Leeds and York Partnership NHS Foundation Trust

St Mary's Hospital

Inspection report

Greenhill Road
Armley
Leeds
West Yorkshire
LS12 3QE

Tel: 01133055000
Website: www.leedspft.nhs.uk

Date of inspection visit:
04 December 2017
05 December 2017
06 December 2017
01 February 2018
02 February 2018

Date of publication:
20 March 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected St Mary's Hospital on 4, 5 and 6 December 2017 and 1 and 2 February 2018. The inspection was announced because we wanted to ensure people, their relatives and staff were available to support the process.

At the last inspection in July 2016 we found the provider had breached two regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to medicines management and overall oversight of the service including appropriate reporting of incidents. The service was rated overall Requires Improvement.

An action plan was submitted to us by the provider outlining how they would improve. We saw improvements had been made in all areas at this inspection and the provider was no longer in breach of any regulations. The service is now rated overall Good.

The service provides care and support to people living in 16 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. 91 people were supported at the time of the inspection.

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/ or autism using the service can live as ordinary life as any citizen.

A registered manager was 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.

People received an extremely person centred service. Staff had excellent knowledge around how people communicated and they used this to empower people to make their own decisions and direct their own care. The use of positive behavioural support had meant people were less anxious and confident enough to access their community and live as ordinary a life as possible. Care plans reflected the person centred detail staff needed to know to support people how they preferred.

Staff training in specialist areas such as postural management meant people experienced less discomfort or pain due to their physical disabilities and improved mobility and independence. Staff felt supported by their managers and enjoyed the range of training on offer to develop their skills. Their improved knowledge helped them deliver effective support for people.

People 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 understood how to recognise abuse and report issues of concern to protect people.

People and their families were able to describe the positive outcomes achieved because they received such high quality person centred support. Staff treated people with respect and dignity at all times. Staff looked to problem solve and worked to support people to achieve their aspirations. We saw examples of people improving their health, accessing their dream holiday, starting a new hobby and using technology to control their own environment.

The leadership and culture of the service was positive. Managers empowered their staff to have ideas and be part of developing the service. There was energy behind continuous improvement and we saw people were innovatively involved in developing the service.

New quality assurance processes were in place to help the provider ensure quality was consistent. Systems were in place to ensure staff were recruited safely and that the health and safety aspect of delivering support was well managed. The registered manager was working to ensure staffing was reviewed in conjunction with the local authority so people received a consistently responsive service.

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.

Medicines, recruitment of staff and health and safety were well managed.

The use of positive behavioural support (PBS) had reduced people's anxiety and distress to enable them to be more independent and have more positive feelings of wellbeing.

Where accidents and incidents occurred, the provider had reviewed information to understand patterns and trends and learn lessons to prevent the likelihood of a reoccurrence.

Is the service effective?

Good

The service was effective.

Staff used best practice knowledge to support people to receive effective support around their health and social needs.

Staff were well trained and supported by the provider.

Staff had very good links with professionals to ensure people received appropriate healthcare and equipment to improve their independence and prevent discomfort.

Is the service caring?

Outstanding

The service was extremely caring.

Staff had excellent and detailed knowledge of how people communicated and they used this to offer choice and empower people to direct their own support.

A strong person centred culture ensured people received care how they preferred it. This included exceptionally innovative ways to support people to be actively involved.

Relatives and advocates were positively used and welcomed to ensure the care and support delivered was respectful and dignified for people.

Is the service responsive?

Good

The service was responsive.

People received support to access a wide range of activities both in their own home and in the community.

A model of active support was used to make day to day activities meaningful. The provider was working to ensure appropriate staffing meant each person could receive such responsive support.

Where people required end of life care this was delivered with compassion and ensured people were comfortable and pain free.

People and their relatives knew how to raise concerns.

Is the service well-led?

Good

The service was well led.

Innovative ways were used to support people with learning disabilities and/ or autism to give their views about the service they received.

A new quality assurance system was being implemented to help the provider understand whether consistent high quality care was being delivered for each person.

The registered manager understood their responsibilities and fostered a positive culture in the service. Staff told us morale was high and they were appreciated.

St Mary's Hospital

Detailed findings

Background to this inspection

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

We inspected the service on 4, 5 and 6 December 2017, 1 and 2 February 2018. The inspection was announced because we wanted to ensure people, their relatives and staff were available to support the process.

Across the five days of inspection, four adult social care inspectors and two experts by experience supported the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We used a range of methods to seek feedback and observe the service provided. We visited people in their own homes, contacted staff and relatives via telephone and carried out two focus groups. One focus group was with people and their families and another was with members of staff.

Before the inspection, we reviewed all of the information we held about the service. This included information we received from the provider since the last inspection. We sought feedback from the commissioners of the service prior to our visit. The registered 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. We used all of this information to plan our inspection.

We spoke or spent time with 28 people and 10 of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms. Some people were unable to speak with us and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit, we spoke with the registered manager and three senior managers who represented the provider. We spoke with 15 members of staff including support managers, deputy support managers, senior

support workers and support workers. We also spoke with four visiting professionals during the inspection.

We reviewed a range of records including 11 people's care records, including care-planning documentation and medication records. We looked at three staff recruitment files and a range of records relating to the management of the service. A variety of policies and procedures developed and implemented by the provider, were also looked at.

Good

Is the service safe?

Our findings

At the inspection in July 2016, the provider had not ensured safe management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 12.

People received the medicines they were prescribed safely and the storage of medicines had improved. Each person had a care plan which outlined how they needed to be supported and this included details of the medicines they were prescribed. Staff had been observed to ensure they were competent to carry out their role in this area.

The provider had implemented a new medicines procedure since the last inspection. Each support manager was at different stages of implementing the new procedure. For example, some staff teams were using robust 'as and when required' medicine protocols and others were not. Following day two of the inspection the provider checked a sample of the services to understand progress towards full implementation. Each support manager had an action plan to make improvements where needed.

Improved records were kept around medicines errors and action had been taken to improve practice following each error. Members of staff were supported to re-train following errors to ensure they understood safe process. This approach had worked and we saw there had been a decline in medicines errors since the last inspection.

Without exception people and their relatives told us they felt safe using the service. One person told us, "I'm safe; if I am worried I talk to staff." Relatives told us, "100% safe and any issues are dealt with accordingly" and "Yes, my relative is safe, they have their own keys to their bedroom and I see staff always knock before they go in."

Appropriate systems were in place to protect people from harm. These included safe recruitment practices such as police and reference checks. Also, the management of health and safety with people's landlords. This included fire safety and evacuation.

People who used the service were involved in the recruitment of their own staff and gave feedback around how prospective staff performed during their interview. They recorded if the prospective staff gave eye contact, if they spoke directly to the person and if they used accessible language to help people understand their answers. One feedback form stated 'They were very nice and bubbly, very interested in the things I have done. I really liked them'. This demonstrated real inclusion of people who used the service in decision-making.

Where agency workers were used to cover annual leave or staff vacancies, the provider had a department who ensured their safe recruitment. The provider did not ensure staff received a photograph of agency

workers to enable them to check their identity when they arrived for shift. The registered manager agreed to put this in place.

Risks to people's safety had been assessed appropriately in areas such as nutrition, mobility and access to the community. Staff told us people and their relatives were involved in designing support for them. Staff said this meant they helped to risk assess and keep people safe. For example, accessing the community independently. A member of staff said, "People are involved in risk assessments and their families, we work together for everyone's safety."

The registered manager understood about safeguarding adults and told us what action they would take if they witnessed or suspected abuse. All incidences were recorded and the service investigated concerns when appropriate to do so. Staff told us they understood how to recognise signs of abuse and how to respond effectively.

The registered manager explained that they were able to support people to use Makaton during safeguarding situations to help them have their voice heard. One member of staff had been trained to be a Makaton interpreter. Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

The registered manager told us that positive behavioural support (PBS) was used in the services and a network of PBS champions had supported its implementation. PBS is a method of learning about a person and why they may become anxious or distressed. This is with the aim of improving their quality of life by reducing or preventing anxiety. Care plans contained step by step guidance for staff to identify changes in people's demeanour and how to respond to prevent further distress. Staff recorded what they saw and whether their response was effective.

Staff were able to tell us the success they have achieved through this approach and they were passionate about continuing their good work for people. For one person PBS had meant they could go on a hiking holiday using various modes of transport. Staff said, "This would never have been considered possible previously." We saw in another person's review that their anxiety had reduced significantly and their reliance on medicines to support their anxiety had diminished. A relative told us, "Staff help my family member with personal care and are good at managing their behaviour. They use what they have learnt for the next time. All their needs are met."

Learning lessons from events such as accidents and incidents was a positive theme throughout. We saw all accidents and incidents were recorded appropriately and that action had been taken where needed to reduce the likelihood of a reoccurrence. A new electronic system was in place to record accidents and incidents, which supported the provider and registered manager to understand patterns and trends. A regular 'safety and risk meeting' was held where the registered manager and support managers discussed what action they could take to make improvements from lessons learnt. This approach had had a positive impact on the reduction of behaviours that challenge the service and medicines errors. A relative told us, "My family member feels safe and secure. If they have an accident it is dealt with professionally."

People were supported by enough staff to keep them safe. At our last inspection in 2016 we reported that staffing levels were not based on the known needs of each individual. This meant some people were at risk of not having all of their needs met. For example, their social needs. This was still the case at this inspection. The provider had worked alongside the local authority since the last inspection to understand staffing better, however slow progress had been made. Following day three of the inspection, we asked the provider

to use a dependency tool, which would identify how many staff were needed to meet all of peoples' needs. The provider sent us a copy of this tool following the inspection. They were working to analyse the results with the local authority to establish what was required. The registered manager told us they would ensure people received the staff they needed to facilitate a fulfilled life.

Good

Is the service effective?

Our findings

People and their relatives told us staff provided a good quality of care. One relative told us, "I feel staff are well trained." Another relative said, "Staff seem to be very equipped and knowledgeable"

The registered manager told us training was 92% compliant and that there were plans in place to ensure staff received updated training. They said staff new to care undertook the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. Alongside this staff had the opportunity to develop their skills and knowledge in specialist areas such as person centred planning, Makaton and positive behavioural support (PBS).

Staff were very positive about the training on offer for their personal development. They said, "The managers work on our professional development and listen to our requests and ideas" and "Training is really good. I've enjoyed all the training I've done." Staff also gave an example where they received training tailored to a person's specific needs, they said, "We recently completed a course in supporting people after a bereavement to enable us to support a person in a specific way."

Since the last inspection, the registered manager had developed champions in areas such as PBS, Makaton, postural management and intensive interaction (A way of communicating with a person who does not use words to express themselves). All of the champions understood the best practice in their specialism and were responsible for ensuring the team they worked in implemented it. People had experienced positive outcomes because staff were skilled in delivering the right support. For example, one person who had been supported well with their postural management now experienced increased movements in their arms, which had enabled them to be more independent. Staff told us, "This is due to better equipment to support their posture and movement."

A member of staff told us about the training they had received around intensive interaction. They said, "I have not only seen our residents benefit from us knowing about this but it has enabled me to be more confident. I feel it has brought me out of my shell. I see that I am part of the communication process and that I need to communicate back to people. This was the best training I have ever done." The registered manager explained a programme of autism training for staff would be delivered over the next year to increase staff confidence.

Staff explained that alongside training, they were supported to shadow more experienced staff during their induction and they found this beneficial. They were also supported through regular supervision and appraisal. This occurred frequently and meaningful performance targets or goals were agreed for staff to aim for. A member of staff said, "I feel the provider allows you to develop and gain experience, not just from training but on site you are supervised and supported to learn with people. I feel totally supported from the team, we all work together and no question is a silly question."

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 as far as possible people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in people's own homes are called Deprivation of Liberty (DOL) and the Court of Protection must authorise applications. Two of the people supported by the service had been authorised by the Court of Protection to be deprived of their liberty.

The service was working within the principles of the MCA and ensured that any conditions on authorisations to deprive a person of their liberty had been met.

Staff had received training in MCA and DoL and they understood the practicalities around how to make 'best interest' decisions. We saw appropriate documentation was in place for people who lacked capacity where the service understood a MCA assessment was required. In one person's care plan we saw that relatives and staff had worked with professionals including an independent mental capacity advocate (IMCA) to understand how to promote a person accepting medicine. Through a process of elimination and review a conclusion was made that the person did not like the taste of medicines so they were offered them in a fruit drink. This approach was successful and the person now accepted their medicines.

We saw best interest decisions were recorded for appropriate decisions such as spending people's money on expensive items, medical procedures and screening. Staff understood how people communicated their consent to support offered and respected people's decisions to refuse support.

People were supported to have an active role in choosing the decorations and design of their homes. People had access to outside space. One person proudly showed us around their garden which had lots of equipment to enjoy summer out in the open, such as seating and a barbeque. We saw a best interest decision had been made to support a person to decorate their lounge area and their relative had been involved. One relative told us, "My family member has access to the garden and they love being out in all weathers. Staff have suggested a covered area such as a summerhouse for when the weather is bad." The person had been involved in choosing the summerhouse through pictures.

People had seen healthcare professionals to help access the specialist equipment they needed to promote their mobility and safety. Equipment such as adapted baths, seating and eating utensils were seen. One person had worked with their speech and language therapist to design assistive technology they could use to be in control of their environment. They told us they could turn on their TV or music; control the lights and call or text their girlfriend using it. A specific computer programme helped them use the internet. They had written a story about how successful their technology was for them, within it they said, 'I can even Google how to make cheese on toast by searching the internet'.

A visiting professional told us, "Staff put a lot of hard work into working with someone to improve their life and this had positive outcomes." We saw this approach extended to the support people received to access healthcare services. One person said, "I tell staff I am ill and they ring the doctors up. I have support to control my diabetes and I am cutting sugar out. I am happy with this." We saw for another person the staff had used a process of elimination to understand what the symptoms a person displayed meant and eventually they accessed the correct treatment. The person experienced a better quality of life because staff persisted to understand what was wrong.

People had a 'hospital passport' which outlined to staff working in hospitals or clinics what the person's

needs were to ensure they received support how they liked it. People received annual health checks from their GP which are known to reduce the risk of a person with learning disabilities suffering unnecessary health concerns or premature death. Health promotion was also supported. One person told us they enjoyed swimming because it kept them healthy and another person said, "I went to slimming world to help me lose weight."

People had free access to food, snacks and drinks. Their weight and nutrition was monitored if required. People took an active role in designing their menu, planning shopping lists and visiting the local shops to purchase food. One relative told us, "The food is good and freshly cooked and lots of it. They never use ready meals. They have access to snacks in their own cupboard. Staff know whether my relative is hungry or thirsty by the noises they make. They lower the kitchen units so wheelchair users can do baking and my family member gets involved."

We saw staff had used their knowledge of promoting a healthy digestive system for a person with profound physical difficulties. They used a specialist stand aid so the person could eat with their stomach and bowel in a natural position and this prevented digestive issues.

All of the above examples demonstrated that staff designed care and support around the best evidence available, which has enabled people to achieve good outcomes and an improved quality of life.

Outstanding ☆

Is the service caring?

Our findings

People and their relatives told us that staff delivered extremely person centred care and support with dignity, respect and kindness. Relatives said, "Staff are caring and brilliant and I'm really happy with what they have done for my family member" "My family member has grown in confidence and that is because they are cared for and loved." People who used the service said, "Staff are really kind, they talk to me a lot and help with any troubles, they talk to me in private," "I like the staff, we get on well. When I went on holiday staff were so great they even looked after my pet, even sang to it."

Staff had exceptional knowledge about people's preferred communication. People had various ways of communicating which included using body language, noises and eye contact to verbal communication and Makaton. A support manager told us, "To work with the people we work with, with such profound multiple needs, intensive interaction is required to build up positive working relationships." The provider had ensured staff had received training in specialised communication such as intensive interaction, which is a way of communicating with a person who does not use words to express themselves. All of the knowledge staff had about a person's preferred communication was recorded in a 'Communication passport' so all staff and professionals were aware. The benefits of staff having knowledge and using their skills meant people were able to express themselves, be involved and direct their own care and support.

We observed staff included people through offering choice, seeking their opinions and their consent. Staff were seen to be motivated and keen to consult with people about all aspects of their lives. They engaged with people on an individual basis using their preferred communication method every time they passed or sat with them. We saw people responded to these interactions, vocalising their pleasure and excitement, gaining eye contact or signing in response to staff interaction.

We asked people and staff for examples of how good communication had impacted on people's lives. Staff gave an example of a person who had emotionally and physically shut down and who they had been very concerned for. By caring for the person and listening to their communication, they were able to react and liaise with health professionals to understand what the issues were. Once physical concerns were ruled out, they intensely focused on supporting the person's emotional well-being. Staff were pleased to say the person was up and about again now and their family was "Over the moon".

One person had recorded their experience of starting to use the service. It stated 'My staff and housemates have helped me to settle into my new home really well. I spent my first Christmas here which I was a little bit nervous about. However my housemates bought me some lovely gifts and made me feel really welcome'.

We saw a person directing their staff through their afternoon routine without using any verbal language. By observing the person's body language, eye contact, personal Makaton signs and interpreting the noises they made staff knew what items the person wanted for an afternoon snack that they wanted to go outside for a walk and call for a coffee in a café. The person celebrated staff success at getting it right by using a cheering motion with their arm and smiling. This is a known sign for the person displaying they were feeling happy. The way staff listened with their eyes and ears, respected and supported the person to make their own

choices demonstrated excellent person centred care and real empowerment.

Staff told us about their success supporting the same person to join a gym, go on cruise holidays and live harmoniously with their fellow housemate. They described how the absence of a person centred approach would impact on the person by them becoming extremely frustrated. The person would almost certainly display behaviours and become isolated from the community and activities they enjoyed.

Staff had also promoted good communication and broken down barriers for people within the community. They told us examples of the local pub understanding Makaton for lemonade and staff at a local café being supported to learn a few Makaton signs to enable a person to order. A relative told us, "The best thing about the service is the staff attitude towards my family member. As they are autistic, it is easy to adopt the attitude they can't do things, but staff have a can do attitude. Staff are teaching my family member Makaton so they can communicate."

The provider was working with an organisation known for person centred thinking so they could develop tools to better include people with complex communication needs in the review of their care. People were also involved in a project with the provider to make policies accessible to them. Everywhere we visited, we saw the use of accessible symbols and photographs to support people to understand, to make their own decisions and be independent.

Staff worked with people to develop their skills and become as independent as possible. For one person this meant support to understand their emotions and relationships. The person proudly showed the work they had done with staff to work through their feelings. This was a very personal piece of work but the person was proud they now understood their feelings. Although they still may become emotional, the issues did not take over the person's life. They told us they had improved feelings of wellbeing because of the support they received.

Another example was where staff had supported a person who was unable to walk well when they moved to the service. Staff explained the person has been supported to improve their mobility and this had afforded them much more freedom. They told us, "The person looks happier in themselves and they choose to do things all the time now."

Advocates were regularly used via formal services or relatives. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Relatives told us they were actively involved in decision making for their family members. One said, "They always involve me. If there are any problems they let me know and we discuss it." Relatives were seen as a key partner in designing care and support, particularly where people were not able to understand complex decisions. One member of staff told us, "We have some great relationships with relatives. We ask them lots and speak with them often. They get involved in reviews."

Staff respected people's race, culture, religion and other protected characteristics. They understood people's needs in relation to food, community inclusion and personal care. People were supported to access the religion of their choice. One person needed their skin and hair to be cared for in a particular way and staff had sought the correct products and asked for advice from members of that person's culture to make sure they got it right.

Everywhere had a focus on achievement and celebration of success. We saw people had certificates, photos and stories to tell us. For one person they were proud to have run the race for life and they had raised lots of money. They were more proud the staff had chosen to run alongside them in the race. It felt genuinely

important to staff that people had the same inclusion and rights as every citizen.

Staff were aware of how society needed to be challenged to include people. Because staff put people and their preferences at the focus of everything they did they had successfully managed to support people to be an active part of their community. This demonstrated the excellent compassionate care they provided.

Good

Is the service responsive?

Our findings

People thoroughly enjoyed a wide range of activities both in their home and in the community. They were excited to tell us about the holidays they had enjoyed supported by staff. People were an active part of their local community where they lived and also the wider learning disability community in the Leeds area. Each person had a personalised weekly plan which they had been involved in the development of. The weekly plan included all the hobbies and interests the person was known to like. It also included opportunities to exercise and support to maintain their own home via cleaning, shopping and cooking. A relative told us, "Staff are amazing and do some great stuff with my relative."

People were supported to access college, voluntary placements and seek employment if they chose this. We observed a real sense of community. One example of this was where a local priest was arranging for school children to visit and sing Christmas carols and in exchange people were providing food to the local food bank. Another person who loved sport visited Wembley stadium for the challenge cup final, staff told us, "They got up and walked the Wembley Way, they were really pleased."

Staff told us, "We do all we can to give people as ordinary life as possible." We saw an active support model was used whereby staff used every opportunity to include people in day to day tasks and make them meaningful. The staffing levels at the service had not been reviewed in some of the supported living for many years. Although people still had access to the community in a planned way, staffing levels restricted the active support staff could provide and the spontaneous decisions to do an activity that people in other parts of the service enjoyed. The registered manager was working with the local authority that funded people's care to change this.

Everyone we met was keen to tell us about the exciting things they had achieved and were planning. Some examples were, disco nights at Tiger Tiger and the Octopus club, Duke of Edinburgh award, backpacking holidays, Leeds festival, Leeds carnival, pamper days at the gym, visiting the cinema and a trip to see Daniel O'Donnell.

Staff worked hard to support people to take positive risks and try new things. They were matched as far as possible to ensure a person was supported by someone who was keen to join in with similar interests. We saw one person loved Motown music and staff had supported the person to buy an iPad to download their favourites. Staff patiently showed the person how to use the iPad so they could be independent. One person told us, "I have found a new love of dance. I have recently joined a contemporary dance class and I go every week." Another person had a love of horror movies and liked to stay up late with staff to watch them. We saw this meant a lie in, breakfast and back to bed the next day to recover.

Care plans we looked at contained all the person centred information staff needed to know so they could support a person to communicate effectively and make their own decisions. They also contained very person centred detail about how people preferred their care and support to be delivered. We saw where people needed their routine to be in a particular order to support them participating or to reduce anxiety this was recorded in detail. Staff knew the details and we saw them carrying out such routines in the

person's preferred way. For example, when one person accessed the local gym, the order they liked to complete was to go in the pool, then the sauna and then the shower.

Everyone's care plans were regularly reviewed with people and their relatives. One relative told us, "I am informed about any changes and join the annual review. I am impressed by the effort that goes into it, planning for the future and meeting my family member's needs." We saw accessible formats were used, so people could record what was working and what was not working regarding their support. We saw staff supported people to write down their goals and worked with them to achieve them. One person told us they had entered the Special Olympics recently and won a medal. Care plans reflected people's physical, mental, emotional and social needs. How a person could be independent in each task was also recorded and we saw staff carry out support with that focus.

People were supported to maintain meaningful relationships with people they shared their homes with, families and the community. Staff told us one person had been supported to develop a more positive relationship with their relative. They said, "Now the person has regular contact with their family and then go for fish and chips. It's brilliant to see." Another person was supported to remain an active member of their Caribbean community and to go to the local cricket club and access the carnival. The person's care plan explained the name of their friend at the cricket club who was known to always get the person their food when they visited.

One relative told us, "The best thing about the service is that they have supported my family member to grow as person since they have been there, they are happy and having a good life."

Staff approached supporting people with deteriorating health with the same person centred focus. Each person had plans in place which referenced their preferred options should they pass away. One person's health had deteriorated and staff had worked with the GP and professionals to understand what they felt was in the person's best interests, as they required palliative care. It was agreed that if the person was able to communicate they would want to be in familiar surroundings and with people they knew. Plans had been put in place to support this. Details such as the shade of lighting, music and routine had all been considered. We saw this person was settled and involved as their energy levels would allow. A very dignified, pain free and personalised package of support was in place.

People and their families told us they knew how to raise concerns. We saw the complaints policy was available in different formats so people could understand it. Where people had raised concerns, they had been listened to and were happy with the response from the provider.

Good

Is the service well-led?

Our findings

At the inspection in July 2016 the provider did not have an effective system to assess and monitor the quality and safety of the service. The provider had not ensured all occurrences had been correctly reported where required. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvements had been made at this inspection. This meant the registered provider had achieved compliance with Regulation 17.

Since the last inspection the provider had focused on making sure they understood the patterns and trends around the information they gathered when accidents and incidents were recorded, complaints received or from feedback received. They had reflected on information and put plans in place to make improvements. The provider had also ensured records relating to accidents and incidents were recorded appropriately and reported as required.

The provider had not actively sought to visit each supported living facility and carry out checks to understand whether the standards they expect were being delivered consistently. On day one and two of our inspection, we noted some inconsistencies for example around medicines and care plans. The provider listened to our feedback and developed an appropriate quality assurance system which they tested on a sample of the services. On day four of the inspection, they showed us the results. The registered manager told us the process had been productive and highlighted the gap in their system. A support manager told us, "The audits have given us direction and gives us a target to sort issues out." The provider and registered manager confirmed their commitment to quality assurance and told us they would continue to evolve how they make such checks in the future. We were confident they would build on this success to evidence continuous improvement in services.

There was a definite culture of continuous improvement in the service. The registered manager led on many projects aimed at improving the experience of people using the service and developing staff skills. Projects included 'Have your say day' where people had met to discuss the service and what was working and what was not working. Lots of information was gathered to understand people's experiences and how the provider could improve the service. A report of people's feedback was due to be reviewed with people who used the service via 'The Governance Council' they are part of. 'The Governance Council' will devise an action plan of what needs to happen to improve. We saw one person had recorded on the day, "I like being able to access my community, I am listened to. I like to get involved. I go on holiday and do what I want to do like shopping." When asked if they had enjoyed the day one person said it was, "Fabulous." This demonstrated an innovative way to seek feedback from people and include them in driving improvement. The registered manager told us there are plans to recruit people with a learning disability to carry out quality checks of the service in the future.

The whole team had worked together since the last inspection to make improvements. One support manager told us, "Last year's inspection came as a bit of a shock. Now reflecting on it and we can see what

needed to be improved. We have worked hard on this and have a real sense of pride in what we have achieved in our person centred approach and the high quality care we provide." We saw the improvements made since the last inspection and staff told us their commitment to making things better for people. They told us about the support they had received from the registered manager and service managers. One member of staff said, "We have a good relationship with management, they are there when you need them. They show appreciation and constructive criticism is always given in a good way." Morale was good and a real sense of team work was felt. Although there were shortages of staff, the teams worked hard to make sure people received the support they required.

A new initiative called 'Back to the floor days' had been discussed, whereby senior managers from the provider would work alongside the teams to enable them to understand the service and see how they performed.

People, their relatives and staff without exception had positive things to say about the leadership of the service. Comments from people included, "The manager is very much a good leader and a really good person." A relative said, "The service is well led, I speak to the manager and discuss things in an open and honest way about everything." Another relative told us, "My husband and I breathe a sigh of relief that our family member is where they are, safe and well cared for." Staff told us, "We get appreciation for our roles. Management really listen and sometimes that recognition means such a lot" "Managers allow you to give ideas and they take what we say and act on it. Brilliant I have never had a better boss."

The involvement of people, their families and staff as equal partners enabled the provider to deliver high quality, person centred care. As one relative said, "I can't think of anything to improve. The care is good, communication is good and staff are well trained. If anything goes wrong they look at themselves and what they can do better."