

Phoenix (Bespoke Support) Limited

# Phoenix Bespoke Support

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Phoenix Bespoke Support is a domiciliary care agency. It provides personal care to a range of older adults and younger adults living in their own houses and flats in the community. These included people living with a learning disability, mental health issues, those who could emit challenging behaviour and who may have autistic spectrum disorder.

At the last inspection in September 2015, the service was rated as good in the areas of Safe, Effective, Caring and Well Led. The service was rated as outstanding in Responsive and received an overall rating of good.

At this inspection, we found the service had improved and was now outstanding in two areas and good in three areas. The overall rating had improved to outstanding.

This comprehensive inspection took place on 8 & 9 February 2017 and was announced. There were 10 people receiving care from the service. Their hours of care delivered ranged from 15 hours a week to full time 24 hours a day.

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

The care people received was outstanding. Staff treated people with respect, dignity and compassion. They were motivated, passionate and proud of their jobs. Outstanding and innovative care practices were delivered by staff to maximise people's independence and help them achieve significantly positive life experiences. People were at the heart of the service. Staff knew what mattered to people the most. They recognised how important it was for families and friends to be involved in people's care, support and wellbeing. They were supported to lead as good a quality of life as possible, and experienced close, trusting relationships with staff who were highly motivated, exceptionally caring and who knew them well. Staff and management demonstrated their empathy and compassion for people in their consistent willingness to go the extra mile.

The strong person centred culture within the service empowered people, enabling them to live full, vibrant lives and achieving exceptional outcomes for individuals. People received a bespoke package of care and support, reflecting their diverse needs and requirements. Personalised support plans emphasised people's strengths, abilities and what was of greatest importance to them. Through adhering to these staff provided consistent, person centred support that enhanced people's health, wellbeing, and independence. People's involvement in their local community was actively encouraged, along with their access to a wide range of work opportunities and leisure activities.

Staff treated people equally in line with their beliefs, opinions and preferences. Meaningful relationships had

been developed between people, their relatives and staff. People felt comfortable and trusted the care workers who came into their home. Caring for people's wellbeing was an important part of the services philosophy. People had a regular team of care workers and felt they had become part of the extended family. People and their relatives felt respected, valued and listened to. Staff and management used a range of communication strategies and accessible materials to ensure people were able to fully express their views and have full involvement in decision making that affected them.

Staff received the training, supervision and ongoing support needed to fully succeed in their roles and to continually improve their knowledge and skills. Respect for people's privacy, dignity and human rights was at the heart of the service. Staff had a good understanding of equality, diversity and human rights.

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 had received training on the Mental Capacity Act 2005. They ensured people were asked for their consent before they carried out any care or support.

People were cared for by staff who were aware of their safeguarding responsibilities. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse. Staff were safely recruited, trained and supervised in their work.

Each person had risk assessments and a care plan in place. People and their families were involved in the planning of their care and these were regularly reviewed. When changes in care and support were required, these were carried out in a timely way.

Staff had been trained to give people their medicines safely and ensured medication administration records were kept up to date. Staff supported people to eat a nutritious diet with food and drinks of their choice and culturally appropriate diets and requests were catered for. People were encouraged to express their views and had completed surveys. They also said they felt listened to and any concerns or issues they raised were addressed. Technology was used to assist people's care provision.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Outstanding ☆

The service has improved to outstanding.

Staff showed an outstanding kind and caring approach to people. People's independence was maximised and their goals were achieved and exceeded.

Staff treated people as individuals and involved people and their families in their planned personalised care.

Staff also took into account people's wellbeing and what was important to them. They enhanced people's quality of life as much as possible.

### Is the service responsive?

Outstanding ☆

The service remains outstanding.

People received person centred care which resulted in exceptionally positive outcomes for them. People enjoyed a wide range of social activities and work opportunities, enabling them to live a full and rich life. People and their relatives knew how to complain about the service, and felt comfortable doing so.

### Is the service well-led?

Good ●

The service remains well-led.

# Phoenix Bespoke Support

## **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.

This inspection site visit took place on 8 February 2018 and was announced. We gave the service three days' notice of the inspection visit because the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office to see the registered manager and other staff, and to review care records and policies and procedures. Telephone calls were made to staff and people's relatives on 8 & 9 February 2018. We last inspected Phoenix Bespoke Support in September 2015 and no concerns were identified.

This was a routine comprehensive inspection carried out by one adult social care inspector and an expert 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.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which the service is required to send us by law.

Due to their conditions, many people could not fully communicate with us, or chose not to. Therefore, we spoke on the telephone with seven relatives and four care staff. In the office, we spoke with the registered manager and the business manager. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

# Is the service safe?

## Our findings

People felt safe being cared for by staff of Phoenix Bespoke Support. They knew their care workers well.

People remained protected from harm because the service had ensured their staff were trained and understood their safeguarding responsibilities. There were up to date local safeguarding policy and procedures in place to guide staff which contained all the information required. Care workers undertook safeguarding of vulnerable adult's training when they began work for the service. Staff knew how to recognise abuse, and who to report it to. The registered manager was aware of their role in the safeguarding process and knew who to contact if necessary.

Risks to people's personal safety continued to be assessed and plans were in place in care records to minimise those risks. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst allowing the person to remain independent. For example, those people who were at risk from moving and handling or from skin damage. Environmental risk assessments were also in place in people's homes to keep both people and staff as safe as possible, for example around, security, furniture and equipment.

People needs were met by sufficient staff who had the right skills and knowledge. They received a rota of care visits for the following week, so they knew which staff to expect in their home. The service was staffed to capacity and did not use bank or agency staff. People said the service was very reliable and care workers stayed the right amount of time. One relative told us, "The staff are reliable, the shifts are always covered". Another relative said, "They have never cancelled, but I have cancelled a couple of times if my [relative] has been unwell". A further relative added, "There has never been an occasion when there is no staff".

There were arrangements in place to keep people safe in an emergency and staff understood these. People and relatives knew who to contact if they needed to get in touch with the service. The service had an office telephone number and an on-call mobile for out of hours. The registered manager said mobile phones were never switched off and a senior person was available at all times 24 hours a day.

The provider took the details and requests for care packages from the commissioning organisation. They assessed their staffing levels and only took on new packages of care, where they were confident they had the staff available. All initial care assessments were carried out by the registered manager. People received their contracted care hours and these were adjusted where necessary, such as if people needed support to attend appointments or specific activities.

Safe recruitment practices continued to be followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included undertaking checks of identity, qualifications, gaps in employment, seeking appropriate references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

We looked at the management of medicines. Care staff were trained in the administration of medicines. The registered manager described how the medication administration records (MAR) were completed. The ones we saw that were in the office were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Nobody we spoke with expressed any concerns around their medicines.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded. We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns. Staff had completed infection control training and no concerns were raised in respect to cleanliness.

## Is the service effective?

### Our findings

People spoke positively about staff who had the knowledge and skills to meet their needs and had a positive impact on their lives. One relative told us, "My relative does not want help, but has to have it, the staff are very skilled". Another relative said, "The staff have the right skills to look after my relative". A further relative added, "The staff are brilliant. If they have new staff, the team leader breaks them in gently, going over things, giving them reassurance and making sure they understand".

When new staff started working they had an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff continued to receive regular training in a variety of subjects including, medicines, safeguarding, infection control, food hygiene first aid and health and safety. Other specialised training included understanding of epilepsy, autism and challenging behaviour. Staff received regular supervision and an annual appraisal. These took place in one to one meetings and staff meetings. This gave an opportunity to discuss further learning needs and gave feedback on their work performance.

Staff had a good understanding of equality and diversity. This was reinforced through training and the registered manager ensuring that policies and procedures were read and understood. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called 'protected characteristics'. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found they were. Staff had received training on the MCA and were aware of how it applied to their practice. People said staff gained their consent before carrying out any care or support. People can only be deprived of their liberty, so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for this must be made to the Court of Protection. The registered manager remained aware of the procedures necessary if a person was subject to a Court of Protection order.

People remained supported to have access to healthcare services. During visits, staff monitored people's health and welfare conditions whilst reporting any changes to the registered manager and relevant professionals. The service ensured that when people moved between services for treatment their healthcare information was provided to ensure that health professional had up to date information in respect to people's health needs.

Technology was used to ensure that people received care in a timely manner and at a times that suited them. The service used an online digital rota planning system that staff accessed via a mobile phone app.



The app provided staff with real time updates in respect to people's care needs. The business manager told us, "Nobody has missed a shift for three years".

Care workers continued to support and encouraged people to have a meal of their choice and type. Where people required assistance to eat or drink they were happy with their support. Meals were prepared, cooked and served as they should be, and staff helped to promote healthy eating choices. One relative told us, "They make my relative chicken and rice in a sauce or that sort of thing, it's usually healthy. Croydon is the land of takeaways and my [relative] would have one every night, they try and get him to eat healthy food instead, they let him choose the occasional takeaway". Another said, "They support and encourage my relative in the kitchen and they decide together what to cook". We also saw that staff were matched with people of the same ethnicity, in order to meet people's cultural preferences in relation to their food, such as Afro-Caribbean cookery and vegetarianism.

## Is the service caring?

### Our findings

People were supported by kind and caring staff who knew them extremely well and who were exceptional at helping them to be as independent as possible. People were empowered to take responsibility for their own lives, achieve goals and make their own decisions. A relative told us, "The service is outstanding. They gave my relative a chance when no-one else would. He hadn't had good support elsewhere and they have given him the chance to live independently". Another relative said, "The staff are very hands on, but they encourage him to be as independent as possible".

People were supported in empowering and original ways to further their independence. For example, the service had assisted two people to grow vegetables and raise chickens. Furthermore, they had incorporated terms of business for this venture, so that they could sell eggs and vegetables to local services, to enable them to have a source of independent income, which was a source of great pride and enjoyment. Their relative told us, "[My relatives love animals, so they were supported to get chickens. The staff were reluctant at first, but now they have embraced them, as this is what they wanted, so they have done it to make them happy. They tend the garden and sell the vegetables and eggs at college and to a local baker. I always want my relatives to expand their horizons and it would be an understatement to say that Phoenix Bespoke Support has done that. They have supported them to do so much more than I thought they could, like going on a train and taking up street dance". The registered manager added, "It is our ethos to give support, enable people and then gradually pull away to ensure they further their independence".

People's hopes and aspirations were recorded in their care plans and they were supported in innovative and creative ways by staff to achieve these. For example, one person wished to go on holiday to Spain, however there was apprehension from their family about going on holiday. Through involving the person and their family in the planning, they tested the feasibility of the trip by going on a short aeroplane flight to see if they could manage a longer one. The flight was a success and the holiday went ahead. The registered manager told us, "Two care workers went on holiday with them. Developing trust was paramount with their family and this also takes the pressure off a bit for the family". Furthermore, the provider has a property in Spain which they allow people to use free of charge, so they can experience a holiday experience with or without their family when they might not be able to afford it otherwise. Other trips abroad for people using the service had also been planned. A relative told us, "The service is outstanding, they put extra staff in to take my relative on holiday". The registered manager said, "We are working towards complete independence, what can be done, what to expect and to keep trying new things even if they fail". We also saw examples of people exploring having a relationship and staff were supporting people with online dating to look for friendships and relationships. A member of staff told us, "We aim to make people as independent as possible. Freedom of choice, anything they want, it's very rarely not possible".

People were consistently consulted and involved in decisions about their care, and staff worked with them to provide the care they wanted. We saw examples of outstanding individualised support given to people. People were able to choose who supported them and the service ensured that this was done in line with people's preferences around age, gender, ethnicity or faith. We saw that one person had requested that only female staff of a specific faith assisted them and another person who was Afro-Caribbean, who wished to

only have care staff of Afro-Caribbean origin. The service has ensured these staff were recruited and solely delivered these people's care. Other people requested to be assisted by younger female care staff and choice was always offered to people to ensure their preferences were met. One relative told us, "They asked us which carer we'd prefer, my relative doesn't mind as long as she likes them". Choices in all aspects of people's lives were encouraged and promoted. One relative told us, "My relative likes to go out to a café. It's always his choice though, he tells them where he wants to go". A member of staff said, "The care is all for them. I give them choice to do whatever they want to do". The registered manager added, "They always choose what they want to do. We never know what we are going to do, routines work for some, but not others".

Staff ensured people were treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. For example, one person really enjoyed using the Hoover, but had been smashing light bulbs as they liked cleaning them up. This placed them at risk of harm, so the registered manager ensured the risk was explained to the person, and as an alternative, all paperwork shredded from the office was given to this person, so that they could scatter it about and Hoover it up. This ensured they could continue to follow their interest in a safe manner.

Staff demonstrated a strong commitment to providing outstanding care. They knew people well and had a good understanding of how best to support them. They excelled at providing consistency which had a positive impact on people's wellbeing, reduced their anxiety levels and provided stability. One relative told us, "We have the same care staff all the time". Another relative said, "Staff are patient and understanding and know how to calm my relative down". Staff had a common aim to achieve positive outcomes for people. They gave us examples of individual personalities and character traits and staff ensured they were able to communicate with people effectively. One member of staff told us, "I provide one to one care. I have got to know [person] and their family very well, we speak about everything. We need to observe people and gauge how they are through their body language". This was supported by feedback we received. A relative told us, "They don't give up with [my relative], they know his signals and they are very patient". Another relative said, "The staff show [my relative] respect by talking to her and listening to her response". The registered manager added, "We use the same staff all the time and the more time they spend with people, the better they get at communication".

People unanimously told us they were treated with kindness and respect when receiving care and support. They said staff supported the wellbeing of both them and their families. They spoke of how close they were to staff and how they had built up positive and meaningful relationships together. One relative told us, "This is the best provider we've ever had. They go over and above what they need to do. It's about the staff knowing my family and teamwork with us all involved. The staff are like our second family, we all have Sunday lunch together each week like a family unit". Another relative said, "Staff are kind and caring and I am very happy". A member of staff added, "We get to know people so well, we have great relationships and this gives them confidence". People's privacy, dignity and independence were respected by staff. One relative told us, "The staff are brilliant, they have changed my [relative's] life. He is happy, they listen to him and speak to him. They show him respect and when they come he is skipping and happy". Another relative said, "Staff might be watching from the kitchen and popping into the sitting room when he requires a bit of support, but then leaving him again when he wants to be independent". The registered manager added, "We give people privacy at home, knocking on doors, but also privacy online and what they like to watch and have an interest in".

## Is the service responsive?

### Our findings

At the last inspection, we found examples of outstanding practice in person centred care. At this inspection we saw that these outstanding practices had been sustained. We also saw further outstanding examples of how the service was flexible and responsive to people's individual needs and preferences, and found innovative and creative ways to enable people to live as full a life as possible.

People received care that promoted their health and wellbeing, and told us that staff had an excellent understanding of their social and cultural diversity, values and beliefs that influenced their decisions on how they received their care. At the last inspection, we saw that one person required care to be delivered in a culturally appropriate way, by care staff of a specific gender, ethnicity and faith. The service had specifically recruited appropriate staff of the same faith in order to facilitate this person's care package. This relationship had been sustained and the person continued to receive care in a way that was culturally appropriate and delivered ongoing positive outcomes to their whole family. A relative told us, "We have a member of staff we call her Auntie, she speaks Punjabi, our first language. She takes our relative to appropriate places for a young lady of her age, she looks after her health needs too. The staff are very kind, my relative believes her worker is part of her family". Staff were aware that it was important for this person to refer to their care worker as Auntie and have cultural consistency. The registered manager told us that people and their families were always involved with recruiting their care workers.

The provider offered bespoke care and support to people with diverse needs and individual requirements. We saw examples of ongoing and consistently outstanding care in relation to responding to people's needs. The registered manager described how they had successfully enabled a person to receive essential dental work. Due to this person's condition, it was extremely difficult for them to engage with healthcare situations. Through months of liaising with the person, their family, dentists and healthcare providers, the registered manager had ensured the person was aware of their treatment and why it needed to be done. They had also ensured the healthcare environment where the dental work was taking place was prepared and ready to accept the person in a way that the procedure could be carried out. This involved adhering to specific times, that no other people were in the area, that noise and interaction was kept to a minimum, that no delays were encountered and ongoing support was given to the person to understand that they would be sedated. The implementation of this plan limited the behaviour that this person may have presented and enabled them to have extensive dental work carried out. This had significantly improved the person's quality of life, their wellbeing and increased their confidence.

A central focus of the service was to support people to fulfil valued roles as members of their local community, and to enable them to freely access local services and facilities. The provider had forged strong community links to support their work in developing people's presence and independence. We saw staff supported people to identify and access a broad range of work opportunities and social activities. Four people had jobs through the service liaising with a local employment support service. People worked on a farm and in a charity shop. Staff supported people the whole time they were at work. A further person was due to start work, as the service knew they liked gardening and had recommended them for a job working in a garden. We saw the service ensured staff worked flexibly to facilitate people's jobs and chosen activities.

People praised the provider's commitment to person centred care and the exceptional results this achieved. In engaging with people and their relatives, staff actively explored and recommended to people, any new ideas and activities to increase their skills and enjoyment of life. People went swimming and cycling and were encouraged to take part in exercise, to assist healthy lifestyles and social interaction with peers. For example, the service had introduced people to a local disability cycling scheme. A relative told us, "My relative has so much energy, they need exercise every day to reduce anxiety. I know it would go wrong without exercise". Another relative said, "My relative would stay in all the time if you would let him, but staff usually get him out for a walk and he enjoys it. He likes being healthy and they have tried to support him to join a gym too". A further relative added, "My relative loves the disability bike riding scheme". We were told that activities were relevant and age appropriate, such as going to club nights, having barbeques and inviting friends round. People said that these activities were fun and helped reduce episodes of challenging behaviour. One relative told us, "They take my [relatives] out every day doing the things that they want. By doing this, their challenging behaviour has really reduced. There hasn't been an incident for a few years". Another relative said, "[My relative] likes going to the cinema, any museum, library and anything to do with transport, she is a real trainspotting anorak". Staff also supported people to enjoy culturally appropriate activities, and one relative told us, "[My relative's] religious and cultural needs are being met by her being taken to our local community centre, they speak Punjabi there, she does yoga, fun and games, crafts, exercise and colouring". A member of staff told us, "We make sure that anything they want to do they can". Staff actively supported people to maintain valued relationships with family and friends, and to have regular opportunities to form new friendships. The registered manager told us they had supported a person who was interested in gardening to meet other people at the service who had the same interest and friendships had been formed. The person's relative told us, "It is very important for my [relative] to have friends and socialise".

People praised the manner in which staff involved them in care planning. They felt fully consulted, listened to, and reassured that their contribution to decision making was welcomed and valued. One relative told us, "Absolutely we were involved with care planning". The resulting care plans agreed with people and their relatives, reflected the provider's strong commitment to person centred care. Support plans placed a clear emphasis upon the individual's strengths, abilities, independence and their overall quality of life. They provided staff with detailed guidance about what was most important to people, including their likes, dislikes, hobbies and interests, and their preferred daily routines. Drawing upon their insight into people's individual needs and requirements, staff met with people, on a regular basis, to discuss, identify and review personal goals aimed at promoting their health, independence and wellbeing. These were geared, for example to promoting healthy levels of physical activity and social interaction.

Following the care plans enabled staff to adopt a person centred approach to their work, and to support people to live full, vibrant lives. Staff also had to ensure that due to some people's conditions, their care plans were followed with great accuracy. The registered manager told us how they ensured one person got to enjoy their favourite activities. They said, "[Person's] hobbies include trips to museums in London. We have to follow specific plans of stopping in certain places to get chocolate and water, to ensure they feel comfortable to get on the tube. We can't deviate from the plan at all, or the trip will be ruined from the start". We saw how another person had certain issues with food, so staff had to ensure that at mealtimes they did not discuss food, or have any stimulation around food. The registered manager told us, "This approach has helped with the person's desired weight loss. Mealtimes may take two hours, but that is what is needed". People supported this and one relative told us, "They take [my relative] out, they know he does not like children or big crowds. They make him smile, big smiles, they make him very happy'. People were very complimentary of the way the service responded to any changes in their care or support needs. One relative told us, "They are very good at meeting my [relative's] needs and mine, as I can change the plans at the last minute".

The service supported people at the end of their life and some people had chosen to have their future wishes in relation to the end of their life recorded in their care plan. However, staff had respected people's wishes to discuss these matters at a later date. At the time of the inspection there was no-one receiving this type of care.

People were clear how to raise complaints and concerns. The provider had a complaints procedure in place to encourage people to raise concerns, and an easy read version of this procedure had been made available to support people's understanding of the complaints process.

## Is the service well-led?

### Our findings

People spoke positively about the overall management of the service, and their experiences of working with the management team to date. One relative told us, "I rate them [Phoenix Bespoke Support] as outstanding, I would recommend them to anyone, as they are so kind to [my relative], they are so nice and everything is working so well". Another relative said, "I would rate it as outstanding, as all firms should be as good as this, with all the staff as good as this". A further relative added, "The service is well managed, as the managers deal with things as they happen. They want the service delivered in the right way, [my relative] is complex and they provide me with the right level of reassurance".

The management team promoted a positive and inclusive culture within the service. A clear mission statement had been developed to guide staff and management's actions and decisions. These reflected the provider's commitment to person centred care and the promotion of people's quality of life. The registered manager told us, "I love clients with complex needs, the ones that are always last and never picked. That's what we do, we support them to have meaningful lives, full of activities that they want to do. Our clients and families are having great lives". The management team monitored the day to day culture of the service through, amongst other things, open communication with people, their relatives, community professionals and staff. They made regular visits to people's homes to obtain their feedback, and to provide direct care and support. A relative told us, "[Registered manager and business manager] are very hands on. One will come to the house and deal with it hands on if needed".

Staff spoke about their work for Phoenix Bespoke Support with clear enthusiasm. They felt supported, valued, fairly treated. One member of staff told us, "I really like working here, I get on so well with the clients and the staff". Another member of staff said, "We get on well, we're all supported". Staff were clear what was expected of them at work, and felt able to request any additional support or advice needed from the management team at any time. One member of staff said, "[Registered manager] supports us, he is always there if you need him" Another member of staff said, "I can talk to [registered manager] at any time. He is always available". Staff meetings were also held to consult with staff as a group. Staff felt a sense of shared purpose with the management team and provider, and experienced successful teamwork with colleagues. One member of staff told us, "I work well with my colleagues, we are a good team". Another member of staff said, "We support people well and we support each other well".

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services. Staff had a good understanding of Equality, diversity and human rights gained through training and detailed policies and procedures. Feedback from staff indicated that the protection of people's rights was embedded into practice.

We met with the registered manager and the business manager who were responsible for the day to day management of the service. The management team demonstrated a clear understanding of the duties and

responsibilities associated with their posts. They recognised the importance of treating staff in a fair and equal manner, and the need to promptly address any staff conduct issues. They also understood the need to submit statutory notifications to CQC in line with their registration with us.

Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included health and safety, and care planning. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

Staff continually looked to improve and the registered manager had liaised regularly with the Local Authority and Clinical Commissioning Group (CCG), in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff. The provider received regular updates from organisations such as Skills for Care and SCIE (Social Care Institute for Excellence). The registered manager told us that he also attended lectures with staff and made presentations at the Tizard Centre in the University of Kent. The Tizard Centre is the leading UK academic group working in learning disability and community care, its purpose is to advance knowledge about the relationship between the organisation of community care services and their outcomes, and to help services develop to provide and sustain high quality, comprehensive community care services.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.