

## Ansar Projects

# Ansar Projects

### 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

Ansar Projects provides care and support to people with learning disabilities and autistic people living in their own homes and community support to people who live at home with their families. At the time of our inspection the service was delivering personal care to 23 people. Some people lived in their own home and some people house shared with up to two other people. Where staff slept in to ensure people were safe overnight, they had a private space to do so in people's spare rooms. Staff did not have allocated space that people could not access in their homes. Staff worked in teams focussed on the support of individual people.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

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 staff worked collaboratively with people, their families and professionals to ensure they had maximum choice about where they lived and who they lived with. Where people had not yet secured appropriate housing, the provider was able to offer community support which alleviated pressure from people and their families along with providing a more thorough transition to support people's understanding of change and lessen anxieties.

The provider sought opportunities for people to have their say by creating a group where people could meet and discuss topics of their choice. This empowered people to increase their knowledge and make suggestions for improvements which enabled them to be in control of most aspects of their day to day life.

People were supported to achieve their goals and aspirations. Staff worked collaboratively with others to give people the opportunity to pursue their interests, increase their knowledge and share this with others. This meant people were living fulfilling and meaningful lives.

Staff supported people to take an active role in maintaining their own health. The provider had teamed up with national charities to create a series of accessible resources for people to 'know their body.' These resources encouraged health equality for autistic people and people with a learning disability.

#### Right Care:

Staff were respectful. They respected people's differences and promoted equality. Accessible resources were produced to be trans-inclusive which promoted a positive culture against stigma and discrimination.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Additionally, people had created videos to inform and inspire others which they shared on social media.

People were championed to make decisions about their care and support. Accessible information and 'friendly forms' were in place to aid knowledge and understanding which enabled people to be in control.

Staff supported people consistently and knew their individual communication needs. People could communicate with staff and understand information given to them because they were receiving consistent support from regular staff.

#### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of management and staff. The management structure had been created to support the organisation's ethos and values.

The management team reviewed the day to day culture and worked towards the goal of ensuring staff followed the service's values and felt proud to work in the organisation.

Inclusivity was a strong and embedded value that staff promoted. People had formed strong community links and staff worked hard to strengthen relationships beyond the organisation.

The management team worked in partnership with key organisations, including the local authority, safeguarding teams and integrated care boards which supported positive outcomes for people.

Staff were extremely well supported and valued. This reduced staff turnover which supported people to receive consistent care from staff who knew them well.

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

#### Rating at last inspection and update

This service was registered with us on 28 January 2021 and this is the first inspection as the service was previously registered under a different legal entity. The last rating for the service under the previous provider was good, published on 21 February 2019.

#### Why we inspected

This inspection was carried out as there has been a change to the provider of the service since the last inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next

inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ansar Projects

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service provides care and support to people living in their own homes, 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.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 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 5 January 2023 and ended on the 12 January 2023. We visited the location's office on the 5 January 2023.

#### What we did before the inspection

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

#### During the inspection

We visited 1 person in their own home and met with 5 other people who used the service. We spoke with 5 members of staff, including support workers, senior support worker, community support leader and the registered manager. We also spoke with 2 relatives and received written feedback from 2 health and social care professionals.

We looked at the care and support records of 3 people. We also reviewed records relating to the management of the service including service improvement plans, the oversight of incidents, staff meeting minutes, rotas, training records, and 3 staff files.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Personal mitigation plans supported people through COVID-19. These lessened the effects of risk to achieve good outcomes for people. The provider worked with other professionals to create these plans for people faced with significant restrictions. The provider recognised the potential serious and long-term impact on people with a learning disability and autistic people's health and wellbeing by not being able to visit their families in the way they were used to. These enabled people to continue to see their families in a controlled and safe way which meant they were able to cope through a difficult time.
- People were supported to understand risks. The provider had organised training sessions in fire safety, so people had the knowledge to keep themselves and others safe. One person was able to say what they would do in the event of a fire. Other people had created checklists for their homes to remind them of fire hazards so they could reduce risk themselves. Training was provided on risk assessments to support people's understanding on what they were and why staff did regular safety checks in their homes. People had increased confidence and self-esteem as they were working with staff to keep themselves safe.
- Staff supported people to ensure they were safe in their communities. Where people were potentially discriminated against, the provider was responsive in ensuring this was appropriately reviewed with a focus on improving and maintaining a person's quality of life and safety. The provider ensured people and their families were consulted and that predominantly people and staff remained safe. One relative told us, "I can't thank Ansar enough for what they have done – they jumped in straight away to sort it."
- People lived safely and free from unnecessary restrictions. The service assessed, monitored and managed safety well. All restrictions of people's freedom were documented and reviewed to ensure they were still justified.
- People's care records and risk assessments were detailed about the support needed. Detailed plans and assessments helped staff to ensure people got the right support to reduce risks and support people safely.
- Staff recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

### Using medicines safely

- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- People received their medicines in a way that suited them. Support plans documented how people liked to take their medicines which encouraged active involvement.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Staff completed medicine training followed by an assessment of their competence which ensured people were receiving their medicines from trained and confident staff.



## Staffing and recruitment

- Strategies were in place to successfully recruit staff. Although the care sector had faced challenges with recruitment, the provider had worked hard to recruit, retain and fully staff the service. Some staff had shared personal stories to be used during recruitment to promote a career in adult social care. The registered manager told us they wanted people to see working in adult social care as a career instead of a stop gap.
- Safe recruitment processes were in line with the provider's recruitment policy to ensure staff employed were suitable to work with vulnerable people. Thorough checks including Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff were deployed in ways that met people's needs. The length and timing of some shifts reflected when people required support. Consideration when planning the rota was given to staff as much as possible to ensure their wellbeing. This meant staff were well supported and people received consistent care and support.
- People benefitted from regular staff teams. The provider knew the importance of retaining staff and had creatively thought of ways to show staff how much they valued their dedication, especially through the COVID-19 pandemic. This achieved good outcomes for people, who were being supported by staff they knew and had built trusting relationships with.

## Preventing and controlling infection

- Staff supported people to follow guidance relating to infection control.
- Effective infection, prevention and control measures were in place to keep people safe, and staff supported people to follow them. We saw that people had been involved in discussions about how they could keep themselves safe including wearing masks, keeping a distance from people and sanitising their homes. By giving people the relevant information, they were enabled to keep themselves safe.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- When risks were identified, the provider worked with other agencies to look at how this could be prevented in the future to support better outcomes for people in their communities.
- Plans and assessments for people were detailed and thorough. Information included in plans ensured staff knew if the person they supported was distressed with detailed strategies on how to keep them safe.
- Staff had training on how to recognise and report abuse and knew how to apply it. This ensured people were protected from the risk of abuse.

## Learning lessons when things go wrong

- Staff were encouraged and empowered to report incidents appropriately. Managers investigated these robustly before sharing lessons learned which encouraged an open culture of learning and improvement. This meant processes were in place to minimise the risk of reoccurrence.
- Behaviour incident records prompted staff to reflect on incidents. There was opportunity for staff to consider what could have been done differently to achieve better outcomes for the person alongside recording what was positive and worked well. Incident records also encouraged people to talk and debrief after an incident which supported wellbeing.
- Staff reflected on learning lessons by completing reflective logs. These looked at lessons learnt after incidents and potential actions and outcomes to ensure continual learning. The reflective logs also showed risks and patterns of behaviour which were used to create preventative strategies. This ensured staff were putting actions in place that supported better outcomes for people after an incident.

# 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.

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

- People were supported to maintain their own health and wellbeing. Ansar Projects had worked with national charities to create accessible resources for people with a learning disability to 'know their bodies.' These resources provided guides on how to self-check their bodies alongside information on what to expect next if further tests were needed. The resources were trans-inclusive; providing information in a way that supported gender equality. The 'know your body' project had been recognised by the Learning from lives and deaths (LeDeR) Programme as 'plugging a gap' where information was not readily available for people with a learning disability.
- Staff promoted exercise and healthier lifestyles. During the COVID-19 pandemic the provider gave people pedometers which they used to record how many steps they were doing a day. They used this data to do a simulated 'walk around the world.' People could walk as much or as little as they wanted, and the steps made the miles which dictated which countries they would 'visit.' This encouraged people to exercise in a fun and creative way that people enjoyed. The provider had continued to promote exercise and encouraged people to get out and about.
- Feedback from professionals described people receiving person centred support from skilled and invested staff. One professional told us they had jointly worked numerous people, their families and staff to achieve positive outcomes.
- A wide range of health and social care professionals were involved in the development of support plans. When required, occupational therapists and speech and language therapists contributed to ensure people received safe care and treatment.
- People were supported to attend annual health checks. People had health actions plans which could be used by health and social care professionals to support them in the way they needed.

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

- Staff completed a comprehensive assessment of people's needs before they started to provide care and support. The provider had extensively reviewed how people moved from children's social care to adult social care and identified ways they could improve experiences for people and their families.
- The provider utilised their resources to offer people community support so trusting relationships could be built successfully before any changes were made in a person's life. Alongside this, they used a facility for individualised short breaks, which is a separately registered service that offered respite for people who still lived at home with their family. Ansar Projects utilised this facility for people who were looking to move into their own homes. This provided opportunities for people to learn new independence skills and in a safe environment get used to not living at home. It also gave people the opportunity to socialise and make

friends. Some people had made strong friendships and chosen to live together.

- Feedback from professionals described how people were leading full and meaningful lives. One professional told us, "Individuals who receive support have positive outcomes and those who are supported in 24/7 supported living with Ansar have full meaningful lives."
- Support plans truly reflected what people liked and how they wanted to be supported. People's skills and strengths were recognised, as well as their experiences and the things that mattered most to them. A professional told us, "All support plans and risk assessments are always in place and well detailed."
- Staff took the time to understand how people communicated. People's support plans explained what certain words people used to communicate a need. This prevented possible misinterpretation and frustration for people who otherwise may not have felt understood.

Staff support: induction, training, skills and experience

- Staff received training and had the skills to carry out their roles effectively. A professional told us, "I have found [staff] all to be very professional, knowledgeable, and a well-trained and skilled support staff with a positive value base for the people they support." Training had been recently moved onto an online platform which sent prompts to staff when a course was due. A staff member told us, "Training is good and manageable."
- Staff received regular support through supervisions and regular recorded 'chats.' The registered manager had created a system where staff had access to managers for 'quick chats' when they needed them. A staff member told us they were useful to just get something off their mind.
- Staff's health and wellbeing were promoted. 'One moment' cards were given to all staff members to provide some advice, support and encouragement when they felt they needed it. They gave numbers to the employee assistance programme and other helplines to promote good mental health. Some staff had chosen to be mental health first aiders and shared their contact details to be used for staff when they needed support.
- Staff were given opportunities to increase skills and knowledge. The provider had started an initiative called the 'paddle project' to encourage staff to reflect on their strengths so they could build on them. This gave existing staff the opportunity to progress in their roles and take on more leadership positions. The process created potential replacements for key leadership roles when needed and supported the provider's structure. Investing in staff also supported staff retention which gave continuity and stability for the people using the service.

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

- There was a strong emphasis on the importance of eating and drinking well.
- People were supported to eat balanced and healthy diets. Sometimes staff used creative ways to encourage people to eat healthier without affecting their enjoyment of the food they liked or upsetting people with rigid routines.
- Staff had supported people's knowledge about fluid and nutrition. People took part in challenges during fluid and nutrition week to raise awareness of how much they were drinking to ensure they stayed healthy. Some people were so invested in this, they were encouraging their staff teams to drink more to stay healthy.
- There was a creative approach to promoting food from different cultures. As part of the simulated 'walk around the world' people's weekly 'packs' included recipe cards on how to make traditional dishes from the country they were visiting. This helped people learn about cultural diversity alongside opportunities to try different experiences.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where required, people were deprived of their liberty through the court of protection.
- The provider had a very flexible approach to any restrictions it imposed on people. Any restrictions were kept under constant review, making them in a time-limited way, and only when absolutely necessary. For example, 1 person with complex sensory needs wore a restrictive garment to prevent them causing harm to themselves. This was used in the person's best interests with input from multiple professionals and kept under continual review to ensure it was still justified and the least restrictive option.
- When people were assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions made. Best interest decisions were always made in accordance with legislation and people's wishes.
- Staff had completed training in MCA and were confident supporting people in line with the principles of the act. Staff used their knowledge of people to maximise their ability to make decisions and always ensured people were involved in decisions wherever possible.

# 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.

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

- People were championed to share their experiences to shape the service and identify improvements. The Ansar Champions of Excellence (ACE) was created to give people opportunities to network and make friends, learn and create projects that were meaningful and improved the quality of life for themselves and others who used the service. The ACE group met up regularly with their own set agenda of what they wanted to achieve. Feedback from the meetings were recorded in an easy read format so they were inclusive and understandable.
- Systems were in place to ensure people's voices were heard. An activity called 'talk time' was created to give people the opportunity just to talk about themselves. The aim was to encourage people to reflect on their past 2 weeks and express their feelings; with the intention of identifying what could have been done better or what had worked well. Goals were also a focus of 'talk time' and people were encouraged to set achievable goals which empowered them to develop and learn new skills.
- Staff teams were created using a person-centred approach, taking into consideration people's personal preferences. People were empowered to be part of the recruitment process where possible. When people were unable to be part of the process, staff advocated on their behalf ensuring staff were compatible with what they knew the person would want or need. Staff teams were created with the aim of achieving the best possible outcomes for the person they supported.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Respect and dignity were at the heart of the culture upheld by staff and managers. It was evident through observations and records that people were supported in a respectful and inclusive way that enabled them to have choice and control over their lives. The embedded culture of mutual respect meant people wanted to show appreciation to staff who worked with them. We saw in feedback documents that people had wanted to thank staff for carrying out the fire safety checks in their homes as it kept them safe.
- Kindness and respect extended to the relatives of people who received support. Staff spoke respectfully about the families of the people they supported and worked collaboratively with them to establish shared understanding with the common purpose of achieving the best for people.
- There was an emphasis on being neighbourly and people were encouraged to be good neighbours and considerate to members of the public. Over a weekend some people took part in a random act of kindness project where they carried out tasks like litter picking or donating items to charity. People and staff reflected on it being a great weekend which had genuine positive impact on their wellbeing.
- People's achievements were regularly acknowledged and awarded. The registered manager told us that

awards were a way they could recognise and thank people when they 'just got on and did it.' These awards were given to people, staff and members of the public who had made a difference in people's lives. For example, they awarded a local café owner who had supported a person to have a good experience by making a few environmental adjustments in the café. The registered manager told us the awards had helped people to create strong community links.

- People were supported to be independent. One of the ACE group projects was to learn about finances and the cost of living. Staff created an interactive game where people could learn how much it cost to run appliances in their homes and how much keeping a light on would cost them. This enabled people to make informed decisions about how they managed their finances. The registered manager told us people had started to remind staff about ensuring things were turned off to save them money.

- People's dignity and privacy was always upheld. When people had complex needs, plans were very detailed to ensure staff had all the information to support the person in the best possible way. Frameworks of consistent support had been created to ensure they achieved the best possible outcomes for people with complex needs.

# 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.

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

- There was an embedded culture of kindness and respect with a real focus on people's wellbeing including staff. During the COVID-19 pandemic when significant restrictions in place, the manager's created a system called 'peer-pals.' If people wanted to be part of it, they exchanged telephone numbers with other people using the service so they could regularly make welfare calls. Staff also checked in on other staff teams and it became a regular system to ensure people's welfare alongside an opportunity to make friends. The registered manager told us people had made friends through 'peer-pals' and had met up when the restrictions eased.
- Staff supported people to be involved with community-based opportunities. One person had taken an interest in their carbon footprint and wanted to make a difference to the environment. Staff arranged for the person to have a tour of the local recycling centre where they learnt more about the process of recycling. From this, the person created a short video for people to learn more about how to recycle which they posted on the provider's social media page. The person was incredibly proud of the video and told us they planned to do more to raise awareness of other issues including road safety.
- People were supported to be involved with activities that made them happy. People told us they were planning lots of activities including trips to football matches. One person told us they had watched England play and were visibly happy talking about their experience. Other people were telling staff what activities they wanted to do. It was evident through observation that regular and meaningful activities were an embedded practice and people were confident in telling staff what they wanted to do. There was a relaxed conversation about football teams and who everyone supported with people noticeably confident and happy socialising with others.
- Where it was not so easy for people to get out and about because of their complex needs, staff supported people in an incredibly person-centred way to enable them to take steps to build their confidence. This approach had meant a person was able to go on holiday for the first time and improve their quality of life around other aspects of daily living they had always found difficult.
- Some people had volunteer jobs which created community links and social opportunities beyond the organisation. The volunteer work also promoted good health and helped people to build interpersonal skills.
- People were able to access social media safely and post videos or pictures to show what they had been doing. The registered manager told us the social media page was mostly accessed by relatives and it had been a valuable tool for people to keep in touch with their family. It was an opportunity for people to display their achievements and it was evident people were proud of this.

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



preferences

- People were supported to change their living arrangements when they felt it wasn't working anymore. The registered manager told us they had successfully supported people into their own homes when people had chosen to change their current situations. When people with complex needs couldn't communicate their preferences, regular reviews were carried out to identify if any changes were needed to support people's quality of life. These moves had been successful because in each case the person was central to the planning and skilled communication had ensured they led the process. One professional told us, "Communication is always good with the team between service users, families, and other professionals."
- People's support plans were developed with them and with people who knew them well. Information contained in these was highly personalised and included how people communicated and what their likes and dislikes were. Care plans were regularly reviewed to ensure they accurately reflected people's needs and achievements.
- Care and support people received was completely personalised and suited to each person. This started from the assessment process, recruitment of people's staff teams to supporting people to choose where they wanted to live and who they wanted to live with. Staff built their knowledge on each person which shaped the support in line with individual choices and preferences. People benefitted from staff support that promoted development and progression with a fundamental aim of giving people an excellent quality of life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Managers responded to people's feedback. When people wanted to be more involved with the regular checks that staff did in their homes, they fed back that forms were not easy to read or accessible to them. Managers created 'friendly forms' which used pictures and symbols to make the information more user-friendly.
- Important information was made accessible to people. For example, safeguarding booklets were in an easy read format with pictorial aids so people could understand and use the information to keep themselves safe.
- People had individual communication plans that described effective and preferred methods of communication, including what words or sounds people used for different situations. Staff had excellent awareness and understanding of individual communication needs. Staff knew what people were trying to say and could effectively communicate to ensure people's needs were being met.

Improving care quality in response to complaints or concerns

- Policies and procedures supported people having their say in as many ways as possible.
- A relative told us the managers were very responsive to their feedback or any concerns they raised. This meant that issues were resolved before they had to make any formal complaint.
- Risk assessments were created when complaints contained risks to people or staff. For example, a complaint received had an element of discrimination and harassment, so a very comprehensive risk assessment was created with actions to keep people and staff safe.
- The provider's complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns. Easy to read information was available to people so they could understand how to make a complaint if they needed to and the timescales of when they could expect a



response.

# 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and the management team shared an ethos and set of values that was embedded in the culture of the service and promoted by staff. It was clear the whole organisation strived to provide excellent support to people in a person-centred way by giving them ultimate control. Feedback from people, staff and professionals was all extremely positive. A professional told us, "I would have no concerns regarding the quality of the support Ansar Projects provide and would happily promote their services to service users, their families, and other professionals."
- The provider's vision was that people with a learning disability and autistic people would control how the company was shaped and managed. The registered manager used innovative and creative ways to enable people to be empowered and voice their opinions. People were truly at the centre of the organisation; their opinions were valued, and they were listened to.
- People were involved with checking the quality of the support that was provided. Regular quality checks were centred around people's views which provided meaningful feedback to ensure people were happy. The reports were provided in an easy read format which meant it was understandable and accessible for the people it was about.
- A person had been supported to apply for a quality officer role. This gave them the opportunity to apply their knowledge and insight of being supported to drive improvements and develop the service. They told us they had an interview for the position and was really excited at the prospect of starting a new career.
- There were continual levels of constructive engagement with people, professionals, staff and relatives. Surveys were sent out to staff and families, so they had the opportunity to share feedback. These were reviewed in consultative meetings and any identified actions were created to develop the service. The provider had a systematic approach to working with other organisations and professionals to improve outcomes for people.
- There was an importance on inclusion and making sure staff felt respected and valued. From feedback they ensured staff were able to disclose their preferred pronouns in relation to their gender identity through adapting the 'this is me' documents that all staff created. One staff member told us they felt the management team had been really accommodating by supporting this change to promote inclusiveness.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service continued to be led by a strongly motivated and committed registered manager.

- Staff understood the responsibility of their role. They felt empowered by the registered manager and told us how they had been encouraged to come up with innovative and creative ideas to support people and raise funds for projects they wanted to do.
- The management structure supported a hands-on approach. The registered manager told us that decisions were always made near the source of implementation to ensure things got done.
- Governance was well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk and quality improvements had been made to the service.
- The registered manager actively celebrated and acknowledged success. Through various awards the registered manager was able to highlight and acknowledge successes and achievements to show how truly valued and respected people and staff were.
- The registered manager showed us how they continued to develop the service. They were constantly looking to enhance the ways they met people's needs to achieve the best possible outcomes. The plan included ambitions for the future with a detailed methodology of how they were going to achieve these.
- Continuous learning and improving the support people received was a priority. The provider had reflected on people's past experiences and had started to pilot new ways of ensuring a unified and positive experience when people were leaving children's services and starting their adult lives. This joined up approach was proven to have worked with 1 person who was currently being supported with a long and planned transition. This enabled them to move into their adult life in a positive and considered way that was appropriate for them.
- There was an improvement plan with identified concerns and agreed actions designed to bring gradual, ongoing improvements to the service. This ensured people were receiving high quality, person-centred support along with the service being prepared for the changing needs and expectations in adult social care.

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

- The provider understood their responsibility to be open and honest if something went wrong. The registered manager promoted a culture of being open and honest and staff felt confident to report any mistakes. The registered manager understood the requirements of the duty of candour and ensured they complied with the obligation. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). Incidents had been recorded and reported as required.