

Equal Partnerships Ltd

# Equal Partnerships

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Equal Partnerships is a domiciliary care and supported living service based in Longbenton, Newcastle. The service provides personal care and support to people living in their own homes, who have a learning disability and/or autism spectrum disorder. Some people also have a sensory impairment. At the time of our inspection 19 people received care from the service.

At our last inspection in July and August 2014, the service was rated as 'Outstanding'. At this inspection we found the service remained 'Outstanding' and all the fundamental standards we inspected against were met.

This inspection took place on the 22 and 23 March 2017 and was announced. The inspection was carried out by one inspector.

Under this provider's registration with the Commission there is a requirement that a registered manager needs to be in post to manage the carrying on of the regulated activity at this location. One of the providers and owners of the company had taken on this role and they had been registered with the Commission as the registered manager of the service since December 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The other provider had assumed the position of nominated individual for the service as required by their registration with the Commission.

People's safety was paramount. Risks were appropriately assessed and managed. The service actively promoted positive risk taking so that people could live fulfilling lives, that were as independent as possible, whilst still remaining safe. People had been supported to travel independently within the community and arrangements were in place for staff to oversee that they did so safely. Staff had developed positive and meaningful relationships with people and encouraged them to overcome challenges and risks to achieve their goals.

People were encouraged and supported to manage risks within their own home environments. Regular checks on fire safety equipment and utilities were carried out, and servicing undertaken where necessary in line with best practice guidelines.

Safeguarding policies and procedures were in place to aid and guide staff about how to protect people from different forms of harm and abuse. Staff were fully aware of their personal responsibilities to safeguard vulnerable people in their care and they had no hesitation in reporting concerns. Any historic issues that had come to light had been dealt with appropriately and measures put in place to monitor and highlight any future concerns. The providers promoted an open culture and staff told us that any safety concerns raised at any time were dealt with very promptly by the providers.

Staffing levels were decided by people's needs, how they lived their lives and what support they therefore needed. Staff were structured in small teams supporting any number of individuals who lived in their own accommodations settings, some people shared houses, some people lived alone. Each staff team reported to a manager. All gaps in staffing for example, due to annual leave and sickness, were covered internally by other members of staff within the service.

The recruitment of staff was robust and appropriate vetting checks were in place to ensure that potential new staff were of suitable character to work with vulnerable people. People were actively involved in the recruitment process, as were their relatives. They drafted job adverts together with the providers and also interviewed potential new staff. Staff were appropriately inducted, trained, supervised, appraised and given opportunities for development. The providers told us they felt strongly that staff needed to be supported as much as people, so that they could give the best care and support possible. Regular assessments of staff competencies were also carried out to ensure their skills remained up to date. Staff told us they could not feel more supported on both a professional and personal level.

Staff were highly motivated and reflected pride in their work. They talked about people in a way which demonstrated they wanted to support them as much as possible and provide the best standards of care possible for each individual. Each person in receipt of care had valued friendships and supportive relationships with the members of staff in the team that supported them and this had a positive impact of their overall health and wellbeing. It was clear that staff and people had similar interests and this added to their commonality and helped develop their relationships and understanding of each other.

Medicines were handled safely. People were empowered to be as independent as possible with the management and taking of their own medicines, but they were supported to check that this was done safely.

The care and support the service delivered was extremely effective and people, relatives, staff and healthcare professionals confirmed this in their feedback. Staff were extremely knowledgeable about people's needs and how best to support them. Their general healthcare and nutritional needs were met and monitored closely.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. The Mental Capacity Act (MCA) was appropriately applied and applications to deprive people of their liberty lawfully had been made to prevent them from coming to any harm where they lacked capacity. The service understood their legal responsibility under this Act. They assessed people's capacity when their care commenced and on an on-going basis when necessary. Decisions that needed to be made in people's best interests had been undertaken and records about these decisions were maintained. Records of associated capacity assessments were not always in place due the service not always being the completing party. We discussed this with the provider who assured us that in the future they would ensure that capacity assessments were obtained, or carried out internally for evidential purposes, if these were not forwarded to them.

The service had a positive, vibrant and caring culture which people, relatives and staff supported and promoted. People told us they were well supported and well cared for. One person said, "They are amazing. The staff are amazing!" All of the relatives we spoke with told us they trusted the staff and the service in general with the care of their loved ones. They commented that their family members had made significant progress whilst being supported by the service, and their lives, as well as their family member's lives, had been transformed. People were actively encouraged to maintain relationships with their families and friends and staff were passionate about supporting them in any way possible in order to remain connected to

important people in their lives.

Staff were exceptional in supporting people to be as independent as possible in their lives. We saw lots of examples of where people were striving towards independence. For example, where people were capable and it was safe to do so, they signed their own medicine administration records and took responsibility for storing their medicines in their own rooms. People's dignity and privacy was protected and promoted by staff. Staff had been trained in equality and diversity and they explained how in their daily roles they protected, respected and promoted people's dignity.

People described how their care was delivered and what they told us demonstrated the service was extremely person-centred. Relatives and staff echoed that the service was person-centred in their feedback and our own observations and evidence gathered supported this. Every element of the approach of the providers and staff was centred around the people who used the service, their abilities, feelings, wishes and goals. There was nothing that the staff or providers themselves did not strive to overcome in supporting people to achieving and realising their aims. People's care records contained a range of information about the levels of care and support they needed to live their lives in the ways that they wanted to. These records were regularly reviewed and updated when people's needs or goals and aspirations changed.

People lived active, social and inclusive lives and this had a very positive impact on their health and wellbeing. The providers shared with us a number of moving stories about how staff had encouraged and supported people to achieve their goals in life. These ranged from a blind person driving a car, to people completing college courses and some going on to secure paid employment. Staff and the providers themselves were persistent in advocating for people to help them be the best they could possibly be. People were heavily involved in the community, they gave talks about disability at schools and worked with community groups to raise awareness about disability. In terms of activities people lived life to the full, going to the cinema, gym, friendship groups, theatre groups, swimming, shopping, cycling and running.

People, staff and relatives could not speak highly enough of the providers and their approach to leading their organisation. The providers themselves were focused, driven and extremely caring. They had a person-centred ethos, visions and values and this emanated down through the company. There was an open culture which resulted in the providers being fully aware of any issues or concerns within the service as they arose. People, staff, relatives and healthcare professionals engaged with them constantly to achieve a common goal of positive outcomes for people in receipt of care. The service worked with ease and in partnership with other organisations to support care provision, service development and joined up care. They also promoted groups and networks within the community designed to support people with learning disabilities and autism.

Staff, people and relatives told us that the providers were very 'hands-on' in the way they managed the service. They visited people's homes regularly to review practices, directly observe staff and gather feedback. Audits were carried out monthly and forwarded to the providers for review. In addition, all supervisions, completed Medicines Administration Record sheets (MARs) and staff meeting minutes were analysed before being filed for any issues that needed to be picked up and followed through. A range of matrices and schedules were used to monitor training and the completion of supervisions. Meetings were carried out throughout the service at different levels.

The service was rated as outstanding at our last inspection in July and August 2014. These standards had been maintained and in some domains improvements had been made. The providers had been successful in developing and sustaining a positive culture within the service and had consistently and continually delivered a very high standard of care. There was a strong emphasis on continual improvement and the

service being 'The best it could be'.

The registration requirements of this service were met. The providers were fully aware of the responsibilities they had taken on in establishing and running their organisation and they understood the legal requirements of meeting relevant regulations.

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

We always ask the following five questions of services.

### Is the service safe?

Outstanding 

The service remains 'Outstanding' in this domain.

### Is the service effective?

Good 

The service remains 'Good' in this domain.

### Is the service caring?

Outstanding 

The service was extremely caring.

There was a positive and vibrant culture throughout the service which emanated from the providers themselves. People, relatives and staff gave extremely positive feedback about the caring approach of staff and the providers.

Staff were highly motivated and had developed deep meaningful, but professional relationships with the people they supported.

People were actively encouraged and supported to maintain relationships with family and friends.

Staff were exceptional at supporting people to become as independent as possible.

Privacy and dignity was respected, protected and promoted throughout the service at all levels.

The providers and all staff advocated on people's behalf whenever necessary and this approach was evident throughout all elements of the service.

### Is the service responsive?

Outstanding 

The service remains 'Outstanding' in this domain.

### Is the service well-led?

Outstanding 

The service was extremely well led.

We received excellent feedback about the providers both as

individual people and their leadership skills and style.

People were at the heart of the service and the providers ethos, visions and values.

Auditing and oversight of the service was carried out by managers of each house and overall via personal visits by the providers themselves.

Meetings were held to monitor the service, share ideas and any issues and these were overseen by the providers.

Staff were appropriately supported and their competencies regularly monitored and reviewed.

The registration requirements of the service were met.

# Equal Partnerships

## 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.

This inspection took place on 22 and 23 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the office is not always occupied; we needed to be sure that someone would be in to assist us with our enquiries. The inspection was carried out by one inspector.

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. In addition, we reviewed information that we held about the service, including statutory notifications, serious incidents and safeguarding information that the provider had notified us of within the last 12 months. We contacted the commissioners of the service and local authority safeguarding teams, to obtain their views about the care and support delivered by the service. We used the information that they provided us with to inform the planning of our inspection. We also sought feedback in advance of the inspection from people who used the service, relatives and friends and healthcare professionals via questionnaires, and we used their feedback to inform our judgements.

During our inspection we visited and spoke with six people who were supported by the service, five members of staff, the registered manager and the nominated individual, both of whom are owners and directors of the company. We observed some care and support during visits to people's homes and we reviewed a range of records related to people's care and the management of the service. This included looking at four people's care records, four staff files (including recruitment, training and induction records), two people's medication administration records and other company based records related to quality assurance and the general operation of the service.

Following our inspection we gathered further feedback about the service from four members of staff, three people's relatives and one healthcare professional who worked closely with the service.



We reviewed all the information that we gathered prior to, during and after our inspection, and used this information to form the basis of our judgements and this report.

# Is the service safe?

## Our findings

People told us they felt safe when in receipt of care from the service and their relatives echoed this. One relative told us, "They are excellent and we are very pleased. They do the right thing. Safeguarding and health and safety are paramount. It gives us reassurance". In response to the questionnaires we sent out in advance of this inspection, we received some very positive comments about the service. One comment from a relative read, "I trust Equal Partnerships implicitly with the care of my son. He has a very happy life in the home that he shares with his friend".

Safeguarding policies and procedures were in place to aid and guide staff about how to protect people from different forms of harm and abuse. Information about who to contact, and how to escalate concerns, was available for staff to use if necessary. There had been one safeguarding incident since our last inspection which once brought to the attention of the registered manager and nominated individual, was dealt with appropriately and accordingly. Measures were put in place to ensure the person concerned remained safe and a care plan had been drafted to support staff to be as vigilant as possible in identifying any future incidents.

Risks that people were exposed to in their daily lives were appropriately assessed and measures put in place to mitigate these risks as much as possible. The service actively promoted positive risk taking and in doing so they enabled people to achieve their goals and become much more independent than they once were. One person told us they had progressed with their independence and could now walk to a day centre alone or go to the pub with their housemate. They said they knew the route they should walk and they called staff when they arrived at and left the venue. Staff told us that when people were out in the community they remained in the vicinity, either staying in the person's own home nearby, or sitting discreetly nearby to where people may be, for example, near the pub if they were out in the community socialising. People's relatives told us their family members had achieved things in their lives that they did not think they were capable of, due to the dedication of the staff team who supported them. One relative said, "They (person) have far surpassed anything I could have hoped for". Systems were in place for recording and monitoring accidents and incidents, but no accidents or incidents had occurred.

Staff had developed positive and meaningful relationships with people and knew how to encourage them to set achievable goals whilst at the same time ensuring that they remained safe. They displayed attitudes of enabling people to undertake challenges, safely, and in line with their wishes and lifestyle choices. For example, one member of staff told us how they had persistently returned to an employer to try and secure paid employment for a person, because the person wanted to achieve this goal and they knew they were capable of doing so. Through their drive to secure this on behalf of the person, this work placement was arranged and the risks associated with this were assessed and managed. The staff member attends this work placement with the person and is on hand to support and manage any risks, as and when required. The providers (registered manager and nominated individual) told us, "We positively manage risk. We are very careful and we do risk assessments but we believe in pushing the boundaries to help people achieve what they want, with safety in mind. We have lots of fun too. We make sure that people are safe first and then things follow on from there".

Staff told us that they could raise any concerns with the owners of the company at any time and these were always well received, as they were very open to any safety concerns being raised and always proactive in addressing these. Staff told us that one person who was capable of travelling alone to their place of work had been subject to some mistreatment by members of the public. In response to this the registered manager and nominated individual met with their employer and made arrangements for the person's working day to start and finish at different times to avoid busy times on public transport. In doing so the risks to the person's safety and any impact on their mental wellbeing were reduced.

People were supported to manage environmental risks within their own homes. Staff assisted people to carry out regular fire and health and safety checks, and to ensure their utility supplies were regularly serviced so that they remained safe for use. We saw evidence that legionella control measures were in place to prevent the development of legionella bacteria, such as testing water temperatures regularly. This showed the providers supported people to reduce any risks within their own home environments, in order to protect their health and wellbeing.

Staffing levels were determined by people's needs and any activities that they wanted to pursue in their lives such as employment, community activities and any other individual one to one based activities. Staff were recruited and allocated into specific designated teams, who supported a small number of two to three people who shared accommodation together. Each individual accommodation had their own manager whom support staff reported to. They were selected by people, their families and the owners of the organisation to support people as individuals. The structure of staffing within the company meant people and staff developed good relationships and there was consistency of care. The providers told us that any gaps in staffing due to, for example sickness or annual leave, were always covered by other members of staff internally.

The recruitment of staff was robust and appropriate vetting checks were in place to ensure that potential new staff were of suitable character to work with vulnerable people. Application forms were completed including previous work history, references were sought, identification checks made and disclosure and barring service checks carried out. People told us they were actively involved in the recruitment of the staff who supported them. One person showed us a job advertisement that they had been supported to write which was personal to them and their housemate. This asked for those people applying to have the same specific interests to the people that they would be supporting and these were listed. Relatives told us they were involved in the shortlisting and selection processes and they were part of the interviewing panel for the potential staff who may support their family member. They expressed their appreciation of this. One relative said, "From the outset we have been actively involved in the recruitment of staff. We interview with (name of parent of their family member's housemate). We help with the advert, shortlisting and we all interview and appoint with (registered manager's name). I don't think that (registered manager's name) would ever appoint anyone without our approval.

Medicines were managed safely within the service. People had varying levels of need around their abilities to take their own medicines and wherever possible people took their medicines independently with staff overseeing the process. Care plans and risk assessments were in place which specified what people could achieve in relation to this element of their care. One person stored their medicines in their bedroom and brought these down every day to take in front of staff. They signed their own medication administration record (MARs) to evidence that they had taken their medicine and they checked counts of their medicines weekly with staff to ensure that they remained correct and no errors had occurred. Some records related to medicines that people took away from their homes when going to stay with their families, needed to be more detailed. We raised this with the company owners, who improved these before the end of our visit.

## Is the service effective?

### Our findings

People told us they received a good service and their needs were met. One person said, "They support us and if I am stuck with anything they help me. They are really good. I work in a café. At first I thought I can't do this; now I love it". Other comments people made included; "They help you"; "It is good. I am happy"; "They are helpful. We must ask if we need help and they help us"; "My life was hard before now we have fun"; and "We are really happy with everything".

Relatives told us the service was excellent. One relative said, "We are very, very happy. They have enabled my husband and I to become parents not carers. Nobody can do it like them. They are incredible". Another relative told us, "We are very pleased and I don't think we could get any better". Comments in questionnaires recently sent out by the service to people's family members contained some very favourable responses. One comment made was, "It is impossible to put into words how much (person's name) has grown and thrived with the amazing care and support from Equal Partnerships Limited. He truly loves his life and the company as a whole has played a massive part in this. Thank You". Another comment read, "Outstanding, exceptional, understanding. Every social care company, every social worker should use you as a template. Well done".

A healthcare professional linked with the service told us they enjoyed a good relationship with staff and the provider themselves, and said they found the service to be effective in meeting people's needs and supporting them to achieve their goals. They commented, "I have always found Equal Partnerships to be responsive, professional, addressing any support staff issues promptly. They are flexible with families to support clients to maintain their relationships with their families. I am always pleased with the support my clients receive from their staff".

The care we were able to observe during our visits to peoples' homes was effective and appropriate. Staff were extremely knowledgeable about people's needs and how best to support them. One person became unsettled during our visit and this was appropriately managed. They were effectively supported by staff, so that their needs were met. When we asked staff about particular people's needs and behaviours, they were able to explain these in detail to us and they clarified how they would support these people to manage specific needs. The information they gave us tallied with information held in these people's care records and our own observations.

People were supported to maintain their home environments and we observed that these were appropriate to their needs. People told us that they were actively involved in cleaning and tidying their own homes and they recognised this promoted their independent living skills.

People's general healthcare needs were met. We found evidence that people were supported to access routine medical support from healthcare professionals such as dentists and opticians, or more specialist support, such as that from a psychiatrist, should this be necessary. People were supported to attend medical appointments as and when necessary and overall annual reviews of their general health and specific needs.

Nutritional needs were considered, assessed and well managed. People were fully involved in the planning around the food they purchased and ate in order to remain healthy. Weekly menus were in place for people within each supported living accommodation, although there were variations on this approach where some people required or preferred to have their own individual menus. Each person had a food and nutrition plan in place and where necessary associated risk assessments. Some people had been supported to lose weight and they had been successful in doing so.

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. 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. In a domiciliary care and supported living care setting, applications to deprive people of their liberty lawfully, wherever necessary, are made via the Court of Protection.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The providers told us that none of the people currently using the service were being deprived of their liberty, either lawfully or unlawfully. Information in people's care records indicated consideration had been given to people's levels of capacity and their ability to make their own choices and decisions in respect of the MCA. There was evidence the principals of the 'best interests' decision-making process had been followed in practice and records were retained about these decisions. We found that some best interest decision paperwork did not have records of an associated capacity assessment in place. We discussed this with the provider who confirmed that these were usually initiated by people's care managers and retained by them. They assured us that in the future they would ensure that capacity assessments were obtained or carried out internally, for evidential purposes, if these were not forwarded to them.

Across people's daily lives they were asked for consent to care and treatment. For example, we heard staff asking people if they wanted drinks, were happy to go out and whether they would be prepared to move into another area of the home to allow us to talk to staff and other people in private in their home. This showed that staff understood people's right to consent to care and they respected this right.

Staff told us they felt fully supported in their roles and they received appropriate training, supervision and appraisal to enable them to deliver care to a high standard. Staff files and records showed that the providers trained all staff in a number of key areas such as safeguarding vulnerable people from abuse, medicines management, moving and handling and emergency first aid. In addition, records showed and staff told us that they had completed training in a number of subjects relevant to the needs of the people they supported. For example, staff had undertaken training in epilepsy, autism awareness and challenging behaviour. Training was monitored via a matrix and the providers and an administrator were responsible for managing staff attending courses and refresher training within set timescales.

The providers told us and staff confirmed that those staff who wished to, of which there were seven, had been enrolled on an "Excellence in leadership and management" course with the Open University. The providers told us that they were paying for staff to do this and they would be allocated one day a month as a study day. The providers told us, "We feel it is very important to support staff teams as much as people. We pay staff as much as we can. It is about the real work that goes on. It is hard work and we can't do it alone. We need staff to feel developed and supported in their roles".

An induction was in place which incorporated the care certificate and included an element of shadowing, meeting people's families and studying policies and procedures. The providers told us that only at a point when the company was happy with the performance, attitude and competency of a new staff member, would they be allowed to work alone. Staff meetings were held regularly and staff told us these were useful and gave them a forum in which to communally discuss any elements of peoples' care, or their own roles.

Supervision paperwork showed that people were asked to give feedback on individual members of staff. Competency assessments and observations of staff practice were also carried out to ensure that people were appropriately supported and staff skills were maintained or developed where necessary.

## Is the service caring?

### Our findings

The service had a positive, vibrant and caring culture which people, relatives and staff supported and promoted. People told us they were well supported and well cared for. One person said, "They are amazing. The staff are amazing!" Another person told us, "The staff are fantastic. I absolutely love them. They are lush (great)!"

All of the relatives we spoke with told us they trusted the staff and the service in general with the care of their loved ones. They commented that their family members had made significant progress whilst being supported by the service and their lives, as well as their family member's lives, had been transformed. One relative told us, "Outstanding really isn't good enough. They have changed our lives. I am included as a parent and (name of person) is in touch with his dad everyday, which is really important as his dad really misses him being around".

One healthcare professional gave some very positive feedback about the service saying, "(Name of nominated individual) is particularly skilled in identifying staff who have similar interests and attributes that suit the clients, making practical, dedicated working relationships. Staff provide clients with opportunities day to day, to increase their skills, addressing health issues as they arise, working outside the box to ensure that the client receives a dedicated service".

Staff were highly motivated and reflected pride in their work. They talked about people in a way which demonstrated they were fully committed to supporting people in any way they could, in order for them to achieve as much independence as possible. Staff sought to provide the best standards of care for each individual.

Each person in receipt of care had valued friendships and supportive relationships with the members of staff in the team that supported them. One person said, "(Staff member's name) is a nice man" and another person spoke about their staff team and said, "They are helpful and we share things. (Staff member's name) is a good lad; sometimes we watch the football together". The providers told us that they were proud of the fact that staff and people shared elements of their lives. They said, "The people we support know lots about us and staff, however we all understand professional boundaries". The providers told us that where people had a love of pets but they could not always have them due to shared living arrangements, staff supported people to enjoy relationships with animals by walking their own personal dogs together.

When we visited people as part of our inspection we observed that they enjoyed excellent relationships with the staff who supported them. There were jovial exchanges and discussions about both historic and future events that they had enjoyed together. It was clear that staff and people had similar interests and this added to their commonality and helped develop their relationships and understanding of each other. Staff were extremely knowledgeable about people's needs and how to support them. What they told us about the needs of the people they supported tallied with information held within people's care records. All of the staff we observed in their work, displayed an extremely kind, caring and respectful attitude towards people. One person who was upset was gently supported in a compassionate way and they responded positively to this

approach and settled quickly.

The providers and staff offered a level of support to people's relatives also. We saw they enjoyed very close relationships with people's family members and worked in unison to achieve the best possible outcomes for their family members. Relatives said they felt totally involved in their family member's care and they were kept fully informed and involved in any proposed or necessary changes. One relative commented, "We have direct involvement in (person's name's) care. We get told about everything. From the outset we have been actively involved in the recruitment of staff for (family member's name) and we can come and go to the house to see (family member's name) as we want". People themselves were involved in care reviews, care planning, recruitment and all choices made about how they would live their lives. Records showed that people had signed care planning documentation to evidence their involvement in this process and people told us they had been involved.

People were actively encouraged to maintain relationships with their families and friends and staff were passionate about supporting them in any way possible in order to remain connected to important people in their lives. One person told us how their friend came to their house and stayed over on occasions. In addition, they had enjoyed holidays abroad and in this country together. One person told us about their relationship with their girlfriend and how staff supported them to dine out and also cook and eat together at home. The service had set up a social media account on Facebook, accessed only by people who used the service (with support from staff to do so safely) their families and staff. On this page staff and people shared information about activities they had pursued and enjoyed and also up and coming events and achievements. One person's parents told us they had a private page within Facebook which only their son, his staff team, other family members and themselves could access. They said, "It is wonderful for us to see videos of what (family member's name) has been up to. We can keep in touch when we are away and have asked his staff team to post things on the Facebook page. It means we can truly relax when we are not here".

Staff teams were aware of the achievements of numerous people who used the service, not just those who they supported daily. They shared their joy about other people achieving their goals, as did the providers. During our visit the providers and staff were thrilled for one person who they had supported to achieve their goal of entering into paid employment at a local café. At the end of their first shift the providers were excited to know how the person had managed in their new role and they rang the relevant staff team who relayed how well they had done. There was a real sense of achievement all round and the next day when we met this person they told us their new job was "amazing" and they had thoroughly enjoyed the previous day.

Staff were encouraged and supported by the providers with appropriate training, guidance and any practical support needed, to enable them to achieve the best possible outcomes for the people they cared for. The providers had created a successful organisation that displayed a strong person-centred culture at all levels. Staff and the providers themselves told us about many situations where they had showed persistence and supported people to overcome obstacles in their way in order to achieve their goals. There was a positive and vibrant culture within the service and a desire amongst staff to deliver exceptional care. This filtered down from the provider's themselves who told us, "We feel it is as important to support the staff teams as much as the people themselves. We think 'outside of the box' to make sure things work for people. We say to our staff, you are there to walk alongside people and step back if you can, within safe limits, as it builds people's confidence. We believe everyone is born into society and whatever there need is, it is about making equal opportunities for everyone so they are part of society".

Staff were exceptional in supporting people to be as independent as possible in their lives. One member of staff told us, "It is totally independent living. When (person's name) came to live here she didn't have many



skills now she does. It is great. I say it is your house, your bathroom, come on you can clean it. I was outside the bathroom the other day and (person's name) shouted me in; she was cleaning it. It was great to see her doing this for herself". We saw lots of examples of where people were striving towards independence. Where people were capable and it was safe to do so, they signed their own medicine administration records and took responsibility for storing their medicines in their own rooms. Appropriate risk assessments and checks were in place to ensure this practice remained safe. People who had at one time been escorted by staff when travelling around the community, now made their way to activities and social events alone. They had successfully developed their skills, with support from staff, to a point where they could travel safely and confidently alone. Safety and monitoring measures were in place where people rang their staff team to let them know they had arrived at a place or were leaving to embark on their home journey.

People's dignity and privacy was protected and promoted by staff. Staff had been trained in equality and diversity and they explained how in their daily roles they protected respected and protected people's dignity. One member of staff explained how with one person they stood outside their bathroom door when they used this room, in order to give them the respect, privacy and dignity that they needed. They explained how they respected people's right to choose in all aspects of their lives and were led by them and how they wished to live their lives.

The providers told us that one person in receipt of care accessed the services of an independent advocate. An advocate seeks to ensure that people, particularly those who are vulnerable, have their voices heard, their rights defended and safeguarded, and their views and wishes considered when decisions are being made. We found that whilst only one person was using the services of a formal advocate, the providers and staff were exceptional at advocating on people's behalf. In conjunction with families where relevant, they constantly advocated for each individual and this was evidenced by the range of peoples' achievements and realisation of their goals, plus their inclusion in society and workplaces.

## Is the service responsive?

### Our findings

People described how their care was delivered and what they told us demonstrated the service was extremely person-centred. Relatives and staff echoed that the service was person-centred in their feedback and our own observations and evidence gathered supported this.

A healthcare professional who worked with the service told us the providers and staff were totally focused on providing individualised care, of the highest standard. They told us, "They always place the client at the centre of the care that they provide to them. (Provider's name) in particular knows the clients in detail despite not being the person delivering the care. She encourages staff development and initiative".

Every element of the approach of the providers and staff was centred around the people who used the service, their abilities, feelings, wishes and goals. There was nothing that the staff or providers themselves did not strive to overcome in supporting people to achieving and realising their aims. The provider's told us, "We think outside of the box to make sure things work for people". People were treated as individuals and what they had managed to achieve in their lives was testament to the individual person-centred care that they received.

Peoples' care records contained a range of information about their needs, any risks they were exposed to in the course of their daily lives, information about their life history and achievements in the previous year. There were a variety of care based plans that the service called "Keeping me safe plans". The providers told us they liked to call these plans by that name as it reflected how far people had progressed in respect of their independence skills and they felt staff now supported a lot of people by helping them to 'keep safe' in their own lives, rather than delivering more involved 'hands-on' care.

Care records were regularly reviewed within each 12 month period to ensure they reflected people's most current needs, goals and preferences. Staff told us they updated people's care records in between review dates as and when necessary, where people's needs had changed or any new risks to people's safety had presented themselves. They were written in the first person and had been signed by people to evidence their own personal involvement in the care planning process. Care was planned proactively in partnership with people.

People's lives were lived each day in line with their choices. Staff were very clear that they saw themselves supporting people in the choices they made about living their lives but that they put the appropriate support and measures in place to ensure that these choices did not compromise people's safety. People reflected that they lived their lives the way they wanted to and said they were extremely happy with this. We observed staff asked people how they wanted to spend their time within their own homes and they respected these choices.

People lived active, social and inclusive lives and this had a very positive impact on their health and wellbeing. The providers shared with us a number of success stories where people had been supported as individuals to achieve their own personal goals. People themselves also enjoyed telling us about their

achievements. The levels of support each person needed had reduced in a positive way during their time receiving care from the company, because they had been able to develop their skills and do so much more for themselves. One person told us that they loved living in their own home and although they had enjoyed living with their family before they were very settled and loved their life. They said, "I would not go home to live with my mum and dad now, I really wouldn't. I love it here". Another person said, "I work and I am really happy with that".

Staff had an excellent understanding of people's social and cultural diversity. Everyone that we spoke to and the evidence we gathered reflected that people pursued activities regularly within the community. Some people used spa facilities regularly, went to the cinema, shopping, surfing, to the theatre, drama groups, friendship groups, walking, horse riding, cycling and running. People had been supported to go on holidays in this country and abroad and they told us how much they had enjoyed this. One person with autism had entered a local half marathon event and with their staff member they were training hard for this. They were doing this event in order to raise awareness of autism and raise money for their local autism charity.

The providers, staff and relatives shared some moving stories with us about people's achievements. One person who was profoundly visually disabled had been supported to fulfil their goal of driving a car. Parents and staff had arranged and then taken them to a driving track, where with an instructor they had driven a specially adapted car. We saw pictures of this momentous event and could see the person was filled with joy and pride.

The providers had developed close links with the community and supported and encouraged people to do the same. Some people had been supported to develop their own direct links with community groups and organisations through the sharing of their experiences about being disabled. With the support of staff, one person had visited their old school on occasions and spoke with other young adults about what it is like living in an independent living setting, their disability and their progress in terms of the development of their skills and abilities. Another person had been supported to work closely with the police through the learning disability forum, to give talks to community groups and schools to give feedback and raise awareness about what it is like to be disabled. The police had started this initiative with a view to reducing crime against disabled people and making communities safer. The person received an award for their achievements in this area.

Some people had been supported to attend courses at college and although they had not always found these easy, they had graduated from these courses. One person told us, "On Monday I go to college to do a hospitality course. It was hard to begin with, but now it is really good".

People had been supported to source and maintain paid employment with local businesses. The providers told us they had pursued a variety of different avenues to enable one person to secure paid work and that even when they had not received favourable responses they had persisted in advocating for the person and a suitable employer was found. One of the things the provider's told us they were most proud of was that the person received the same pay and bonuses as all other staff at the company they worked for. We saw that the provider held regular meetings with the employer to ensure that any difficulties related to performance were addressed and that the person was supported appropriately by their staff team in order to be able to continue in their role.

During our inspection one person started a paid work placement at a café two mornings a week. They were thrilled about this achievement telling us it was "Amazing!" For another person the providers had not been able to secure a suitable employment placement. They did not give up however, and in order to support the person in their desire to enter into the public workforce, they created a paid job with set roles and

responsibilities within their own organisation. They said, "This is the start of (Person's name) journey. We hope they will progress into community employment. (Person's name) will get the experience and skills with us and then can move on". The person concerned told us that they loved working in the provider's office giving administrative support.

The providers told us they worked in a way which meant they were approachable and liked to deal with any concerns raised as swiftly as possible, no matter how small they may seem. People, relatives and staff confirmed this. Complaints policies and procedures were available in each person's home in a pictorial format that people could understand and use to express their unhappiness should this be necessary at any time. However, no complaints had been received about the service and we saw there were many extremely positive compliments from people's relatives about the leadership of the company and the standards of care delivered.

Feedback about the service was gathered annually via questionnaires issued to people's relatives. Staff feedback was obtained via supervisions, staff meetings and direct approach from or to the providers at any time. People's feedback was gathered via 'House meetings' if people wanted to have these, or through regular wellbeing conversations with staff and the providers themselves. One relatives questionnaire response read, "The fact our daughter has a wonderful fulfilling life of her own is testimony to the standard of care she receives, enabling her to have fun like any other 26 year old. An amazing organisation that is truly client centred".

# Is the service well-led?

## Our findings

People, staff and relatives could not speak highly enough of the providers and their approach to leading their organisation. People said, "(Providers names) are awesome!" and "(Provider's name) is nice". Relatives and staff told us the providers sought to deliver the best care possible for each and every person they supported. One relative said, "(Provider's name will always suggest things to me if there is an issue. She always rings me also. She has a plan A, B, C and D". Another relative told us, "(Provider names) are excellent. They call here unannounced to check on things. They are respected by staff and they manage the service very well".

Staff told us they could not be better supported. One staff member said, "I think the company is fantastic. You can speak to (name of nominated individual) every day. I asked for a particular training once and I got it". Another member of staff said, "I can't speak highly enough of Equal Partnerships. I never feel I cannot approach (providers names). On a personal level I have had a tough time. Their support has been amazing. One day (nominated individual's name) rang and could tell there was something wrong with me. She said, "I am coming down for a cup of tea I can tell you are not right". How many people would do that? The support for the staff here is as good as what it is for the people".

Staff said they were confident to question practice and this would be welcomed and discussed. They told us they received appropriate training, supervision, appraisal and they were encouraged to develop their skills and attributes as much as they wanted to. Competency assessments were carried out in relation to the administration of medicines and also observations of the care delivered. These ensured staff remained competent in their roles and their skills were up to date. Staff knew exactly what was expected of them in their roles and told us that where they had wanted to complete any additional training relevant to their role or other elements of personal development, this was always arranged for them. One member of staff said, "I love this job" and another told us, "Ah, it is great here. They are a lovely company to work for; all about the people they support and staff. (Providers names) are great. You can ring them any time, on any day, and tell them what's happening and it doesn't have to be about work. They want people to have the best life they can".

The provider's themselves told us, "Our ethos and vision is that we believe everyone is born into society and whatever their need is, it is about making equal opportunities for everyone, so they are part of society. People with disabilities have aspirations. Everyone is born into society; because of their disability they shouldn't be pushed out. We really believe in putting people first".

We looked at the provider's mission statement which was addressed to people who used the service. This read, "We promise that we will support you to have an interesting, fulfilling life, where you can get to know people who would become your friends and support you to make your own contribution to your local community, to have fun and to be in control, so you can have the life that you want to have. We promise to support you when times become difficult, as well as when times are good, and we will always work with you in a way which is respectful of your wishes, We will always be honest with you".

The evidence we gathered at this inspection including the feedback we gathered from people, staff, relatives and healthcare professionals confirmed that the providers delivered on their mission statement and the promises they made to people. Their visions and ethos were wholeheartedly adopted by staff in the roles and underpinned their practice. This resulted in extremely positive outcomes for people and fulfilling lives.

Staff, people and relatives told us that the providers were very 'hands-on' in the way they managed the service. They all reflected that the providers regularly called to each house where people lived and were supported to check on the service, if there were any issues or problems and to speak with people directly to find out how they felt about their lives and the support they received. The providers explained that this was the way they liked to work. They told us, "We have actively chosen not to expand our business although we could have doubled or tripled in size. Our management style is to be involved and have personal contact with all of the people we support. I will for example ring or go around and see (person's name) after his first day at work today as it is his first day. I will go on my way home. We wouldn't be able to be that involved with everyone if our service got much bigger and we really believe in working that way".

The service was rated as outstanding at our last inspection in 2014. These standards had been maintained and in some domains improvements had been made. The providers had been successful in developing and sustaining a positive culture within the service and had consistently and continually delivered a very high standard of care. There was a strong emphasis on continual improvement and the service being 'The best it could be'. The providers were completely open to adopting whatever practice and approach was necessary to support people completely and make them feel empowered in their lives. There was an open, vibrant culture which resulted in the providers being fully aware of any issues or concerns within the service as they arose. People, staff, relatives and healthcare professionals engaged with them constantly to achieve a common goal of positive outcomes for people in receipt of care.

The service worked with ease and in partnership with other organisations to support care provision, service development and joined up care. They also promoted groups and networks within the community designed to support people with learning disabilities and autism. One of the providers had been involved in securing funding for the Friends Action North East (FANE) group, which supports people in the area with learning disabilities and/or autism to make and keep friendships. From this group, strong links were made with a newly formed theatre group called 'The Twisting Ducks. This is a drama group for people with learning disabilities and/or autism. Current topics of interest are studied and courses and shows are laid on. A number of people using the service accessed these groups. They had developed their social skills, friendship groups and become more included in the community as a result. This demonstrates the providers' passion and commitment to supporting and developing community links for people living with disabilities.

Auditing was carried out regularly and the providers visited each person's home weekly or fortnightly to ensure that the service was running smoothly and staff were supporting people appropriately. They told us, "We are fairly informal in our approach, we like to visit houses and enjoy cups of tea with people, but, we get to find out what is going on in each house and we scrutinise everything. We also ring the houses and speak with people and staff in between our visits". One member of staff said about the provider visits, "They don't miss a trick. (Provider's name) will check when she is here. There is never a stone unturned and she is vocal in telling you, in a nice way, if things are not right or should be done differently". The providers showed us some paperwork they had recently introduced to better record the visits they undertook. We gave feedback on how these could be developed and expanded further to capture more accurately what their visits to each individual service involved.

Each manager in charge of each house where people were supported was responsible for sending a monthly monitoring report to the providers for them to review. This included information on all aspects of the service

from that month, including any safeguarding matters, complaints, accidents and health issues, if there had been any. This system worked well in practice and the providers had good knowledge of how the service provision at each individual house was delivered. They were also fully up to date with each person's needs. The providers were keen to evolve and develop their systems, auditing and quality assurance further, and we discussed how this could be achieved particularly in respect of developments in their paperwork.

A range of matrices and schedules were used to monitor training requirements and supervision completion dates. The providers told us that on an on-going basis before any records were filed these were reviewed by the providers themselves, for example, supervisions and staff meeting minutes, to see if any actions were needed. A system was in place for monitoring accidents and incidents but there had not been any in the service. If any issues were identified throughout the service, action plans were created to drive through improvements.

Meetings were held in people's house if they wanted to have them. In addition, each house had staff meetings and all managers from all of the houses met twice a year. The providers told us although they worked together daily and continually discussed all elements of the business, they held a formal quarterly meeting with each other to review the company overall, address any issues, review policies and procedures and make strategic business plans going forward. This showed they were committed to sustaining the high levels of service currently delivered.

The registration requirements of this service were met. The providers were fully aware of the responsibilities they had taken on in establishing and running their organisation and they understood the legal requirements of meeting relevant regulations. We found that all incidents and other matters that needed to be notified to the Commission in line with Regulations 16 and 18 of the Care Quality Commission (Registration) Regulations 2009, had been met. The providers had taken on the roles of registered manager and nominated individual themselves, to meet the conditions of their registration with the Commission.