

# The Papworth Trust

# Ipswich

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Ipswich is a domiciliary care agency. It provides personal care to people who live in their own houses or flats. It provides a service to adults. Not everyone using Ipswich receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. This service also provides care and support to people living in a 'supported living setting', 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.

At the time of this announced comprehensive inspection of 15 and 18 June 2018, there were eight people who used the service and received 'personal care'. The provider was given 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people so that we could visit them in their homes to find out about their experience of using the service.

When we completed our previous inspection on 17 November 2015, we rated the service overall Good. The key question Safe was rated as Outstanding. The key questions, Effective, Caring, Responsive and Well Led were rated Good. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework some topic areas in Safe are now included under the key question of Responsive. At this inspection 15 and 18 June 2018 we found that the key questions Safe, Effective and Caring were Good. The key questions Responsive and Well Led had improved to Outstanding. Therefore, the service had improved to an overall rating of Outstanding and met all the fundamental standards we inspected against.

The service had a registered manager. 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. Statutory notifications received showed us that the registered manager understood their registration requirements.

Ipswich was exceptionally well led. The service provided high quality care and support to people to enable them to live the lives they wanted and to remain in their own home. There was visible and highly effective governance in an open and transparent culture that resulted in an organised and well-run service. The registered manager demonstrated an open, reflective leadership style working in partnership with other stakeholders to drive continual improvement within the service and local community.

Morale was extremely high within the service with employees describing how well supported and appreciated they were by the registered manager. All of the staff were proud of where they worked and told us they felt valued and respected. They shared positive experiences about the leadership of the service, and

how they were continually motivated and encouraged to professionally develop by the registered manager.

The registered manager was able to demonstrate how their robust quality assurance systems had sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and led by example. They were supported by a management team, office staff and support workers that were passionate and fully committed to delivering the highest standard of care to each person.

Without exception people and their relatives were extremely complimentary about their experience of using the service. They were full of praise about their support workers and described how they were provided with personalised, tailored care by support workers who fully understood their individual needs. Support workers and the management team had developed positive relationships with people and knew them well. Support workers consistently protected people's privacy and dignity and promoted their independence.

People were enabled by the service to make choices about their care and support arrangements and to have as much control and independence as possible. Care and support was consistently delivered in line with people's needs and promoted equality. Everybody we spoke with said that they would highly recommend the service.

Detailed care and support plans were in place. These covered all aspects of a person's health, social and personal care needs, how they wanted to be supported, their daily routines and preferences. The care plans were regularly reviewed and updated. Where changes were identified people's care packages were amended to meet their changing needs. The service was extremely flexible and responded positively to people's requests where possible.

People's feedback was valued and acted on. Their comments, concerns and complaints were appropriately investigated and responded to and used to improve the quality of the service.

Ensuring people received safe quality care and were fully protected continued to be integral to the running of Ipswich. The registered manager was clear about the importance of keeping people safe and their expectations relating to how the service should be provided and led by example. All of the staff understood their roles and responsibilities and the importance of keeping people safe. This encouraged creative, innovative and practical thinking in relation to people's safety and managing risk.

Robust procedures and processes to ensure the safety of the people who used the service had been fully embedded. These included risk assessments which identified how the risks to people were minimised but also ensured their rights and choices were promoted and respected. Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

A culture of listening to people and positively learning from events so similar incidents were not repeated had been established. As a result, the quality of the service continued to develop. The registered manager shared and discussed examples with their team of accidents and incidents that had occurred within the care industry to learn from these experiences and to drive the service forward.

Staff had received safeguarding training and understood what actions to take to protect people from abuse. They continued to be confident in describing the different types of abuse that may occur and how it should be reported.

Robust recruitment checks were carried out with sufficient numbers of support workers employed who had

the knowledge and skills through regular supervision and training to meet people's needs.

Where support workers and or the management team had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required, people were safely supported with their dietary needs. There were infection control procedures and equipment in place to guide support workers in how to minimise the risks of cross infection.

People were supported to have maximum choice and control of their lives and were supported by staff in the least restrictive way possible; the policies and systems in the service supported this practice.

Feedback from professionals involved with the service cited collaborative and extremely effective working relationships

## 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.

Established systems protected people from the risk of abuse and harm.

People were enabled to take positive risks to maximise their control over their care and support.

Technology and creative thinking ensured people lived with minimum restrictions as possible.

There were sufficient numbers of support workers who had been recruited safely and who had the skills to meet people's needs.

People's medicines were managed in a safe way.

People were protected from the risk of infection.

Accidents and incidents were recorded and reviewed regularly.

### Is the service effective?

Good ●

The service remains effective.

Support workers had the skills, knowledge and experience to meet people's needs fully.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

The service worked with other organisations involved in people's care to provide a consistent service.

People were supported to have access to health professionals where needed.

Support workers acted in accordance with the Mental Capacity Act 2005 and ensured people's rights were respected and upheld.

### Is the service caring?

Good ●

The service remains Good.

People told us the support workers were kind and considerate, respected their preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

People's independence was promoted and respected.

### Is the service responsive?

The service was very responsive

People were at the heart of the service and received exceptional care that was personalised and tailored to meet their individual needs and wishes.

People and their relatives, where appropriate, were involved in contributing to the planning of their care and support. They could be confident that their preferences, needs and what was important to them was known and understood by their support workers.

People's care needs were regularly reviewed and care packages were adjusted promptly if necessary.

Support workers enabled people to maintain relationships that were important to them, such as family and friends. People were encouraged and enabled to access the community, pursue their hobbies, participate in activities of their choice and enjoy a quality of life.

People knew how to complain and share their experiences. Their views and opinions were actively sought, valued and listened to. Feedback about the service was extremely complimentary.

Concerns and complaints were thoroughly investigated, responded to and used to improve the quality of the service.

People's preferences about their end of life care were documented.

**Outstanding** 

### Is the service well-led?

The service was exceptionally well led.

**Outstanding** 

Dynamic leadership was demonstrated at all levels. The registered manager promoted the highest standards of care and support for people; delivered by a passionate and highly motivated workforce.

There was an open and transparent culture at the service. All the staff described being well supported by the registered manager and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to continually monitor and improve the quality and safety of the service provided.

The service had established strong community links, worked in partnership with various organisations, including the local authority, community nurses and, GP to benefit the people they cared for and the local community.

# Ipswich

## 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 announced comprehensive inspection on 15 and 18 June 2018, was carried out by one inspector. The provider was given 48 hours' notice because it is a small service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to make arrangements with people so that we could visit them in their homes to find out about their experience of the service.

As part of our inspection planning, we requested that the provider complete 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. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission (CQC) about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

Inspection activity started on 15 June and ended 22 June 2018. The inspector visited the office location on 15 June 2018. We received electronic feedback from four members of staff and six community professionals involved with the service. We met with four people who used the service and two relatives. We spoke with the registered manager, two supervisors and eight support workers. We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

On 18 June 2018 with their permission, we visited two people in their 'supported living' setting and spoke to one person's relative. We also spoke with a support worker. Some people had complex needs, which meant they could not always readily tell us about their experiences. They communicated with us in different ways, such as facial expressions, signs and gestures and used communication aids. On both days of the inspection



we observed the way people interacted with the management team and support workers.

# Is the service safe?

## Our findings

At our last inspection of 17 November 2015, the key question Safe was rated as Outstanding. We reviewed and refined our assessment framework and published the new assessment framework in October 2017. Under the new framework some topic areas in Safe are now included under the key question of Responsive. At this inspection of 15 and 18 June 2018, ensuring people received safe quality care and were fully protected continued to be integral to the running of the service. The registered manager was clear about the importance of keeping people safe and their expectations relating to how the service should be provided and led by example. All the staff understood their roles and responsibilities and the importance of keeping people safe. The rating is Good.

The service continued to promote a transparent and open culture that encouraged creative thinking, innovative and practical approaches in relation to people's safety and managing risk.

This included using assistive technology such as a seizure watch to ensure people's safety whilst maintaining their independence. For example, for a person who had experienced several unexplained falls/suspected seizures. It was important to this person to maintain their space and freedom and be mobile. Being monitored 24 hours a day by support workers would have placed restrictions on this person's movements making them distressed and triggering behaviours that can challenge. Whilst identifying the cause of the falls with healthcare professionals was ongoing, the service wanted to minimise the sustained injuries notably to the face the person was experiencing. They explored different assistive technology options and worked with the person who had never worn a watch before to help them get used to wearing a seizure watch. The seizure watch monitored 'abnormal movement' alerting support workers of changes so they could immediately check on the person's safety and well-being instead of constantly monitoring them. This meant that the risks were reduced to the person without their independence being compromised.

The service championed the use of assistive technology to meet people's needs. Within the 'supported living' setting, there were door sensors on each flat so that support workers could be alerted if a person left their flat unsupported. When a support worker leaves a person unsupported, the door sensors were activated on a discrete pager system. The system was also linked to the front door as an intercom system and call system between support workers. The system enabled people to continue to have freedom of movement around their own homes and within communal spaces whilst still being continually supported. In addition, the system respected people's need for privacy without compromising their safety.

For another person assistive technology was used to maximise their dignity regarding personal care. An infra-red bed sensor was in place which alerted support workers when the person moved around in the bed so they could attend to any personal care needs immediately. This had reduced the number of nightly checks being made which disturbed the person and as support workers were alerted to the need for support as soon as the person required it, had also reduced the person's anxiety of waking up alone.

Support workers and the management team continued to demonstrate a high level of understanding of the need to keep people safe. People and relatives confirmed that sympathetic support and appropriate

information was provided if they raised any concerns. Information about keeping people safe was promoted, highly visible and provided to people in line with the Accessible Information Standard. This law aims to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need. In addition, the service had worked in partnership with charities and local authorities to develop a poster promoting the right for people with learning disabilities to live in safety, free from abuse or neglect with contact numbers and information for people to use if they were at risk. These posters were displayed in communal areas of the office building accessed by people who used the service and people who also attended groups and activities the provider held there. The posters were also displayed in the office area and staff toilets at the 'supported living' setting. The registered manager explained how the posters helped to raise awareness and gave examples of people being encouraged to speak up and to seek support if they needed to.

People told us that they felt safe and comfortable with their support workers. One person said, "They [support workers] are lovely. They help me to be safe. I like them all." Another person told us, "They make sure I am safe, remind me to lock up properly when we go out." A relative told us, "I am 100% confident that they [support workers] look after people well and do everything possible to keep them safe." Another relative said, "Safety is a priority; all the support workers are aware of risks and know how to keep people safe and happy. [Person] loves going out but has no road awareness. The support workers help [person] to access the community safely; they are always out and about."

Support workers knew how to keep people safe and protect them from harm; they were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. When concerns were raised, the management team notified the local safeguarding authority in line with their policies and procedures and these were fully investigated. We found that lessons were discussed and disseminated to staff through team meetings, so that prevention strategies could be used to prevent others experiencing similar events. A support worker said, "I would have no problems raising any issues or concerns. I have reported bad practice in the past; it was immediately acted on by the manager." A professional commented, "I was impressed that with regard to the safeguarding of a vulnerable person, the staff were keen to ensure [person's] views were listened to." They added that the service had dealt with the safeguarding issue, "swiftly and effectively and always mindful of the [person's] view, welfare and well-being."

The service continues to prioritise keeping people safe, focusing on how it can develop and improve its 'safety management systems'. The registered manager regularly attends the provider's safeguarding lead meetings to share best practice, receive information and to drive improvement within the service. They also attended the provider's safeguarding governance board, acting as a conduit to the operational side of the organisation to ensure staff were kept up to date. The registered manager shared with us how they had worked with the provider's safeguarding co-ordinator in developing safeguarding guidance specific to the use of falls management and medication errors to ensure a consistent approach in managing staff in line with the provider's values and current best practice.

Risks to individuals were well managed. People had detailed up to date risk assessments to guide support workers in providing safe care and support. This included nationally recognised tools for assessing any nutritional risks or risks associated with pressure damage to the skin. People who were vulnerable because of specific mental health needs such as bi-polar, and schizophrenia as well as learning disabilities, autism and other conditions such as diabetes and epilepsy had clear plans in place. This guided support workers to the appropriate actions to take to safeguard the person concerned. This also included examples of where healthcare professionals had been involved in the development and review of care arrangements. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely

and consistently. The focus was on enabling people to remain safe but for this not to restrict their independence or choices wherever possible. Feedback from a professional described how the service collaboratively worked with them when risks had been identified to keep a person safe stating, "Staff adhered to dysphagia recommendations I made and were open about any questions or uncertainties they had, so we could address any points I had not made explicit or which staff had noted may not be working as in the way we had anticipated."

Where people needed support with behaviours that may be challenging to others, their care records guided support workers in the triggers to these behaviours and to the actions required to minimise the risk of their distress to themselves and others. This included prompts for support workers to be patient, provide reassurance, give people time to process information and to use agreed strategies to help settle them. Records seen showed that this had led to a reduction in incidents related to people's behaviours. A relative described the positive relationship in place between them and the service which supported continuity of care for their family member, "They [support workers] are incredibly versatile and adaptable knowing which approach to take with [person]. They know how to manage and deescalate the situation and how to calm [person] down. They share with us the techniques and routines they use so that when [person] visits us we maintain the consistency."

The staffing level continued to be appropriate to ensure that there were enough support workers to meet people's needs safely. People were introduced to support workers before they supported them. One person said, "I know who is coming and when." Support workers told us that there were enough staff to cover people's care visits and when working in the 'supported living setting'. This meant that people were provided with consistent care from support workers who were known to them.

There were sufficient numbers of support workers to meet the needs of people. The registered manager explained how they did not take on care packages unless they were assured they had the sufficient number of support workers to provide the level of care and support required. The registered manager regularly delivered care to people which helped them to maintain relationships with people and to check support workers were competent.

People and relatives told us that the support workers visited within the timescales agreed at the start of the care provision and at ongoing reviews. Conversations with people, relatives and records seen showed that there had been no instances of visits being missed and that they were provided with regular support workers which ensured continuity of care. One relative confirmed, "[Person's] carers are well known to us, been with the service a long time, we are like a big family now."

The service continued to maintain robust recruitment procedures to check that prospective care staff were of good character and suitable to work in the service. Support workers employed at the service told us they had relevant pre-employment checks before they commenced work to check their suitability to work with people.

There were suitable arrangements for the management of medicines. One relative said, "The support workers help [person] with all of their medications, including reminding and prompting them when to take it and making sure they do take them." Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. People's records provided guidance to support workers on the level of support each person required with their medicines and the prescribed medicines that each person took. People were provided with their medicines in a timely manner.

Support workers were provided with medicines training. The management team carried out competency

checks on the staff and audited people's MAR charts to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and further support for support workers where required.

Support workers were provided with training in infection control and food hygiene and understood their responsibilities relating to these subjects. There were systems in place to reduce the risks of cross infection including providing support workers with personal protection equipment (PPE), such as disposable gloves and aprons.

The registered manager made changes to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors, for example with medicines had been identified. The management team followed this up with competency checks to ensure best practice. The registered manager had also made changes after a review of the risk assessment documentation, implementing a new template designed to be clearer for care staff to follow. The registered manager described how outcomes from legal cases within the care industry were shared to promote awareness, ensure best practice and consistency of care within the service. They described how the outcomes from a legal case involving choking had initiated a proactive review of their pre-assessment and risk assessment processes and they had updated their forms to make their processes more robust. This showed that people continued to be provided with safe care tailored to meet their specific needs.

# Is the service effective?

## Our findings

At our last inspection of 17 November 2015, the key question Effective was rated as Good. At this inspection of 15 and 18 June 2018, we found support workers continued to be provided with the necessary training, ongoing support and the opportunity to professionally develop. People continued to have freedom of choice and were fully supported with their dietary and health needs. The rating remains Good.

People's care and support needs continued to be assessed holistically. This included their physical, mental and social needs. The registered manager and support workers worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. Positive relationships were maintained with local GP's and pharmacy. Feedback from professionals involved with the service confirmed that appropriate referrals were made and guidance was acted on.

People and relatives confirmed that the support workers had the skills and knowledge to provide people with the care and support they needed. One person commented, "My support workers know what to do." A relative shared with us, "The support workers are well trained, very capable."

Training and development systems had been established which promoted person centred care and embedded best practice within the service. This included an induction for new employees consisting of the provider's mandatory training such as moving and handling, medicines and safeguarding. Additional training to meet people's specific needs was also provided this included: epilepsy, autism awareness, diabetes and glucose testing, pressure care and disengagement and assault avoidance. One support worker said, "The training is excellent; relevant to the job. If you want more support or have ideas for further training you just let management know." Another support worker said, "We have lots of training including refresher updates. Regular supervision. I feel fully supported by the management team. [Registered manager] is hands on, very involved. Sometimes will work alongside you on shifts so knows the staff and people really well."

Support workers told us and records showed that support workers were encouraged with their career progression. This included being put forward to obtain their Care Certificate, if they were new to the health and social care industry or completing nationally recognised accreditation courses and or qualifications. The Care Certificate is an identified set of 15 standards that sets out the knowledge, skills and behaviours expected of health and social care workers.

Records and discussions with support workers showed that they continued to receive one to one supervision and appraisal meetings. These provided support workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "I am trying to eat better and lose weight. They [support workers] are helping me." A relative told us, "They prompt and encourage [person] to eat well and wherever possible to make healthy choices." Where support workers identified concerns, for example, with people maintaining a safe and

healthy weight or if people were at risk of choking, they contacted relevant health professionals for treatment and guidance. Where guidance had been provided relating to people's dietary needs, support workers recorded this in people's care records to guide colleagues in how risks were reduced.

People continued to be supported to live healthier lives by receiving on-going healthcare support. The registered manager and support workers actively advocated for people and shared examples of how they had ensured people's health needs were met. Records confirmed that people had received the help they needed to see their doctor and other healthcare professionals such as community nurses and psychiatrists. One person described how the support workers supported them to attend healthcare appointments, "They take me to the dentist, doctor and hospital when I need to go." People's care records reflected where support workers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken, in accordance with people's consent. This included prompt referrals and requests for advice and guidance, which was acted on to maintain people's health and wellbeing.

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 if the service was working within the MCA principles.

Support workers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that support workers had received training in the MCA. Guidance on best interest decisions in line with the MCA was available in the office as well as in the employee handbooks.

People were asked for their consent before support workers delivered care to them, for example, with personal care or assisting them with their medicines. We observed this practice during the visits to people's homes, the support workers and registered manager listened and acted on people's decisions. This also included respecting someone's wish to be left alone when they had refused support. One person said about the support workers, "They check what I want and need doing." Where possible, people had signed their care records to show that they had consented to their planned care and terms and conditions of using the service.

# Is the service caring?

## Our findings

At our last inspection of 17 November 2015, the key question Caring was rated as Good. At this inspection of 15 and 18 June 2018, people and relatives continued to be complimentary of the approach of the support workers and management team. People's independence and privacy was consistently promoted and they were treated with respect and dignity. The rating continues to be Good.

People, relatives and professionals spoke of the high standard of care and support provided by the service. A culture of developing positive caring relationships that enabled people to lead the life they wanted had been established. The registered manager supported by their management team, promoted a sense of compassion and care for everyone involved with the organisation. Emphasis was placed on building relationships of trust and friendships with people to keep them safe and to fully support them in line with their wishes, whilst promoting dignity and respect throughout. A support worker told us, "It's about giving people a quality of life, supporting and caring for them on their terms. I feel privileged to do it."

People received care and support in line with their preferences by kind and compassionate support workers. People were comfortable and at ease in the company of their support workers laughing and joking with them. One person confirmed this saying, "We all have a laugh and giggle. I like them; they are good to me. I can tell them anything. When I am sad I tell them and they make me smile and laugh." A second person smiled and gave a thumbs up when we asked if they were happy with their support workers.

Feedback from relatives about the approach of the support workers was complimentary. One relative shared with us their positive experience of the support workers, "They know how to get the best out of [person]. They understand [person] and are very caring and help [person] to have a good life. They encourage and support [person] to do things like fishing and going out to places which [person] enjoys. They are aware of any risks and know how to manage changes in behaviour with minimum fuss. They know [person] really well, everything works really well; couldn't ask for more. They care for [person] like they were family." Another relative commented, "All the staff are very caring, you can see they have developed a good relationship with [person], they like working with [person] and are not fazed by any challenging behaviours. They understand [person's] needs and put them first. They can see what a great character [person] is and go above and beyond to look after them."

People were supported to express their views and be actively involved in decisions about their care. One person said, "I'm happy to tell my support workers what I like and don't like. They listen to me." Information was available to people in formats they understood to assist them in making decisions about their care. This included access to independent advocacy services and healthcare services. This information was displayed in the office and made available to people in their homes.

Support workers were knowledgeable about people's individual needs and preferences. They consistently spoke about people in a caring and affectionate way and knew what mattered most to them. One support worker said about their job, "I love what I do. Knowing I am supporting [person] to lead their life on their terms, to do what they want when they want. It's about their choices, encouraging them to be as



independent as much as they can. It is very rewarding to be a part of that." All the staff, including the support workers, management team and staff based in the office, spoke about people with consideration and respect. We heard this when office staff spoke with people by telephone or face to face on the days of our office visit and when we visited people in their homes.

The registered manager shared several examples with us of where the service had worked closely with people, their relatives and other health and social care professionals, to ensure the person received compassionate care tailored to their individual needs. This included attending meetings to discuss strategies where concerns had arisen about a person's health and wellbeing. One professional fed back to us, "Staff always put the service user first, they speak respectfully about service users and made accurate and insightful observations which enabled more holistic and effective support."

People's care records were detailed and identified their specific needs and how they were met. The records reflected that people were involved in their care and support arrangements and their views were considered and wherever possible acted on. This included requests for different visit times, change in support workers, support accessing the community and help with making and attending appointments. One person said, "I choose what I want to do. I trust [names of support workers] we talk about things I need help with and it goes in my support plan." Another person said, "I didn't like [support worker] I told [registered manager] and they don't come anymore." A third person said, "When I go to the hospital my support worker takes me and helps me with [transport]."

People told us they were encouraged to be independent. One person said, "They [support workers] help me to do things for myself. I need support with cleaning my home and taking my tablets. I can do most things on my own but sometimes need help with [personal care]. People's records provided guidance to support workers on the areas of care that they could attend to independently and how this should be promoted and respected. One relative said about the support workers, "They help [person] with brushing their teeth, this used to be a real problem but they have found a way to get [person] to do this. I have been very impressed by this."

People's right to privacy and dignity was respected and promoted. Support workers continued to speak about and to people in a compassionate manner. They understood why it was important to respect people's dignity, independence, privacy and choices. One person told us, "My support workers listen, talk nicely to me and do a good job looking after me." During the home visits we saw support workers knocking on doors and calling out to people before entering rooms in their homes.

## Is the service responsive?

### Our findings

At our last inspection of 17 November 2015, the key question Responsive was rated as Good. At this inspection of 15 and 18 June 2018, we found the service had continued to develop. People were consistently provided with highly personalised, tailored care and supported to live active and fulfilling lives. Support workers took the time to ensure every small detail of the care and support provided met the person's individual needs and wishes. People's care and support plans had been planned, developed and agreed proactively in partnership with them or their representatives where appropriate. These were regularly reviewed and amended to meet changing needs. Therefore, the rating has been changed to Outstanding.

People received exceptional care and support that was highly responsive to their individual needs. This included supporting people with complex needs when they were admitted to hospital. For example, the service had worked proactively in partnership with the hospital in developing a protocol for one person to determine if their usual one to one support at night should remain alongside their comprehensive hospital plan. This was in result of a previous stays where the person became distressed and anxious and displayed behaviours that challenge, preventing them from receiving the treatment they needed. By advocating for the person and working collaboratively with the hospital, the service ensured the person received continuity of care from support workers who knew them well and could support the person with personal care. This meant the person was able to receive the healthcare they needed.

The service recognised the needs of different people and delivered care and support that met these needs and promoted equality. For example, advocating on the behalf of one person to ensure reasonable adjustments in line with the Equality Act were made by collaborating with other professionals to seek alternative treatments to support them with their health needs.

People received a highly bespoke service of one to one support with a named key worker. Care and support was tailored to meet people's changing needs. For example, exploring different techniques and strategies to support one person to attend healthcare appointments as per their health action plan. Prior to the service being involved appointments had been missed as the person experienced distress and would refuse to go. Support workers and the registered manager described how several attempts were made before finding an approach that worked. They explained how support workers used a learning log for each attempt to consider what went well, what had not worked and what else could be tried. They reviewed information on what had happened in the past to avoid reoccurrence and utilised the knowledge they had developed of the person to adapt their approach to create a new routine that supported the person to successfully attend their appointments.

One person described their positive experience saying the support workers, "Understand me. They are my friends; help me to look after myself. Listen to me. We have a laugh." Another person commented, "They [support workers] help me to do things I want and to have a nice life." A relative commented, "The care provided has enabled my [family member] to remain in [their] home and be independent and safe within the community. They are caring, flexible and adaptable to any change in need. They know [person] really well and fully in tune with their needs." They went on to describe how the support workers knew how certain

news stories could trigger anxiety episodes and used distracting techniques to reassure the person.

Visiting professionals said that the service was focused on providing person-centred care and support, and achieved exceptional results. One professional said the service, "Provides support which has the person at the centre, they communicate successfully and are very responsive to people's needs." Another professional commented, "The manager and staff I have seen, take each person's individual needs into consideration, with a thorough understanding of their complex needs. People's health and welfare are paramount in the delivery of their support/care. In addition, there are effective processes in place when dealing with people's "changeable" needs."

People's care and support records were highly personalised focussing on positive and enabling language and outcomes for people. The records provided guidance to support workers on people's preferences regarding how their care was delivered. This included information about their preferred form of address and the people that were important to them. The records covered all aspects of an individual's health, personal care needs and risks to their health and safety. This information enabled support workers to get to know people quickly and to care for them in line with their wishes.

People had an up to date version of their care and support plan in their homes. These records were detailed, kept under regular review and a version held securely in the office. There were comprehensive instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for the support workers to promote and respect people's dignity. In conversations with support workers they demonstrated an enhanced knowledge and understanding of what mattered to people. This was reflected in the detailed care records we had seen which showed they were accurate and relevant.

People's views were actively encouraged through regular meetings with their key worker, care reviews and annual questionnaires. Where appropriate independent advocates were involved in the process to promote the voice of the person who used the service. One person said, "[Key worker] checks I am happy with my support, if everything is okay?" They shared their support plan with us and told us they had signed it to show they agreed with the content and said, "It is all up to date." Another person told us with the help of their advocate they had, "Filled in a form about what I thought of the support workers, said I was very happy."

Relatives involved in the ongoing development of people's care arrangements shared positive examples of working with the service. One relative said about the support plan, "It's been reviewed regularly. [Key worker] contacts us and we sit down and go through what's in place if there are any changes to be made." Another relative commented, "When [person] wasn't well changes were made and they contacted me as they wanted to update the support plan and make sure things like the meds [medicines] were correct."

The service was an active champion for people, for example, applying a sensitive approach when supporting people to maintain complex relationships that were important to them and their well-being. The service worked with an independent advocacy group to design bespoke training to support people to be socially accepting of different lifestyle choices so that they were safer in the community and support workers were protected from prejudice.

The registered manager explained how support workers were provided with extensive training in recognising, reporting and recording changes in the health, well-being and behavioural patterns of people. If a support worker was concerned by a change in the person they would notify the office and appropriate action would be taken to ensure the safety and well-being of the person. A recent example they shared with us included working in partnership with the Speech and Language therapy team to ensure a person

continued to be safe living in their home.

The service had a strong ethos of ensuring people were actively encouraged and enabled to pursue their hobbies, participating in meaningful activities to support them living as full a life as possible. Arrangements for social activities were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. The office was located within the building where the provider, Papworth Trust, also ran a day centre for people with learning disabilities. This included life skills, arts and crafts and clubs for gardening, cooking, music and singing. Some people were supported to attend this day centre where they were provided with the opportunity to develop friendships and to pursue their hobbies and interests such as fishing.

There was regular coffee and cake mornings that was organised by the service to bring people together to limit social isolation. This showed us that the service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained.

There were numerous compliments received about the service within the last 12 months. Themes included 'caring support workers who go the extra mile' and 'families feeling supported during a crisis' by the service.

People and relatives told us that they knew how to make a complaint and that their concerns were listened to and addressed. People were provided with accessible information about how they could raise complaints in information left in their homes. One person said, "I know what to do if I was not happy. I would ring [registered manager or key worker] they would sort it out." A relative told us, "[Person] has been with the service years, never had to make a complaint. It never gets that far. If something isn't quite right I ask one of the support workers and its sorted immediately. If it wasn't I would ring the office or speak to [registered manager]." Another relative said, "Whenever I have had to call the office any issue or concern is acted on straight away. I have no cause to complain. Everything is most satisfactory. Any form of feedback is seen as chance to improve or make things better for [person]; that is a refreshing attitude to have."

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. This included improving the communication processes around personnel changes in the service. The registered manager demonstrated how they took immediate action if people indicated they were not happy with the care received. For example, changing a support worker or the visit time. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications and providing staff with additional training or support where required.

No one at the time of our visit was receiving end of life care. However, support workers, the registered manager and records showed us that the wishes and preferences of people, including if they wanted to be resuscitated, had been sought and these were kept under review. Support workers were able to tell us how they would ensure that a person had a comfortable and pain free death. The registered manager advised us they were planning further training and support to staff on advance care planning (ACP), working closely with the local hospice team. ACP is used to describe the decisions between people, their families and those looking after them about their future wishes and priorities for care.

We received positive feedback from a professional who shared with us that their friend had used the service and consistently received quality care and support including at the end of their life. They stated, "The staff there were kind and supportive, they gave [person] personalised space, were creative about solving the

problems that they encountered, and welcomed those of us that were [person's] friends. [Person] was not always an easy person but most of the staff there were able to relate to the charming side of their personality. [Person] thrived in that setting in terms of their happiness, though their physical wellbeing was declining. During the last weeks of [person's] life they were surrounded by people who were caring. Several times when I was there staff popped in from other projects on their time off to see [person] and to support their colleagues. [Person's family member] was able to spend time with [person] and also get the support of the team. Every time I called in I was made to feel welcome and given a chance to spend time alone with [person]. Including the time that I arrived at one o'clock in the morning because I felt the need to see them."

## Is the service well-led?

### Our findings

At our last inspection of 17 November 2015, the key question Well-Led was rated as Good. At this inspection of 15 and 18 June 2018, we found there was dynamic leadership in the service. Support workers told us they were valued and respected by the registered manager. The registered manager was proactive and took action when errors or improvements were identified. They demonstrated how lessons were learned, how they helped to ensure that the service continually improved to provide people with individualised personalised care. Therefore, the rating has been changed to Outstanding.

Feedback was extremely positive from people and the relatives we spoke with about the exceptional leadership arrangements in the service. People told us the registered manager actively engaged with them and knew them well. They described how the registered manager was always available and approachable. One person said, "[Registered manager] is in charge and is very nice." Another person said, "I know who is in charge. I see them whenever I want. They ring me up sometimes and check I am okay." A relative shared with us, "The manager is totally brilliant. Very understanding and supportive. Listens to you, very considerate. Makes time for people and their families. If you want to speak to [registered manager] it's never a problem. We are like a family. They have been a big part of our lives now for so long, been a tremendous help. I can't speak highly enough of them and their team. It's a fantastic service, [person] has come on so much with their involvement, yes, I would highly recommend it. They are like family and we would be lost without them."

The registered manager had established an open and inclusive culture within the service. There had been personnel changes at the start of the year, which had impacted on staffing but these had been addressed and morale was high. Without exception, all the staff we spoke with described being proud of where they worked, of being part of an effective team and were highly motivated to provide a positive experience for people. They understood their roles and responsibilities and how they contributed towards the running of the service. This was in line with the provider's vision and values of ensuring people were at the heart of the service and received high quality personalised care. One support worker commented, "I am part of a company that values you, recognises what you do and is well managed. We are a team. The management team are really supportive and always available. They listen to what us support workers say and deal with any issues straight away. They are open to ideas about improving the service and value our comments." A third support worker added that the registered manager, "Provided regular supervision and feedback and has worked with me positively and constructively."

Several support workers took the time to email us about their positive views of working at the service. One support worker stated, "Coming from a non-care and completely different environment! I've supported customers alongside other brilliant support workers offering such a great level of care. The work Ipswich Papworth do is truly inspiring to promote independence and well-being to the lives of those with learning disabilities. It's a not a known thing (again coming from a non-care background) how learning disabilities can be so challenging in everyday life, for Ipswich Papworth to do what they do to support and encourage the people we support is brilliant and I'm glad to be a team member supporting them. I work alongside great team members, supervisors and manager to offer the greatest level of support to people."

People received individualised personalised care and support from a competent and committed work force because the registered manager encouraged and enabled them to learn and develop new skills and ideas. For example, support workers told us how they had been enabled to undertake professional qualifications and if they were interested in further training this was arranged. A member of staff said, "The training is detailed, sometimes intense but always relevant."

Support workers all told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They told us their feedback was encouraged and acted on. One support workers said, "I have regular supervision and the manager and seniors sometimes work alongside you so are fully aware of what is going on. They are all approachable and on hand if you ever need them. You don't have to wait till team meetings or supervision if you need support." Another support worker said, "We work well as a team; share knowledge and practical tips to make sure we do right by people." Records seen confirmed that staff feedback was encouraged, acted on and followed up at the next team meeting alongside internal communications updating the workforce.

Within the last year the registered manager had implemented several positive changes to continue to encourage feedback from the workforce. This included introducing 'hot topics' to the team meetings which allowed the staff to have space and dedicated time to discuss their issues as a collective without management presence. The registered manager explained how this had encouraged unity, consistency and confidence to voice any concerns and to make suggestions to improve the service, where as individuals they may have been less forthcoming. Another initiative involved implementing peer to peer supervision to encourage and engage reflective and supportive thinking. This had empowered and engaged the team, promoting consistency and quality care to the people they supported. Support workers confirmed that these arrangements were in place and were working well.

As part of ongoing improvements, the registered manager led an initiative with the provider's human resource team trialling a new risk assessment form for support workers. They had identified that the existing risk assessments were not suitable and not adaptable in relation to mental ill health and supporting the workforce. Following a successful trial of the new template the registered manager was currently involved in the training and rollout across the Papworth Trust.

People and relatives described being comfortable sharing ideas or issues they wanted addressing with support workers and the management team and were confident they would be acted on appropriately.

Highly effective governance systems to monitor performance had been fully embedded into the service. The registered manager continued to assess the quality and safety of the service through a regular programme of audits. This included falls management, pressure care, safe management of medicines and auditing people's care and support records. We saw that these were capable of identifying shortfalls which needed to be addressed to ensure the service continued to advance. Regular reviews of care and support were undertaken and included feedback from people who used the service or their representatives where appropriate, support workers and relevant professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

In addition, information relating to the running of the service was shared with the provider through regular reporting by the registered manager. This covered everything from new care packages, safeguarding, accidents and incidents, care reviews, staff training and findings from ABC charts. An ABC chart is an observational tool that support workers complete, recording information about a person's particular behaviour with the aim of understanding what the behaviour is communicating. This information provided effective governance, accountability and oversight of what was happening within the service and

contributed towards plans for the continual improvement of the service. Where outcomes and actions were identified, this fed into a development plan for the service providing the senior management team with the governance and oversight to take appropriate action. This included ongoing training and recruitment, implementing a new medication protocol, workforce development and implementing enhanced health action plans for people; completed by key workers who had the in-depth knowledge of people.

Highly effective partnerships with various organisations, including the local authority, community health teams and GP surgeries to ensure they were following correct practice and providing a high-quality service had been established. Feedback received from professionals involved with the service was extremely complementary. One professional commented, "My experience of working with the service has been consistently good. Staff always put the person first." Another professional said the service provides, "High quality care and support that consistently values people."

The service was an active and visible presence within the local community with a proven track record of working collaboratively with other services. In 2017 the service was recognised at the Suffolk High Sheriff's Organisation of the Year awards, for their positive contribution within the local community; working with local businesses to raise the awareness of similar services and values for people with disabilities. The service has currently been shortlisted for the Suffolk Care Awards 2018, for 'promoting dignity and respect in everyday life'. This award recognises services and teams which have a culture that promotes innovative and creative ways of incorporating dignity and respect into all aspects of people's lives.