

## Choice Support

# Choice Support Nottingham

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Choice Support Group provides a wide range of both residential and domiciliary care services for people with disabilities; which include learning disabilities, mental health needs, autism, Asperger's syndrome and other complex needs. People supported by this service either live in their own homes, or in shared accommodation with others. At the time of the inspection the service was providing personal care and support to 61 people aged 18 and over across the Nottingham City, Nottinghamshire and Sheffield areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

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

People were very positive about the service they received. Every person and relative we spoke with felt that they were involved as a partner in their care. People felt they were enabled to be a valued and independent member of the community. People received highly personalised care and support, which was tailored to their individual needs.

People had formed positive relationships with staff who knew them well. There were sufficient staff, recruited safely to meet people's needs and provide highly individualised care and support.

The provider had a strongly embedded ethos of person-centred care. People were fully engaged in planning their own care and support, which reflected their individual strengths, goals for the future and wishes. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported and educated about the risks of potential abuse by highly skilled and knowledgeable staff who understood safeguarding policies and procedures and how to report their concerns.

People were supported to take their medicine in a safe way, and medication was robustly checked, monitored and managed.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes. People were observed to have good relationships with the staff team.

The providers valued their stable staff team, who were well trained and offered further development opportunities.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

#### Rating at last inspection

The last rating for this service was Good (published 28 September 2016). Since this rating was awarded the registered provider of the service had changed on 28/01/2019. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Choice Support Nottingham

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in 15 properties in total. They were made up of two, three and four bedroomed shared support properties and two properties made up of flats. All were purpose built so that people can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

#### Notice of inspection

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

Inspection activity started on 15 January when the Expert by Experience made telephone calls to people using the service and their relatives and ended on 24 January when the inspector made telephone calls to staff. We visited the office location on 16 January 2020. We visited a property to talk to people using the service and staff on 16 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other community professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 11 people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, services managers, team leaders, senior support workers, support workers and the service administrator.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- We saw from records that there were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs.
- Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. We saw that staff were 'matched' with people using the services, to ensure that people would be supported by staff who had the skills, knowledge and experience to provide the best support available for people using the service.
- People and their relatives told us they had a consistent, stable team of staff who attended to their needs and knew them well. They were happy with the support and told us staff supporting them were skilled and understood their relative's needs. One relative told us, "The service is very safe, we feel really assured by the staff knowledge and skills."

### Systems and processes to safeguard people from the risk of abuse

- Staff invested in educating and supporting people to stay safe and this had contributed to people's health and independence skills improving. For example, we saw that people had positive behaviour support plans in place which identified specific triggers for behaviours they may display which others may find challenging.
- We saw evidence that where people had a change in their needs and a multi-agency review was required; the service worked closely with all agencies involved with people's care and treatment to ensure the best support and outcomes were sought for people using the service.
- Internal systems, processes and protocols were developed to enable staff to appropriately respond to any safeguarding concerns. Staff followed these and appropriately reported and recorded their concerns internally and externally. Staff were skilled and enabled to take appropriate action to identify people at risk of abuse or harm. Safeguarding referrals to the local authorities were made in an open and transparent way by the registered manager.

### Assessing risk, safety monitoring and management

- Assessments were in place to identify risks from people's care, their home environment and specific healthcare conditions they were supported with. Assessments included information on actions to take to minimise risks to people; for example, when out in the community with one person who could find this challenging due to becoming anxious or overwhelmed. They gave detailed instructions on the numbers and actions of staff needed to support people safely and to de-escalate any challenging situations for people in an appropriate and safe way for people and staff.
- Staff were competent to deal with emergencies and keep people safe who live with behaviours which others may find challenging. We saw they were trained in understanding autism, positive behaviour support

and specific training related to health conditions of people using the service.

#### Using medicines safely

- People told us staff supported them to take their medicines, and where people were able to take their own medicines, staff always reminded them. People and their relatives told us they felt medicines were handled and managed safely by staff.
- Medicine administration records were complete, accurate and people received their medicines as prescribed. Medicines records and stock levels were regularly audited.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for people to detail why they needed the medicine and what the maximum dosages were. This meant that guidance was in place to ensure people received the medicines they needed in a consistent manner. Staff understood how people may behave if they need their PRN medicines.
- People's medicines were regularly reviewed by their GP and relevant health professionals.

#### Preventing and controlling infection

- People and relatives told us staff washed their hands and used gloves when appropriate if they were providing personal care.
- People were supported and encouraged by staff to maintain the cleanliness of their own rooms or accommodation. We saw in people's support plans that this was an action plan for some people to complete to promote their independence.
- Staff were trained in infection control procedures.

#### Learning lessons when things go wrong

- With any complaint, accident, incident or safeguarding concern, managers carried out a full investigation and, where required, a robust analysis. We saw that following this, improvements were made to the training, governance systems, policies and procedures and support for both staff and management accordingly.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people moving into the service their needs were fully assessed. These assessments were highly personalised and used to develop the person's support plans and make decisions about the staffing hours and skills needed to support the person.
- Transition to the service for people was arranged at the person's own pace, with the support and inclusion of family, friends and professional teams involved with people's care. People told us they were involved as partners in their care. One person said, "They (staff) help me to be independent." We spoke with a family member who told us, "The service had been very responsive to my relatives needs and were fully supportive in their approach."
- Assessments ensured that support was planned for people's diversity needs. We saw that these covered all areas of people's lives such as their religion, culture and expressing their sexuality. Assessments included clear information about what people could do themselves along with what support people may need from staff to maintain their independence.
- We saw that people's oral health needs had been considered in their care plans. People had regular access and support with visiting dentist services when required.

Staff support: induction, training, skills and experience

- We saw that the provider followed best practice, for example by using recognised guides to ensure that people living with learning disabilities and mental health conditions are supported to live the best quality of life and promote safety without restrictive practice. A person using the service told us, "They (staff) are well trained and know what they are doing."
- Staff fully understood their roles and responsibilities and showed real enthusiasm for their role. One member of staff told us, "I feel the company have a pro-active and positive approach to the development of staff in relation to training."
- Staff had attended all of the providers relevant mandatory training to enable them to support people using the service. Staff were supported to enhance the mandatory training and induction they received through completion of additional courses which were provided by experts in specific areas; for example, in epilepsy, and de-escalation techniques for staff to enable effective support for people who may present with behaviours which may challenge other people.

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

- We saw that people using the service who had an assessed need to be assisted by staff to eat and drink were supported effectively. Staff were vigilant and ensured people had sufficient food and drinks to

maintain good health. Staff had completed training in managing adult obesity, to support people to maintain a healthy weight.

- People who required a specialist diet due to diabetes or a risk of choking for example, were supported and monitored effectively by staff who knew and understood them well. We saw risk assessments and clear guidance for supporting people in their care plans and daily records. The service had involved specialist support when needed, for example the speech and language therapy team.
- People were supported to plan and budget for their own menus to encourage and promote their independence. They were assisted by staff to carry out a weekly shop and were encouraged to cook by staff who were trained in food hygiene.

Staff working with other agencies to provide consistent, effective, timely care

- The service had developed many excellent relationships with social care professionals, NHS staff in the local hospitals, GP's, Community Learning Disability Teams, District Nurses, a wide range of Housing Providers, the Fire Service, Police and the Voluntary sector. They worked closely with the local acute mental health teams and regional social work teams to assess and appropriately accommodate people prior to their move to the service.
- We saw evidence of positive outcomes for people in relation to effective partnership working. For example; one person had previously been receiving a higher level of staff support in a more secure setting, due their complex needs. This person was now living in a community setting with other people and the support of regular staff with a less restrictive care and support plan. The service was supporting this person and encouraging them to be an active and engaged participant in the community, with the input and encouragement of the skilled staff. We saw this had been achieved through a multi- disciplinary approach to this person's complex support needs.
- With each person supported by the service, we saw that the person's family, friends, or advocates had been fully involved throughout the process, and positive relationships had been built with them to ensure they were supported by the team.

Supporting people to live healthier lives, access healthcare services and support

- Staff had an excellent understanding of people's health needs. They supported people to attend regular health appointments and check-ups and liaised with their GP for referrals to other health professionals when required.
- Information about people's health needs and their preferences for support was shared with healthcare staff when people were admitted to hospital to enable people to be supported in accordance with their needs and wishes. People had a 'hospital passport', which provided important medical information about each person and enabled safe and effective transfer to hospital for people living with complex needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans had a decision-making section where it was clearly documented how people wished to be supported to make decisions about their daily lives and the care and support they received.
- Where people did not have full capacity to make decisions, meetings were held with relevant people involved in their care to discuss what would be in people's best interests. We had feedback from a relative that they, 'Felt staff were well versed in the MCA, and took a collaborative approach to supporting people effectively and in their best interests.'
- Staff were respectful of people's choices and decisions. The registered manager and staff team had a clear understanding of both the MCA and Court of Protection processes to protect people. We saw that robust systems were in place to ensure restrictions in place for people were constantly reviewed.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service showed evidence of a highly individualised and caring approach towards all people using the service. People's voice was heard and central to the care and support provided. Staff supported people in a holistic way rather than viewing their care needs in isolation. One person told us, "The staff are kind and responsible and there is no shouting. We all laugh, I don't get bored, I'm quite active myself. The staff know me very well."
- Staff were extremely knowledgeable about people, their support needs, preferences and personal histories. This meant they could discuss things with them and were interested in ensuring positive and meaningful interactions between people and staff.
- People were valued and supported as individuals. Staff helped people to understand the consequences of their actions when exploring their sexuality and supported them to learn how to stay safe when considering their emotional involvement in relationships.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity and the promotion of independence was central to the service's culture and values. People and staff told us they felt respected, listened to, and influential within the service.
- We saw, and people told us, staff were attentive and protected their privacy, dignity and respected their preferences at all times.
- People were supported to maintain important relationships. People were encouraged to stay in touch with their relatives and friends.

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

- Staff provided support to meet the diverse needs of people using the service including those related to ability, gender, ethnicity, faith and sexual orientation. These needs were clearly recorded in support plans and all staff we spoke with knew the needs of people well. A relative told us, "The manager at the property my relative lives in has worked with them for seven years and knows them so well. They work in a very contemporary way, we are delighted with them."
- People had support from relatives to advocate for them where they needed them. Independent advocacy support was widely available and accessible for people if they required this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- The service provided was flexible and responsive to people's individual needs and preferences. Staff enabled people to live their lives as fully as possible and encouraged active engagement and participation within the community for people.
- We saw that people were encouraged to be active participants in the local community and to enjoy fulfilling lives, which focussed on positive outcomes which had been tailored to people's individual skills and qualities.
- Staff gave good examples of how they supported people in this positive way. For example, one person had been supported to gain a part-time job working with animals in their local community since they had joined the service. This person had previously struggled with communication and integration, and their relative spoke of how much the service had improved this; they said, "The team don't just look after my relative, they support and enable them. They should be rightly proud, they have a really good model of care." Both the member of staff and their relative spoke of how much purpose and independence this job had given the person.
- People were engaged as partners in the staff recruitment process. One person using the service had been involved in writing their own personalised advert for staff. A relative told us, "[Name], and his team are recruiting for people to join us at [location name]." The relative told us they had been fully engaged in this process with the staff and registered manager, to enable a good match of staff to support their relative's needs.
- People had personalised care and support plans in place, which reflected their current needs. Transition plans were put together when people began using the service, to ensure there was a period of time where they, and everyone involved in their care and support could ensure the service was effectively meeting their needs. The plans were regularly reviewed and amended at a meeting with all teams involved with each person's care.
- Care plans and risk assessments were detailed and contained information about how a person should be supported in all areas of their care and support. We saw that people's wishes and dreams for their future had been considered and discussed with them throughout their care and support planning. People had goals they wished to achieve detailed in their care plans, and details of key moments which were important to them. A staff member told us, "I have been here a long time, so I really do know people well, I love my job. I feel passionate about supporting the people I work with."
- People's preferred support routines were detailed and incorporated their preferences and skills as to what they could do for themselves. The plans contained information about how people communicated specific triggers or things which could make them anxious. People had positive behavioural support strategies in

place. The plans detailed what made the person happy and how they showed this.

- We saw that each person had daily records which detailed how they were always treated with respect and dignity, how their communication needs were understood by staff, how they were supported to be healthy, ensuring they were supported to take part in activities, work and complete tasks independently, their circle of support was involved and community relationships were maintained and they made their own choices and decisions. One person told us, "We have tenants' meetings. It's a good quality service and things are always done."
- People had regular review meetings with staff, their relatives and support manager. Reviews were person focussed. These reviews looked at outcomes, what was working, what was not and why this might be; how the person would like to change this and any choices and requests the person may have. This ensured the person was involved as a partner in their care. One person told us they had made some recent changes to their support plan and said, "Choice Support is the best company I have ever had; brilliant."

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

- We saw evidence that people took part in a wide range of activities to meet their needs. People were fully involved with activities of daily living where they were able to participate. For example, preparing meals and snacks, cooking, shopping, cleaning and laundry tasks. People were supported by staff to attend activities and events in the community which were of interest to them. People received guidance from staff on personal, road and travel safety to support their independence when out in the community.
- People's care records showed that they were supported to participate in activities that ensured they had a good day. Activities included, shopping, cinema trips, pub visits, day trips and special trips. People's daily records reflected that people enjoyed the activities and were supported to be active within their local communities. One person we visited enjoyed going for walks in the local park with staff and was well known in their local area. Staff told us this person had delivered Christmas cards to local residents and received them in return.
- Staff had an 'anything is achievable' attitude and they always planned in advance to ensure people were supported to participate in activities they enjoyed. They provided support to people to go on holiday and to attend special events with family members, where in previous services this had not been achieved for people. One family member told us how much calmer and happier their family member was now on outings and visits to their family home.
- People had recorded their hopes, wishes and aspirations for the future in their care plans. People were being supported by staff to gain employment in future by working as volunteers and gaining new skills. We met one person who was volunteering in the office of the service regularly and they told us how much they enjoyed this.
- We saw that people were supported to express their opinions by voting in elections and had discussed their thoughts about local candidates with staff.

Meeting people's communication needs

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

- People were provided with information they needed to make decisions in a format they understood. At the property we visited, a noticeboard was in place for people with photographs of staff, to inform people who would be supporting them during each part of the day and night. People had easy read information in their care and support plans if they required this.
- People had personalised 'dictionaries of their terms', where staff had spent time understanding the

specific words, sounds or pictures people used to communicate effectively with those who may experience difficulty in communicating verbally. Staff told us how one person was using a computer aided piece of equipment to help them ask what the weather was like prior to leaving the house, which helped them to choose their clothing and footwear.

- Staff told us the service provided or sought aids to help communication with people. This included computer devices, mobile phones, alarms, signage, easy read materials and others.

Improving care quality in response to complaints or concerns

- People had information about how to complain should they wish to. The complaints information was available in easy to read formats to help people understand. These were displayed in each location of the service.

- Complaints or concerns raised by people and their relatives were responded to robustly and candidly following the provider's procedures. Any learning from incidents was shared amongst the staff team and used to improve service delivery.

- People and their relatives told us they had confidence in the management team and felt that any concerns or queries they raised would be dealt with quickly.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of inspection; the people receiving support were primarily younger adults.

- We saw that staff had training in this area and were supporting people with understanding death and bereavement. People had meaningful discussions regarding this recorded in their care and support plans.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service showed evidence of strong leadership. We found the registered manager and all staff we spoke with shared a clear vision and very strong values. They led by example and were clearly passionately committed to providing exceptional, individualised care and support to people. The entire staff team worked together to communicate the organisation's values and to ensure everyone collectively expressed these.
- People, relatives and professionals we spoke with all gave us very positive feedback about the organisation and told us how staff consistently delivered high quality personalised care and support to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People benefited from receiving a service that was well organised and managed effectively.
- Staff had a clear understanding of their roles within the service and knew what was expected of them. We received positive feedback from all staff we spoke to about working for the service. Staff informed us there was an open culture and clear ethos of development within the service and the registered manager listened to them. Staff all told us they felt part of a strong team.
- Governance systems were effective in supporting the organisation to develop and improve. There were systems of regular and robust quality assurance checks and audits in place. We saw evidence that where any issues were found, action was taken promptly to ensure improvements were made.
- The management team were fully aware of their legal responsibilities, including appropriately notifying the CQC of any important events.

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

- People were engaged as active partners in their care and asked their opinions. The service regularly sought the opinions of people, their relatives and staff. We saw that people were able to openly discuss their requirements with their support team when they joined the service and give suggestions for service improvements. We saw that some people had requested to move properties, and that people were involved in reviews to ensure they still felt they were 'matched' with the staff who supported them.
- People had personalised transition plans in place, which detailed areas that had been identified which

cause anxiety or possible behavioural triggers for the person. We saw these were agreed and reviewed with the person and the relevant teams involved with their care and support, until they felt fully settled into their new home and were happy with the service.

- Staff's contribution was recognised and nurtured by the organisation, and this made staff feel valued. One staff member told us, " We all have challenges in our teams, but most important is how we respond and how effectively the management support us, which is so positive here."

Continuous learning and improving care; Working in partnership with others

- The registered manager worked with other providers and registered managers at forums held by the local authorities and voluntary organisations. This enabled positive networking with others and the sharing of good practice and innovation.

- We saw that the provider had developed and maintained positive working relationships with all partners involved with the care and support of people using the service. Evidence of regular review meetings involving a wide range of partner agencies were recorded in people's care and support plans. Actions from these were updated and advice and guidance from external partners was sought when required and in a timely manner for people.

- Both of the professionals we spoke with who work regularly with people using the service gave positive feedback. One said, "The service always works really well in partnership with us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were involved in people's care. Where there were incidents or accidents, relatives were informed as appropriate and learning from incidents shared with staff in regular meetings.

- The providers and registered manager understood their responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.