

# Egalite Care Limited

# Egalite Care

## Inspection report

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Date of inspection visit:  
14 June 2016  
16 June 2016

Date of publication:  
03 August 2016

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 14 and 16 June 2016 and was announced.

Egalité Care Limited provides care and support to people living in their own home, supported living accommodation or their family home. People using the service include people with learning disabilities and/or physical disabilities. At the time of our inspection, approximately 65 people were supported by the service.

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

People were supported by exceptionally kind and caring staff who went beyond the responsibilities of their job role to ensure that people led meaningful lives. Staff took time to engage with people, providing reassurance and support in a way that built up people's confidence and self-esteem to pursue interests and hobbies that were important to them. Friendships were inclusive, supportive and empowering. The provider was in the process of re-evaluating the care plans and formatting the information in a more accessible way, to enable people to have a greater understanding and involvement in their care. Staff and people treated each other with dignity and respect and people had the privacy they needed.

There was a strong emphasis on person-centred and inclusive care that empowered people to be as independent as possible and achieve their full potential. All staff adhered to the principles set out in the provider's Statement of Purpose and demonstrated these in practice. People's feedback was gathered through their responses to a series of multi-choice questions. Staff views were also important to the provider. The management team had acted on the results of the surveys and put in place additional employee benefits for staff. Staff told us they felt valued and were part of the 'Egalité family'. They were treated as equals and staff, including management, worked alongside each other as a team.

Care was of high quality and commendations and compliments from professionals and relatives were recorded and demonstrated this. The service had fostered excellent relationships with people, their relatives and worked in partnership with other agencies in the community. People spoke highly about the staff and the care provided by Egalité Care. A robust system of audits was in place to measure and monitor the service overall to ensure a high quality of care was delivered continuously. Ways to improve an already exceptional service were strived for.

Staff had received training in all essential areas as part of their induction and this was refreshed as needed. New staff followed the Care Certificate, a universally recognised qualification and checks were made on their suitability to work in care before they commenced employment. Additional training was organised for staff based on people's particular care needs. The management took great care to match staff with people they

were supporting which provided a firm foundation on which positive, caring, friendly relationships could be developed. Staff were supported by management to pursue additional qualifications if they wished. Supervision and staff meetings took place and staff felt supported by management. They felt their views were listened to and they were encouraged to contribute their ideas on how the service could develop and improve.

People were protected from potential abuse and harm by sufficient numbers of trained staff who helped to keep them safe. Risks were identified and assessed and managed appropriately. Medicines were managed safely and where errors had occurred, these were investigated and acted upon promptly. Staff competency to administer medicines was undertaken every six months and their training renewed annually.

People were involved and encouraged in all aspects of their care. Staff had a good understanding of the legislation under the Mental Capacity Act 2005 and put this into practice. People were encouraged to maintain a healthy lifestyle in their diets and had access to a range of healthcare professionals and services. Care was person-centred and responsive to people's needs; they were encouraged to be as independent as possible. Complaints were managed appropriately.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from abuse by trained staff who understood how to recognise the signs of potential abuse and knew what action to take. People's risks were identified, assessed and managed appropriately.

Staffing levels were sufficient to meet people's needs and medicines were managed safely. Safe recruitment practices were in place.

### Is the service effective?

Good ●

The service was effective.

People were supported by trained staff who received regular supervision and attended team meetings.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People were supported to have sufficient to eat and drink and to maintain a healthy lifestyle. They were supported by a range of healthcare professionals and services.

### Is the service caring?

Outstanding ☆

The service was outstanding in ensuring people were cared for in a personalised way by warm, compassionate and friendly staff.

People's preferences and wishes to engage them in a meaningful life had been explored and were acted upon. They were encouraged to pursue their interests and hobbies and to be as independent as possible.

People were encouraged to express their views and to be involved in decisions about their care. There were plans to transfer information about people's care needs into an accessible format, such as a talking book, so that people could understand what had been written about them.

Staff went the extra mile in the way they supported people, giving their time freely and enthusiastically.

People were treated with dignity and respect and had the privacy they needed.

### Is the service responsive?

Good ●

The service was responsive.

Staff delivered care to people in a person-centred way that was responsive to their needs. Care plans provided comprehensive information about people and how they wished to be supported at home and in the community.

Complaints were managed in line with the provider's complaints policy.

### Is the service well-led?

Outstanding ☆

The service was extremely well led. The culture of the service was positive, person-centred, inclusive and forward thinking. Feedback from staff, professionals, people and their relatives demonstrated this was an outstanding service.

The management team were approachable and staff felt they were listened to. Issues were addressed and conditions of employment were designed to encourage and retain staff who were happy in their roles.

Robust systems ensured that high quality care was delivered overall. Where concerns were identified, action was taken to deal with these to ensure the quality of the service was not compromised overall.

The management team worked pro-actively with other professionals in the community to drive improvement both internally and externally. A local country centre spoke highly of the service and the flexibility of staff who supported people.

# Egalite Care

## Detailed findings

### Background to this inspection

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

The inspection took place on 14 and 16 June 2016 and was announced. We gave 48 hours' notice of the inspection to the provider because the service is a small domiciliary care agency and we needed to be sure that someone would be in. One inspector undertook this inspection.

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 any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Before the inspection, the Commission sent out questionnaires to obtain feedback from five people who used the service, their relatives and friends, 81 staff and 15 community professionals. We received three responses from people who used the service, two from relatives, 28 responses from staff and seven responses from community professionals.

We observed care and spoke with people and staff. We spent time looking at records including 11 care records, four staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with seven people supported by the service in supported living houses, or working at a local country centre or who were living at home and spoke with two relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. Some people we met had communication difficulties and were unable to engage with us verbally. We spoke with the

registered manager, operations manager, team leader, deputy team leader and a member of care staff. We also spoke with a member of staff at the country centre.

The service was last inspected on 6 August 2014 and there were no concerns.

## Is the service safe?

### Our findings

People were protected from abuse and harm by staff who had been trained to recognise the signs of potential abuse. Safeguarding alerts had been raised with the local authority by the provider in the past and all appropriate action had been taken. A recent copy of West Sussex Safeguarding Adults Policies and Procedures was available for staff to reference. Staff confirmed that they had received training in safeguarding adults at risk. One member of staff explained their understanding and said, "Recognising if there's an issue, a change with the client". They went on to name different types of abuse such as financial, physical or verbal.

People's risks were identified, assessed and managed appropriately. Risk assessments within people's care records identified the potential risk and provided advice and action that staff should take to mitigate the risk. Risk assessments had been drawn up in a range of areas such as moving and handling, diet and nutrition, environment, equipment, finances and accessing the community. A risk assessment for one person showed they were at risk of becoming overweight and stated, '[Named person] needs support from staff to make informed choices regarding healthy eating options and a balanced diet', with the level of risk assessed as 'medium'. Risk assessments were generally reviewed every three to six months, depending on the level of risk and updated as needed. Accidents and incidents were reported and recorded by care staff and action taken to prevent reoccurrence.

There were sufficient numbers of suitable staff available to keep people safe and meet their needs. The registered manager stated that all calls were covered for people receiving support at home, even when staff were unavailable at short notice, such as through sickness. Staff worked flexibly to ensure all calls were covered and, if necessary, members of the management team would step in and cover calls. A member of staff confirmed they would cover any changes to shifts and provided support to staff. They told us the registered manager, "Is an excellent role model". Staff rotas showed that some staff delivered care to people in the community, whilst other staff provided care and support to people under a supported living arrangement. Staff felt that they had sufficient time to meet people's needs and time to have a chat. People who received support in the community knew which care staff had been allocated to provide their support at least a week and a half beforehand. Staffing levels provided to people within supported living were allocated based on people's support needs and whether they were able to access the community independently or needed staff with them. Staff were available during the night. Safe recruitment practices were in place. Before new staff commenced employment, references were obtained and checks made with the Disclosure and Barring Service to ensure they were suitable and safe to work with adults at risk.

People's medicines were managed so they received them safely. Some people were able to administer their medicines independently and had been risk assessed appropriately. Staff were trained in the administration of medicines. Errors in the administration of medicines had been identified through monthly audits and these related to the recording of medicines on Medication Administration Records (MAR). People had received their medicines, but staff had omitted to sign the MAR to confirm this. The operations manager said that where gaps in recording were identified, the staff responsible were not allowed to administer medicines again until the issue had been investigated. Staff were checked in their competency to

administer medicines every six months and received annual refresher training.

## Is the service effective?

### Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. New staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. As part of their induction, new staff were introduced to people they would be caring for. A team leader explained, "I do like to do the induction as it's important to have the relationship with the whole family. I know whether new staff will get on with a client". Another member of staff said, "Compared to some places I've worked, they're very supportive and can see potential. The support's there, it's really good. It flows into the houses and the community clients we have".

Staff confirmed that they had completed all essential training in areas such as health and safety, medicines, communication, moving and handling, safeguarding and food and hygiene. The staff training plan showed that staff training was up to date. Additional training was provided to staff based on people's individual needs. For example, one person received their medicines and nutrition through a percutaneous endoscopic gastrostomy (PEG) which is a flexible tube placed through the abdominal wall and into the stomach. This allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and oesophagus. A relative confirmed that staff received specific training on how to use the PEG safely. Staff also received training in areas such as diabetes awareness and communication, including Makaton, a way of communicating through signs and symbols. Staff told us they were encouraged to study for qualifications in health and social care or in management skills. One member of staff told us, "There's always training here" and another staff member said, "Everything I would ask for. They [referring to management] listen to people and staff. What we need to do our job well".

Staff had regular supervision meetings with their line managers and this occurred approximately every six to eight weeks; records confirmed this. A member of staff told us, "Sometimes if we're busy or staff are on annual leave, it can be less. The priority is providing support to people". A team leader confirmed they received supervision with a member of the management team and this also incorporated observations of their work. They told us, "We work alongside each other an awful lot". Records showed that staff received regular supervisions and discussions were recorded and agreed. Staff meetings also took place and staff teams met regularly, in addition to daily contact and handover meetings. A team leader told us about the staff meetings they attended and said, "We discuss every client and every aspect of their support". Another staff member said, "Any problems and ways to improve. [Named registered manager] listens. She always wants staff to give ideas".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Best interest meetings had been held relating to specific decisions that needed to be made on people's behalf. For

example, a best interest meeting was held because the external doors were locked at one supported living house, to ensure the safety of all people living at the house. A decision was made to give one person their own key to the front door as they were independent and had been risk assessed in relation to their safety to access the community. They were able to come and go as they pleased and were asked to let staff know when they were going out and the time they planned to return. They had a mobile phone which enabled them to contact staff if needed. The least restrictive options had been considered and records showed the person had been involved in the decision making process.

Staff had been trained on the MCA. One staff member said, "You look at the individual, what is their capacity and their capability". Another staff member explained, "Never presume because someone has a learning disability that they lack capacity". They described their understanding of the MCA and how they supported people to make decisions.

People were supported to have sufficient to eat, drink and to maintain a balanced diet. One person told us about the support they received from staff to help plan their weekly menu, food shopping and paying the bills, as they lived in their own flat. Staff also helped them to prepare meals. People who lived in supported living were assessed for any nutrition related issues and were weighed, with their consent. Nutrition checklists were completed and kept in people's care records. These recorded whether people ate healthily within different food groups, for example, carbohydrates, fruits, vegetables, dairy products, meat and fish. People's nutrition was evaluated. For example, one person's assessment stated, '[Named person] still overweight, but try and monitor as much as possible and encourage healthy options and gym visits'.

People were supported to maintain good health and had access to healthcare professionals and services. Health action plans had been completed for people which held information about their health needs, the professionals who support those needs and various appointments. Some people with a learning disability had hospital passports in place. These provide hospital staff with important information the person and their health when they are admitted to hospital. Two people who lived independently in the community explained that staff supported them to attend visits to their GP.

## Is the service caring?

### Our findings

Positive and exceptionally caring relationships were developed between people and staff. We observed that staff were kind, warm and friendly with people and were genuinely concerned for their wellbeing. We chatted with one person about their singing and they showed us a video on their mobile phone. The person appeared to lack confidence in their talent and staff were complimentary and extremely supportive to them, reassuring them and chatting about their involvement in competitions and talent contests. Whilst the person was quite self-deprecating, it was clear they appreciated the support from staff, who travelled with them to events, and that this had boosted their confidence to pursue an interest that was very important to them.

A member of staff told us they sometimes booked long weekends away so they could support people on holiday; they were not paid for this, but gave their time freely and enthusiastically. One person was admitted to hospital suddenly, when their relatives were on holiday, whilst being supported by care staff from Egalité Care. The care staff stayed with this person whilst they were in hospital, even though they were told their services were not required as support would be provided by hospital staff. However, care staff knew the person well and that they would become anxious and upset about being looked after by staff they did not know, so stayed with them in hospital. Staff went above and beyond to ensure people were treated with kindness and compassion and supported them to have a meaningful life. The registered manager told us that it was important to cultivate caring relationships between people and staff and said, "We do try and match staff to people". Staff spoke highly of the people they supported and demonstrated an enthusiastic attitude to their work, which was more than a job to them. One staff member said, "The most important thing is to listen to people, they are individuals". Another staff member said, "You build up those relationships and that's the nice thing about the job".

The registered manager explained that they followed the advice given under 'Valuing People': governmental guidelines to improve the life chances of people with learning disabilities and their families to live full and independent lives as part of their local communities. A member of staff at a local country centre referred to the support that staff provided to people at the centre and said, "They always go out of their way to help. They will come to collect someone out of hours. Clients may not have many allocated hours, but staff go out of their way at Egalité". A relative said, "They look after her 110% really, they look after all her needs". They added that staff, "Went the extra mile. They don't rush to leave. If things take longer, they don't just stay the allotted time and go. They make sure everything is done and she has everything". A member of staff said, "We don't turn our back on people. If extra hours are needed, we'll organise it". Staff had contacted a local garage and arranged for one person to help out, as they had a keen interest in cars. They were encouraged to meet with customers who visited the garage and wore a name badge to indicate they were a valued member of staff. This person was extremely proud of their achievement and looked forward to 'going to work'. The opportunity had built up their self-confidence and was a real example of equality and diversity in practice, by the provider and in the local community.

People were encouraged and supported to express their views and to be involved in making decisions about their care. The registered manager had been innovative in a new approach and was in the process of

transferring information in people's care plans into an accessible, easy-read format. They explained they were looking into various options, for example, in the use of Makaton, photosymbols or a 'talking book'. This would help people, with limited communication, to understand their care plan either through pictures or being able to listen as their care plan was read out to them. In the Provider Information Return (PIR), the registered manager stated, 'Clients in the community are sent picture rotas so that they can visually see who will be supporting them. Individuals are supported to develop an easy read version of their support plan so that they can see what support they can expect from their care team and focus on what is important to them'. A relative told us they were involved in all aspects of their family member's care and that any changes were discussed straightaway.

We observed that people were treated with dignity and respect and relatives confirmed this. People had the privacy they needed. For example, in one of the houses, people showed us their bedrooms and explained that they never went to each other's rooms without being invited first. Similarly, staff did not intrude on people's privacy, gave them their own space and only entered people's rooms with their permission.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. Care plans provided information about people's care and support needs in a person-centred way. People's personal needs, wants, desires and goals were at the heart of their care and the support they received was focused on them as an individual. Care plans provided comprehensive information about people, their likes, dislikes, preferences, hobbies and interests. In addition, staff had guidance on how people wished to be supported. For example, one person's care plan included advice to staff on their communication needs. It stated, '[Named person] understands quite complex sentences if she is spoken to and the speech is clear and uses key words, but it is important to check her understanding and encourage her to stop and listen'. The same person had a document entitled, 'This is Me – My Care Passport' which had information under colour codes. 'Red – Things you must know to keep me safe, Amber – Things important to me, Green – My likes and dislikes'. People had support plans that documented how they wished to be cared for by staff and what they would like to achieve. This included their hobbies and interests, what they liked to do regularly and things they would like to do in the future if they had help from staff. Alongside support plans, risk assessments provided a continuum of care, including holiday planning. A member of staff said, "You can help support people to meet others, it's about broadening their worlds".

Care plans included information about people's communication needs, community skills and leisure time, personal care, behaviour that might challenge and emotional needs. Staff told us that communication books were in place for people who lived in supported living houses and enabled staff to understand what people had been doing on any particular day and how they were feeling. These were in addition to verbal communication and informal meetings between staff throughout the day. A team leader told us, "I look after the staff and if there are any problems, take the lead on a lot of people. I speak to relatives. I have really good relationships with relatives". Staff supported people to lead active, independent lives and had supported one person to have a Motability car. One person enjoyed helping out at a local pub by putting beer mats on tables. Other people attended day centres, a local country centre for work or leisure opportunities or were supported by staff to pursue their interests in the community.

Complaints were managed in line with the provider's complaints, concerns and commendations policy. This provided information on how to make a complaint and the time period in which the complaint would be investigated and resolved. A complaints policy was also provided in an accessible, pictorial format. We looked at the complaints received within the last 12 months. The record showed that these had been addressed and managed appropriately to the satisfaction of the complainant. A staff member at a local country centre said, "They address any concerns immediately and carers are brilliant". People we spoke with said they had never had to complain, but if they did, they would contact someone in the office. A relative said they had complained about the lack of communication with office staff, when they had been concerned about staff visiting their home. They told us, "Anytime we have a meeting, we do discuss communication". When asked if they were happy with the service provided by Egalité, they said they were, "100% happy" and that any issues they raised were always dealt with promptly.

## Is the service well-led?

### Our findings

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The provider's Statement of Purpose stated, 'To deliver the highest quality care and support to vulnerable adults, particularly those with comprehensive levels of need, in their own homes or community settings, adhering closely to the principles of the government initiative papers, 'Valuing People', 'Our Health, Our Care, Our Say'. We aspire to develop our reputation in the care marketplace for being caring, innovative and person-centred'. From our observations and findings at inspection, the provider was meeting the requirements they had set out in their Statement of Purpose.

People were asked for their views about the service. Two people who lived in a supported living house told us they had 'house meetings' and said, "We choose what we want", referring to takeaway meals, balanced with the need to eat a healthy diet. Questionnaires in an accessible format were completed by people who used the service and the last survey was concluded in Autumn 2015. People were asked if they were offered choices, including who they lived with, how they wanted to be supported and by whom, whether they could choose their friends and relationships and taking part in the community. Multi-choice responses could be ticked under, 'No never, some of the time, most of the time, yes always'. Results that were analysed showed that 78% of people were always happy with the choices on offer, 19% were happy most of the time and 3% some of the time. Where people raised issues, these were associated with other people they co-habited with in supported living houses and their ability to always live harmoniously in a communal setting. The provider shared a newsletter with people through its website and other information through social media.

Staff felt supported by the management team. One member of staff said there was an 'open door policy' and, "If we have an issue, this will be addressed. You don't have to wait until the next supervision". Questionnaires were sent out to 80 staff members and 18 were completed and returned. Staff were asked about their job satisfaction and one response was, 'Work gives me a feeling of personal accomplishment'. Some staff had issues with the rates of pay and with communication with office staff. As a result, the management team had agreed action to be taken, with a staff pay increase and had recruited a part-time administrator to help in the office. An office meeting held in March specifically addressed the allocation of duties in the office to help focus enquiries and improve communication with staff. Staff were viewed as being members of the Egalité family and a range of benefits had been introduced that enabled the organisation to retain staff and enhance their working conditions.

Staff felt that the service demonstrated good management and leadership. One member of staff said, "There's been a lot of changes and, even though we're bigger, it's still really friendly". They went on to say, "Communication across the board is really good. It's very informal at Egalité. This is my life, it's my choice". Another member of staff felt supported and said, "Management is just a 'phone call away" and that, "The biggest thing for me – it's like being part of a family. You're nurtured and encouraged to grow. Support is at the end of the 'phone". A third member of staff told us that if there were any changes or new legislation that affected their role, then they received updates on these from the provider and were kept informed. A staff member at a local country centre spoke highly of the service and told us, "Staff are flexible. We have a really good working relationship. I hope the Egalité team feel included here [referring to the country centre]. They

always seem to muck in".

High quality care was delivered and this was confirmed by care professionals and in the commendations and compliments received from a variety of people, including relatives. A social care professional had written to say, 'I was very impressed with the standard of care being provided and the professionalism of the staff I met. [Named house] is clearly superbly managed and the clients are reaping the benefits by having both a safe and friendly home to live in, as well as a structured week with a good variety of activities in the community, not to mention regular holidays'. In response to the questionnaire sent out by the Commission, one health care professional stated, 'Physical care is often complex. The agency contact me to make sure that staff are up to date with programmes/training and are competent. I provide guidelines and the managers ensure these are disseminated to staff'. In response to a questionnaire sent out by the Commission, 100% of the community professionals surveyed felt that, 'The service tries hard to continuously improve the quality of care and support they provide to people'. A relative stated, 'She is very happy and I could not have wished for more. Many thanks to each and all at Egalité'. Staff told us, "I think it's the way our clients are thought of in every aspect. It's the involvement of the family". Another member of staff said, "Everybody helps everybody else" and talked about the 24 hour support provided and that there was always someone on call. We asked another member of staff what they felt was 'good' about the service and they told us, "I think the quality of service we provide. It's really person-centred. [Named registered manager] considers the client mix too".

One of the provider's care staff came first in the category of 'Best Homecare Worker' in the 2015 West Sussex Care Accolades awards ceremony. Another care worker came third in the 'Unsung Hero' category. This acknowledgement of excellent practice demonstrated staff members' dedication to the values of the service and to the people they cared for.

A range of audits was in place to measure the quality of care delivered and drive improvement. There were plans to change the format of care records to make them more accessible and understandable by people living with a learning disability (see 'Caring'). In addition to the audit relating to the management of medicines, audits were in place associated with visits to people in the community, including their satisfaction of the service and timekeeping of staff. Accidents and incidents were analysed and these related, in the main, to behaviour related incidents between people.

In the Provider Information Return (PIR), the registered manager stated, 'Feedback from a recent staff survey and client survey has informed our business planning for the coming 12 months so we can continue to improve the way the service is led'. In addition, the PIR stated, 'Clients and their families are in contact with managers for verbal feedback as well as other professionals involved in the person's care. Actions agreed from audits, supervisions or feedback questionnaires are monitored and reports are developed to identify the actions taken'.

The service demonstrated a commitment to work in partnership with other agencies, to improve the quality of services for people in their own organisation and to promote best practice with external organisations. A staff member at a local country centre valued the relationship and said, "I'm really impressed, they're always quick to address any issues. Out of all the services we work alongside, they are the best". The management team met with other similar providers to discuss any issues and work as a collective to drive improvements in the learning disability sector in West Sussex. Members of the management team were registered nurses, delivered training externally and shared their professional expertise outside of the organisation. For example, in the administration of a particular drug, Buccal Midazolam and in the safe administration of fluids via PEG feeding. The provider kept up to date with good practice through membership of a range of local and national organisations relating to autism, housing, learning disability, small businesses and care

partners. The provider had signed up to a code of practice with an external organisation that committed them to driving up quality in learning disability services. The code of practice related to a commitment to listen to people the service supported and to enable people to build lives that had meaning for them.