

Focus Care Agency Ltd

Focus Care Agency Limited

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Focus Care Agency Limited provides personal care to people in their own homes and supported living settings. They care for people with learning disabilities and provide tailored care packages which include 24-hour care. They provide care to people and children in Peterborough, Suffolk, Essex and East Sussex with a head office based in Peterborough Cambridgeshire. On the day of our inspection there were 24 people receiving personal care from the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff at the service were not risk adverse, when supporting a person's rights. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Where people had been assessed as lacking mental capacity legal restrictions had been applied for, agreed and put in place as guidance for staff.

Staff were knowledgeable and very responsive to people's individual needs and preferences, often finding effective, creative, and innovative ways to help people live as full a life as possible. Staff promoted and enabled people to exercise their human rights, their ambitions and personal goals. Staff worked hard alongside people and their relatives to help people to follow their interests both within their own homes and the wider community.

Staff supported people to explore and achieve their personal goals and aspirations. Engagement in daily tasks such as shopping, taking part in activities and linking with support networks were an important part of people's lives. For some people, at previous care placements this had not always been a possibility for them. People took part in a wide range of pastimes. Staff were willing to go the extra mile and try different ideas to help people live rewarding lives and develop the life skills they needed and wanted. This enabled people to become as independent as possible.

The registered manager and their staff team linked up, communicated and worked with other organisations and health professionals to ensure people's well-being. This included working with different organisations involved in best practice guidance to try to improve the lives of people living with autism and or a learning disability.

The culture of staff was inclusivity and people were involved in different aspects of the service. People were given easy read versions of legislation and best practice guidance to aid their understanding of why it was important staff followed these. Inclusivity for people also included being involved and helping making decisions at potential new staff interviews. Taking part and completing training alongside staff, having a supervision and taking part in the quality auditing of the service. People were encouraged to apply for paid jobs with the organisation and a person had been successful in doing this.

Professionals who worked with staff had extremely positive things to say about how staff had transformed people's lives for the better. The provider and staff team worked well with other agencies and organisations to provide very effective and responsive joined-up care for people.

Staff monitored and managed people's individual and known risks. Staff understood their duty to keep people safe wherever possible from poor care and avoidable harm. Staff were trained in infection control and helped people keep their homes clean. People were supported safely with their medicines. Competency checks reviewed staff's ability to manage this support task safely.

Checks were completed on potential new staff to help make sure they were suitable to work with the people they supported. Staff received an induction, mandatory training, competency checks and supervisions to develop their skills and knowledge. Staff were encouraged to develop their skills through completing further qualifications.

Staff were empowered by the provider to give people a high-quality service. There was a very robust and embedded governance system in place to check and monitor the quality of care being provided. The nominated individual was very involved in the day to day running of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. People and their relatives knew the nominated individual and management team very well.

Staff treated the people they supported kindly and with compassion. People and their relatives had extremely positive opinions of the staff who cared for them, their family members. Staff promoted and maintained people's privacy and dignity when supporting them.

Staff supported people to follow a balanced diet and people, where possible, were involved in helping to make decisions about their care. People's preferences on how staff delivered their care was recorded in care records.

Complaints were investigated and resolved where practicable. People knew how to raise any concerns. The registered manager gave people, their relatives and staff, opportunities to give their view of the service and from this feedback action was taken to make any improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (report published 7 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Focus Care Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 January 2020 and ended on 6 February 2020. We visited the office location on 3 and 6 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the managing director/nominated individual. We also spoke with the registered manager, the regional operations director, the quality and compliance manager, two area managers, an expert by experience, two support workers and a business administrator.

We also spoke with, and had email communication with, seven health and social care professionals who worked with the service. We reviewed a range of records. This included two people's care records and a variety of records relating to the management of the service.

After the inspection

We sought reclarification from the registered manager about the geographical areas they delivered a service into.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they, their family member felt safe using the service. A person explained to us why staff supporting them made them feel safe. They said, "When I cut myself or when I am in the street in case I fall over." Another person named a staff member they would be confident to talk to if they had any concerns.
- Staff could describe to us the different types of abuse. They demonstrated their understanding of their duty to report incidents of harm or poor care, in line with the provider's policy and their training. A staff member said, "If there was a safeguarding; if something was wrong I need to inform my managers, the CQC, the police and the GP."

Assessing risk, safety monitoring and management

- Staff had a good understanding of people's individualised risk assessments. There was personalised information within people's care records about people's known risks. Staff used this information to support people safely. This included information on what to do in the event of a fire.
- Staff used positive behaviour support, when a person was showing signs of becoming very distressed. A staff member said, "We never, never, use restraint. If [named person] is distressed it is because there is a reason and we try to explain...we give them more space. There is a behaviour management plan in place and it is working."

Staffing and recruitment

- People who expressed a wish to sit in on new staff interviews had opportunities to ask the potential new member of staff questions that were important to them. Staff told us checks were completed on them when they applied for a job at the service to try to make sure they were suitable to work with the people they supported. One staff member said, "I liked the feedback I read about the service, so I applied. I had an interview, a DBS (criminal records check), (previous job) references and identity checks."
- Staffing levels were enough to ensure people's needs were met. People and staff felt there were enough staff on shift and that staffing levels could easily be adjusted if people's needs changed.

Using medicines safely

- Staff supported people, who had been risk assessed as not being able to self-medicate, with their medicines safely. A staff member told us, "My medication training is completed, and I have had a competency check... [named person] understands why they are taking medicines and each one is explained to them as they take them."
- People and their relatives told us they were happy with how they, their family member was supported by staff with their medicines. A relative said, "[Named person] is coming off certain medication and this is a big

thing to change but he is being supported."

- People's medicines were recorded in their care records and Medicines Administration Record (MAR) charts were used to document when medicines were given. These were completed in full and reviewed regularly by staff.

Preventing and controlling infection

- Staff knew how to reduce the risk of infection and they followed good practice guidance. They used personal protective equipment (PPE), such as disposable gloves and aprons, to help prevent the spread of infection. A staff member said, "I have had infection control and food hygiene training. There are PPE gloves and apron available."

Learning lessons when things go wrong

- The provider and registered manager also reviewed this information using the monthly trend's analysis and at the monthly senior management team meeting to strategize and implement lessons learnt.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- To better the lives of people living with a learning disability and or autism, the provider and registered manager not only kept up to date with best practice guidance, they were involved in external organisations to help strive to make change. This included being part of the 'restraint reduction network' of BILD (British Institute of Learning Disabilities). This networks purpose was to train staff, so they did not need to restrain people displaying distressed behaviours.
- Positive behaviour support was used. The registered manager gave an example of a person who had a history of failed care placements. They said staff were now, "Working with [named person], building trust and the relationship. Listening. Listening to what their behaviours meant. What these behaviours were saying." Feedback from a professional demonstrated the positive impact this had on the person's life. A professional said, "At [named person] previous service they were supported with four staff based outside of their room. They were made to just sit in their room with their games console - no one listened to them... their quality of life now is just brilliant, it is really, really positive."
- To empower people's understanding of how best practice guidance and legislation changes may affect them and the support they received, this information was not only rolled out to staff but to people using the service. The staff team explained the service's culture and how it was very important to involve and update the people they supported about guidance. The impact of this was that people felt empowered to ask questions and seek further understanding of the different topics. For example, to promote people's human rights an easy read guide of sexual relationships guidance was developed for people and discussed at meetings to aid their understanding. We saw evidence that people were given information about why their oral health was important and guidance on the mental capacity act 2005. This information helped promote people's understanding of these subjects, how it affected them and their care and why the guidance was important for them and staff to follow.
- To develop and promote people's well-being and help people who could not verbalise or communicate their wishes easily, technology and equipment was used. Equipment included cameras and sensors to inform staff when a person was having a seizure. We also saw evidence of people using talking computer tablets to communicate to staff. The impact of this was that people who were able, proudly wrote their own care records.

Staff support: induction, training, skills and experience

- Staff were supported with training, supervisions, competency checks and appraisals to help them develop their skills to deliver highly effective care and support to people. Staff told us, about how well they were supported in their ambitions to develop their skills and knowledge. This included their career progression

within the organisation. A staff member said, "[The provider] are truly invested in me to grow me into another job role that I want to go into. What other company director would help and support a [named role] from when they were an apprentice? I'm shocked at the fact that a managing director with how busy they are and what they have to deal with would still find time to support [me]."

- People were not excluded from the development of skills and knowledge. For those people who had expressed a wish to, also took part in staff training. We saw photographic evidence of people very proudly completing their training and receiving certificates. This involvement made people feel included, skilled, and gave them a great sense of pride and self-worth. The registered manager said, "This helps [people] feel part of the team."
- Staff made sure that people did not feel isolated or excluded from any part of the organisation. A person, when noting that staff received supervisions, asked if they could also have one. Staff went out of their way to make this happen. The result of the person having a 'supervision' made them feel included and to have an action plan of goals for them to achieve which were either completed or on-going.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- To remove the fear barrier some people had in attending external health appointments staff used innovative ways to help support people. Two different examples were shared with us around how a group of staff went above and beyond leading up to a person's health appointment to help de-sensitise them. One record stated '[named staff member] has worked extremely hard and spent hours and hours with [named person] going through social stories and talking to them about what will happen, the reason they need to have the test etcetera and building [named person's] confidence.' A relative confirmed, "We have worked alongside staff to take [family member] to hospital for [named procedures] ... It was the whole thing of staff getting this right and remaining calm... [family member] can get into a distressed mood but staff dealt with it beautifully and with a total respect for [family member]."
- External social and health care professionals had given the service very positive feedback on how they saw staff supported people and the impact this had made. Feedback described the staff and services as 'a great organisation to work with, fantastic ethos and work ethic,' and 'the staff have really gone the extra mile in listening to [named person].'

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Staff encouraged people to make as many day-to-day decisions as they could and to access the local community with support from staff. For some people who had come from either a hospital or more restricted environment previously, the impact of this gave them a new sense of independence and choice.

An external professional said of the huge impact of being listened to and given choices had made to a person's life. They said, "It actually gets me quite emotional regarding [named person] and to see where they were...they live their life now. They are involved in meetings where possible. [Staff] have socialised them. It is so person centred. The staff on the ground just get it and that is how it should be."

- People had their mental capacity assessed to see if they were able to understand and make day to day decisions and retain information given. Where people did not have capacity, applications had been made to the Court of Protection. This meant that staff would know how to support people with specific decisions. A relative told us, "When [family member] was having their DoLS review we asked the social worker to see the [family member] whilst out and about and not just in the home setting. To see them in an environment that is their own."
- People's care and support plans looked at people's health and support needs. However, they also looked at how people could manage risks safely. Staff had all received training in MCA and DoLS and understood how it applied to their day-to-day work.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink healthily. Staff tried to guide people to choose healthier options to promote their well-being. Where needed due to swallowing and choking risks, staff supported people with their food and drink in line with Speech and Language Therapists guidelines.
- A person told us very proudly that, with staff support they were now cooking for the first time and their favourite dishes were pasta dishes. They said, "I make spaghetti bolognese."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they, their family member was treated with compassion and kindness by members of staff. One person said, "I'm happy with staff...staff help a lot." Another person told us, "Staff speak to me nicely." Relatives also described the support staff gave their family member as, "I'm finding it all good," and "the team are amazing."
- Staff had a good understanding of the people they supported and their individual needs. Relatives and professionals made positive comments about how people were encouraged to be as independent as possible. One professional said, "The staff fought with housing provider to get the best housing for the person. The staff now hear what the person's behaviour was telling them."
- Staff supported people's human rights to a family life. Staff knew and understood how important this was for people. A relative told us that when they visited, "The house is nice and clean and welcoming. If I ring up the service I will get a reply. I get updates. [Family member] is happier now. They shop and help prepare food."

Supporting people to express their views and be involved in making decisions about their care

- Staff took steps to ensure people and their family members were involved in decisions about their care and had the information they needed. Staff supported people who were able, to write their own care records, express their views and make decisions about their care and daily routines. Relatives told us they were also kept updated. A relative said, "[Staff] ring me so communication is good. All round it's all good. I like the care they provide for my [family member]."
- Records showed that people received additional help with making important decisions about their care and support from their relatives and representatives such as advocates where appropriate. An advocate is an independent person who can support people with their decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly.
- Staff encouraged people to be independent and live as full a life as possible. This included staff teaching people daily living skills such shopping and as preparing food to be cooked for meals.
- Staff ensured people's confidentiality was maintained; records and information about people were kept securely within the office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- External health and social care professionals had extremely positive opinions on how staff supported people to live their lives to the full. The service supported some complex people some of whom had a history of failed care packages and previous long stays in hospital. Health and social care professionals told us about the huge positive difference the staff at Focus Care Agency Limited had made to people's lives. One professional said, "The service is probably the most proactive agency I have had to work with. They are exceptionally person centred. People's needs are comprehensively met and appropriately met. They get the best outcomes for people and facilitate support that people need." Another professional told us, "In the last 12 months [staff's] dedication and work ethic have changed the life of this [named person], they are genuinely a happier individual participating in a considerable amount of community-based activities. I have nothing but admiration for the work completed and outcomes achieved for this young person."
- Relatives told us, "[Family member] has been in the service for about a year. It is such a massive improvement. Both to look at them and mentally for them. They are more contented. They are chatty now... It is such a relief to know they are getting proper care," and "We have been incredibly lucky to find Focus Care Agency. I can't believe how good the care is. [Family member] is living their life - absolutely. The staff are fantastic and very professional. It is absolutely brilliant."
- Staff used innovative ways to help people, their relatives and representatives feel involved in the service. An area manager told us, "We have at our service a 'circle of support meeting.' Included and invited are stakeholders within a person's care, family and service users. It is a general meeting, what's working well, what's not working well, what needs to improve. We like to share some magic moments." A relative confirmed to us, "We attend circles of support every few months or so. We share magic moments that have happened. [Family members] psychiatrist has also joined one." One of the magic moments shared was that their family member was now swimming regularly with support from staff. They said, "We go swimming now. The [area] manager and [named staff member] orchestrated this brilliantly."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used different communication tools to give people information including the service user guide, surveys asking for feedback, updates in best guidance and legislation in a way they could understand. As this was an announced inspection, the registered manager had sent information in an AIS format to people

using the service to explain about the CQC inspection.

- A relative told us how they were made to feel involved and contribute to the service positively. They said, "With Focus Care Agency I have also been developing an AIS care plan to make it a quick guide. So what works and what doesn't. They are really up for it - it is a combined piece of work that we can then transfer to other people."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff worked hard to socialise people and enable them to follow their interests. For one person who had expressed a wish to visit an emergency service was supported to spend the day with one. Photos showed the huge impact this had on the person and how proud and excited this visit had made them feel. They fed back, 'turning on the lights and sirens was my favourite part of the day.'
- A relative told us about how staff had enabled their family member to now take part in activities and the positive impact this had. They said, "It is fantastic. They have really developed. They go out to [named location] to the cinema and for meals. It is just so great. It is a great relief to me."

Improving care quality in response to complaints or concerns

- The service had received many compliments from relatives, representatives and social and health care professionals about the positive difference staff had made to people's lives.
- Where complaints had been received, we saw that they were listened to, investigated and resolved wherever possible. A relative told us about a concern they had raised and how positively it was dealt with. They said, "We can have a proper conversation if we need to. If we have an issue. We had difficulty around a staff member and Focus Care Agency let us absorb what had happened and gave us time to talk about it and how we felt."
- Complaints were analysed as part of the governance system to look at patterns and trends. For 2019, a trend appeared to be around communication. As an action to improve this, all staff had to undertake communication training and it became a standing item on team meeting agendas. The registered manager told us that 'communication' and how to improve this was discussed throughout the organisation from the senior management team to the support workers.

End of life care and support

- Nobody currently using the service was receiving end of life care and support.
- To support people, relatives and staff when this happened there was a staff member designated as an end of life champion within the organisation. The registered manager told us they had identified that people, relatives and staff may find it difficult to talk about people's end of life wishes. Staff had training on this subject, but the end of life champions role would deliver further training by following this up at staff meetings. An 'end of life, living well and planning for your end of life' pack was also in the process of being put together alongside the development of an easy read guide.
- Staff would work with external health professionals such as district nurses, end of life facilitator (Local Authority), Macmillan nurses and hospices to help support people have as dignified and pain free death as possible. That was in line with people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- External health and social care professionals had extremely positive views on how staff worked with the people they supported and in partnership with themselves.
- Some professionals feedback included, "They are very responsive, on [named] day they were able to provide staff at very short notice in crisis which helped ensure [named person's] safety...[Other named person] is like a new young person, incidents have gone down and they are now working towards some fantastic goals never thought possible a few years ago." And, "Focus Care Agency have an excellent clinical and holistic support model. As a [professional] I can see that they are well equipped to manage transitions into adult provision. Focus Care Agency have a highly developed skilled workforce. They meet the needs and challenges of people... They have an ability to step down when needed and this is highly welcomed from a commissioning perspective. Staff's professional boundaries are appropriate and correct."
- We spoke with a person who used the service but had also been employed by the provider. They told us how they had to apply for the job role and have all the new staff safety checks completed on them before they could start work. They said of this opportunity they had been given, "I feel a different me, more independent. It's the best thing in my life...I'm blooming, and I just smile." They went on to tell us how they were being supported to develop their skills further. They said, "I'm going to do positive behaviour support with [named staff member], to increase my knowledge." As part of their job role they were invited to feedback at a board meeting and told us of the huge impact this had on their confidence. They said, "I feel looked after here - of course I do. The board meeting feedback made me feel really good. I did not feel intimidated - no, not one little bit. I felt that they listened to me. They asked me a couple of questions about what I found. I felt unbelievable."
- Relatives told us about the positive culture within the service that had empowered their family members to achieve great outcomes. Feedback included, "Staff are really interested in [family member]. He does a lot more activities and is now having a life. Getting out and about;" and "It's the best place they have been in. The support staff look after them. I haven't got a bad word to say about the support staff. Staff take [family member] out quite a bit. They are kind, they are very good with them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- In recognition of how the provider and staff had contributed towards positively changing the lives of people living with a learning disability and or autism, the service and staff had been nominated and had won six national awards. Awards included 'front line leaders award,' 'care newcomers awards' and the

nominated individual had won the 'outstanding contribution to social care' award. People, their relatives, representatives, professionals and staff had submitted testimonies and letters about the nominated individual and what differences they had made. Responses included '[named person] makes cakes for me and my support staff,' to 'I feel she has gone out of her way to make sure myself as a client has my needs met. I mean this by getting the right staff to help me and make me feel safe within my home. She has made me look forward to progressing my independence further and now I talk about what I can do for myself and not what I feel I can't do.'

- The provider, registered manager and staff team made sure the service provided was of a high quality. It was person-centred, empowering and inclusive enabling people to live meaningful lives. This included both in the service and out and about in the local community.
- Staff provided very positive feedback about the provider and registered manager. They described them as very supportive and approachable. Staff told us how it was clear that a high-quality service was expected of them and the service had a very positive ethos and culture. All staff spoken with were aware of the provider's wish to provide people with very person-centred care that was individualised to meet their needs and preferences. One staff member told us, "The culture of the service is that the service user is the most important person."
- People, their relatives, professionals and staff were asked to be involved and to feedback on the service. A relative told us about the very positive impact the service had made with their family member. They said, "I would score the service 11 out of 10." Other feedback received via a 2019 survey included, 'staff have been flexible and compassionate in going the extra mile to facilitate their service users' needs but at the same time balanced this well with keeping service users, staff, and the public safe.' And 'exceptionally person centred and respectful.'

How the provider understands and acts on the of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and the registered manager were very open and knowledgeable about the service and the people using it. They understood their responsibilities in terms of quality performance, risks and regulatory requirements.
- As part of the on-going monitoring of the quality of care provided audits were carried out, there were very robust and embedded governance systems and organisational oversight in place. Governance monitoring included all aspects of the service and its records, including trends analysis and a quality of life survey. People were encouraged to take part in the auditing as part of the people's quality audit. We saw how one person was proudly demonstrating to staff following an audit, that food in the fridge should be labelled.
- Records showed that legally required notifications were being submitted to the CQC as required, and when things went wrong.