about their experience of the service and they said, "This is paradise."

Nine people responded to the questionnaire we sent to people before our inspection. One person told us, "I like living here. It's better than the other places I have lived. All the staff are nice. This is the best." Another person said, "I am being very well looked after here."

Relatives were positive about how the service had supported them and their family members. One relative who had been bereaved told us how caring the care team had been when they lost a close family member. They said, "Excellent support, they even came to the funeral, I couldn't ask for more."

Staff knew people's likes and dislikes in detail and understood how to respond to people without causing them distress. Care plans gave staff signs to look out for if people were unwell.

A relative told us they had observed the staff treating their family member as an individual and when the person got emotional because of mood swings staff talked to them and reassured them. We found the service treated people as individuals. Staff members explained to us how people's communication styles differed and how people had adapted their styles with specific gestures. Staff knew people well and supported the inspection team to seek people's views.

Staff understood the difficulties people could experience living in close proximity with other people. They dealt with issues raised by people such as one person who played their music too loud or another wishing others to adopt their religious beliefs with calmness and patience. They explained to people about tolerance and consideration for others and engendered great harmony in the group by respecting views and seeking solutions with people.

The service had put in place systems with staff having delegated responsibility to ensure people were very well cared for. For example people were to have a hospital bag with personal possessions including £5 to buy newspapers etc. When a new person began to receive support from Accept Care and came to the service with nothing managers had developed a 'welcome pack' which included food for a few days and cleaning materials. This meant people were able to settle into their new environment without unnecessary stresses.

People were provided with a range of opportunities to speak up. In addition to a suggestions box we found people were engaged in conversations with staff about their care needs. House meetings were held to provide people with opportunities to express their views. Staff explained not everyone was able to participate in a meeting and therefore it was important to seek views individually. For one person this meant staff had put in place arrangements to access an electronic communication system and seeking ways to adapt it to meet the person's needs. For another person they were invited to make their contribution to meetings using emails. A 'Service User Forum' had been set up for those who were able to contribute to a bigger meeting.

Advocates were welcomed into the service. An advocate is someone who helps people represent their views, wishes and feelings to other people including professionals. We found the staff took on the role of advocates when required. We saw they had advocated for urgent equipment when a person fell out of bed. We found there was a drive to ensure a person had the right care so they could pass away in their own home. A professional wrote to the registered manager and said, "They [the staff] have so clearly gone the extra miles, above and beyond, to ensure [the person] was cared for to a high standard, made comfortable, feel supported, and enable [the person] to make the most of the times they felt a little better."

One new member of staff said, "'I've worked in other homes in the past and this home is far superior in the amount of time staff devote to the needs of individuals". Another member of staff said, "I have a family member who has a learning disability and as a family member I would be happy knowing his needs would be met and be confident that he was being well cared for if he was with Accept Care."

The service promoted people's independence. One person told us, "I keep very active and help staff to clean my room every Saturday and I get out doing shopping every Friday and I often get to Chester-Le-Street." A staff member told us in our pre-inspection survey, "Accept Care is person centred and puts a lot of emphasis on developing the skills of their clients." One person told us, "I'm very independent in my own home and do my own cooking, but I feel reassured that if I needed any support the carers are never far away." One person told us they had made progress and they were ready to consider moving into their own independent living.

People spoke with us about their achievements. One person said, "I am doing well here aren't I?" Staff complemented people on achieving their goals and reminded them how far they had come. One professional told us about how a person had made a great deal of progress and told us Accept Care was a "Fabulous service." We found people had made substantial progress with the care and support provided by the staff.

Staff knocked on people's door and sought their permission before they entered their accommodation. We spoke with relatives about dignity and respect. One relative told us because their family member had walked out the shower unclothed and was therefore visible to other people staff installed frosted glass film on the windows. This meant the person was able to do as they wished in their own home without their dignity being compromised.

One relative told us, "There is always someone available to look after my son's needs. The staff are really great they help him with washing and getting dressed, he always looks smart and well turned out." Another relative informed us staff helped celebrate their family member's birthday by decorating their home with balloons and banners, and having a party. They commented and said, "Magnificent, smack on. This creates a nice homely environment."

Staff respected people's wishes promoted people's right to family life and facilitated the contact with their families. One person said, "They have helped me to see my family more often, by coordinating an activities diary to allow this to happen." Another person said, "My sister comes to visit me twice a month and my

nephew from [place name] comes to visit me once a month and the manager accommodates these visits very well."

Is the service responsive?

Our findings

In response to CQC's pre-inspection questionnaire one staff member wrote, "They [people who use the service] are very well looked after, parents, family and care coordinators are very grateful for the support given to the individuals. It's an absolute pleasure to work at Accept Care." We found positive comments made about the service. One external professional had written to the registered manager and said, "Just had very positive feedback from care coordinator [person's initials] re your staff team and the current work being done with [person's initials] within the new care plan, please compliment your staff team/management, good work."

One person told us, "Staff come into my room whenever they can to discuss the care I'm receiving and ask if there's anything they can do different or better for me which I really appreciate a lot."

During our inspection we found everyone who used the service had a detailed pen picture at the front of their care file. The pen pictures documented people likes and dislikes and briefly identified any care needs they may have. The pen pictures were then followed by detailed care plans which documented people's needs and what actions staff were required to carry out to meet each person's needs. Where ever there was a care need identified in the pen picture we saw care plans and associated risk assessments were in place. For example where necessary we saw nutritional support plans were in place and when required peoples' food or fluid intake was closely monitored.

Staff demonstrated an in-depth knowledge and understanding of the risks associated to people with a learning disability and the development of Alzheimer's disease. We saw that relevant referrals had been made to specialists in the area of dementia, where this risk had been identified, to make sure appropriate screening was carried so that people could receive the support and care they needed. Advice from professionals had been incorporated into people's care plans.

People's care plans were person centred. This meant they contained individual person centred information. People's choices and preferences were written down so that a consistent approach to care was always provided by staff. We also found there were sections covering people's communication, their daily routines, physical and mental health needs, behaviour management plans including triggers to people's behaviour, signs when the person becomes agitated, steps to be taken to prevent the person becoming agitated and action to be taken if the person becomes upset. The level of detail in the support plans was good and described the support people required throughout each day.

People had tenancy agreements in place. In their tenancy support plans staff were given guidance to ensure people's tenancies could be assured.

Staff wrote down the support provided to people each day in the 'daily records.' The daily records we looked at were used to monitor any changes in people's care and welfare needs. This meant the service was able to identify changes and respond to those changes promptly. We saw how staff had immediately requested specialist equipment in response to one person's changing needs. A relative spoke to us about the service

responding to building a wet room when a person became less able to use conventional showers thus preventing trips and falls.

Staff responded to people's changing care needs and in particular to any changes to their health or well-being. We saw staff supported people when necessary to attend appointments and/or supported professionals to visit people in their own homes. One relative told us, "They go beyond what they should do if my child has any form of illness medical appointments are made and this includes dentistry, chiroprapist and opticians. This also includes medication reviews and physical health checks." People had a detailed 'health action plan' which included the person's current health needs and was available to accompany the person should they need to stay in hospital. This document had been developed by the service to help ensure continuity of care was provided between healthcare services. It also included information about people's communication needs, likes, dislikes and personal preferences.

Prior to this inspection we received a notification about a serious incident a staff member had come across in carrying out their duties. We spoke with the operations manager who explained what action they had taken to engage the person and keep them safe. This meant the service was able to be proactive to both support and protect people.

People were supported to participate in religious activities of their own choosing. Where people had expressed spiritual preference this was documented in their care plans. One person told us how staff had supported them to attend their own church.

At our last inspection the registered manager told us they were in the process of setting up a new service where people could attend to increase their skills. They told us they found people living on each of the sites did not have the required stimuli and as a consequence they displayed challenging behaviours towards the staff. We found the service, "Inspiring Lives" had been opened to provide opportunities for people.

This new aspect of Accept Care had a significant impact on people's lives. A family member told us, "My daughter no longer stops in bed doing nothing." They told us they felt the activities had improved their quality of life. We saw during our last inspection one person who preferred to stay in bed. They were now visiting the centre and participating in the activities. We visited the centre and spoke to people in a group. They showed us their art work on different ecosystems. People told us they go out on trips to the seaside. We saw photographs of visits to the Kielder observatory and to a mosque. The centre manager explained they had arranged a trip to a mosque after one person had made unacceptable racist comments. People told us they were welcomed by the mosque community and had enjoyed their visit.

The centre had a craft room, a pool room with a comfy chair for one person who needed to rest in the afternoon, a computer room and a kitchen. People chose their meal using pictorial options and they were involved in cooking their meal each day. People were engaged in their meal preparation and told us one person liked to wear the chef's hat. There was also a hairdressing salon where people who used the service learned how to wash and style hair. People told us they liked to do this.

The centre documented people's involvement using photographs in individual books. This meant family members and carers had an opportunity to discuss the day's events.

During our inspection we visited the three sites where Accept Care provides a service. We found the majority of people were out in the community taking part in a wide range of individualised activities. Activities people were involved with included trips to Beamish Museum and Wet and Wild. One person worked as volunteers in a local charity shop, whilst other people attended a day service where they were supported to develop

independent and living skills such as cooking. One relative told us about how people were supported to maintain their own interests such as betting on horseracing.

The complaints policy was available in each person's care records, which were kept in people's flats. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. The complaints procedure was available with pictures and symbols to help people understand the information. Staff told us they knew how important it was to act upon people's concerns and complaints. They told us they had assisted people with filing in a complaints form. We saw the complaints procedure was displayed in communal areas and also anonymous questionnaires were available for people to complete and post. We looked at the complaints process and found where people had made complaints the provider had followed their policy and procedures. Complainants had received a response to their complaints. A relative told us they could pick up the telephone with a query and get a response immediately, they said, "I don't have to wait or hang on the phone." A locked suggestion box was also provided so people could make comments or raise concerns on the service with the quality and compliance manager being the only person to have the key.

People's wishes regarding end of life care were respected and supported by staff. We saw how additional staff support was provided as well as training and input from other health care professionals to support and enable one person to have a comfortable, dignified death in their own home. Care managers described the service given to one person at the end of their life as "brilliant". Managers spoke to us about talking to people and their relatives about their end of life care arrangements. Whilst they had tried to approach the issue with some people they had found people had refused to discuss the issue and wanted to remain sensitive to their wishes.

Is the service well-led?

Our findings

There was a registered manager in post who was also one of the directors. The registered manager, the operations manager and the compliance manager were members of the senior management team. People who used the service, their relatives and professionals spoke to us in positive terms about the management of the service. Since our last inspection we found the service had made improvements. We found the energy and impetus for change and continuous improvement had been led by the senior management team.

Accept Care had a mission statement which put people at the heart of the service. Staff were introduced to the mission statement during their induction. We saw the senior management team had maintained the visibility of the statement and put it in staff newsletters and on notice boards. They had also run a competition; staff who could recite the statement received a shopping voucher. Consequently we found examples of the mission statement in action.

The registered manager explained to us they found people were being cared for by staff in their own homes with little stimulus. They had purchased a new building and called it, 'Inspiring Lives'. We visited this initiative and found people were engaged with staff and each other to have productive days. Everyone gave us a 'Thumbs up' to demonstrate they felt very positive about their new facility. Staff told us as a result of Inspiring Lives one person had not displayed any challenging behaviour since attending. One professional praised Inspiring Lives and said, "It's been successful."

The senior management team spoke with us about how they had complementary strengths which enabled them to provide consistent leadership. Staff told us they found the management team were supportive. One staff member wrote in response to our questionnaire wrote told us they were proud to work for the service.

One relative told us the level of care was outstanding and was remarkable compared to previous provision. (This was prior to the current management team.) They told us things had improved in the past twelve months and commented, "I think this is due to a new management culture." The senior management team had restructured the service which in turn had increased the accountability of all managers in the service. The strengths of the managers were visibly represented for people who used the service by photographs and a roles and responsibilities chart on notice boards.

The senior management team had developed as a staff forum to have constructive engagement with staff. Representatives from each part of the service attended the forum. One staff member told us they felt the forum was working for staff. Regular staff newsletters supported an open culture through information sharing.

A house manager managed a service area such as a group of flats or a communal living setting. House managers reported they felt more involved in their service. They were able to be involved in assessing people before they were admitted to the service and were happy with the increased levels of accountability. One person said, "I like [manager's name], she's so much better than our previous manager. She is very understanding and responds to all my needs, for me she is the perfect female." All of the relatives we spoke with knew the house managers by name. One relative said, "I think the service is good. They listen to you,

and I can go and see the manager at any time." Another relative said, "The manager is very good and approachable." Professionals we spoke with praised the house managers for their levels of communication with them. They attributed their skills to positive changes they found in people's presentation and improved outcomes. One professional said, "Without their kindness and commitment [house manager's name] would not have made the progress they had today."

The staff we spoke with described the house managers as very approachable. One staff member said, "We can go to her anytime." One relative commented "It's the care team that really provides all the leadership and care." We found relatives were positive about house managers who had been enabled to carry out their role by the senior management team.

The senior management team carried out regular surveys to monitor the quality and effectiveness of the based on the five CQC questions – Is the service safe?, is the service effective?, is the service caring?, is the service responsive?, is the service well-led? Survey results were aggregated and reviewed by the registered manager. Responses to the surveys were largely positive.

During the inspection we saw house managers were active in the day to day running of the service. Monday morning meetings between the senior management team and the house managers meant planning issues for each week were addressed. Manager's meetings included guidance, for example how to respond to complaints, how to manage staff time and encouraged to think about what makes a good leader, including getting involved and getting their hands dirty. This meant house managers were supported to develop their own personal management skills.

People were encouraged to be part of their community and continue relationships and activities that were important to them. The senior management team had identified they wished to develop closer links with the community. They had recently appointed a community champion to increase contact with local businesses to support the sustainability of the service.