

Taylor Made Care Ltd

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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

Taylor Made provides care and support to people living in one 'supported living' setting, so that they can live in their own home 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.

We undertook an announced inspection on 28 February 2018.

This is the first inspection of Taylor Made following their registration and at the time of this inspection everyone using Taylor Made receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care', that is, help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, three people were being supported with personal care in a shared house.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

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

People were supported to make safe choices in relation to taking risks in their day to day lives. Staff had been trained and understood how to support people in a way which protected them from danger, harm and abuse. Staff had been recruited following appropriate checks on their suitability to support people in their home and keep them safe. The registered manager had arrangements in place to make sure staffing resources were flexible to meet people's individual needs and provided people with support in their home and when going out.

People were provided with the right support for them when taking their medicines by staff who had been provided with the training to do this safely. Regular cleaning and hand hygiene practices adopted by staff made sure infection control was maintained to prevent cross infections.

People were supported by staff who had received the appropriate training and had the skills and support to carry out their roles. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This included involving people in decisions about their day to day care. Staff knew which people may need help to make some key decisions about their lives and understood what action to take so people

received the support they needed in these circumstances.

People told us that they were happy with the way in which staff supported them with cooking their meals, learning about different foods to keep them healthy and in accessing health and social care services when they needed them.

People liked their home and felt they had the facilities they required to meet their individual needs. People valued the support they received from the registered manager and staff in supporting them if they required additional aids in their home to effectively meet their needs.

People who used the service, a relative and a social care professional described the care people received as meeting people's needs in a positive way. Staff and the registered manager were caring and showed a genuine warmth and commitment to people they supported. People felt they mattered to staff and were involved in every aspect of their lives. Where communication and people being supported to lead independent lives could have been a barrier for people the registered manager led by example to find ways to ensure people could lead fulfilled lives and communicate in a way that suited them. Staff took action to support people so their rights to dignity, independence and privacy were maintained.

People's needs were assessed and staff understood these and responded appropriately when people's needs changed. People's interests and preferences were documented and they were encouraged to pursue social events and areas of interests. Social inclusion was an important priority for people and both the registered manager and staff who supported them.

Staff were happy in their work and were clear about their roles and responsibilities. There was an ethos of keeping people at the heart of their care amongst the staff team which was fully promoted by the registered manager. This ethos supported staff in a variety of ways to be the best they could be.

People were encouraged to share their opinions about the quality of the service through regular conversations with the registered manager and staff.

The registered manager had a clear vision for the service that was shared by their staff team. This vision was about complete inclusion and involvement of people in shaping their lives and the service. This vision was embedded within staff practices and evidenced through the conversations we had with people who used the service.

Leadership of the service at all levels was open and transparent and supported a positive culture committed to supporting and enabling people with learning disabilities.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People told us they were safe and staff knew how to recognise signs of potential abuse and how to report any concerns.

People were confident that staff knew and managed risks to their wellbeing and safety without restricting people's freedom or lifestyle choices unnecessarily.

People said that they received reliable care and support from a regular team of staff with enough allocated one to one time to meet their individual needs.

People were happy with how staff supported them with their medicines.

Staff knew what actions to take to reduce the risks of people experiencing infections.

Systems were in place to manage and learn from any safety incidents.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received on-going training to meet people's particular needs.

People told us they were asked for their consent before any care or support was provided.

Staff worked closely with local health and social care services and helped people to access this support when necessary.

People were supported to prepare food and drink which reflected their individual preferences.

People liked their home which had facilities to support people's individual requirements.

Is the service caring?

Good ●

The service was caring.

People felt they mattered and valued the caring nature of the registered manager and staff who knew them well.

Staff showed they respected people's human rights when providing support to people.

People were involved in their care planning and were informed about the service and options available to them.

People benefited from a culture that held maintaining, improving and enabling people's independence as a key feature of the service.

Is the service responsive?

Good ●

The service was responsive.

People told us staff responded to their needs and the service they received matched their expectations of receiving support based on their chosen lifestyles. Staff identified people's changing needs and involved other professionals where required.

Staff supported people to maintain active lifestyles, reflecting each person's preferences.

The registered manager encouraged feedback on the services provided and people knew how to complain if necessary.

Is the service well-led?

Good ●

The service was well led.

People said that they liked the registered manager and felt able to approach them to resolve any issues.

Staff felt supported and motivated by the registered manager, which encouraged them to provide a good quality service.

The registered manager checked the care provided to people so they could be assured the service developed in line with their needs.

The service worked in partnership with other agencies for the benefit of people who they supported in their own home.

The registered manager had created a culture of openness and wanting to hear from people about their care experiences which made people feel well supported and included.

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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.

We gave the service 48 hours' notice of the inspection visit because this is a small domiciliary care and supported living service; and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 28 February 2018 and ended on 21 March 2018. It included sampling people's care records talking with people and a relative about the care provided and finding out the views of other health and social care professionals about the quality of the service. We visited the office location on 28 February 2018 to see the manager; and to review care records and policies and procedures. We spoke with people, a relative and staff up to 21 March 2018, to find out what they thought about the care provided.

The inspection was carried out by one inspector.

We requested information about the service from a social care professional, who was happy to share the information they supplied and for us to consider this within our inspection. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding some people's care and monitoring their safety and quality. Healthwatch is the local consumer champion for health and social care services.

We considered the information the provider sent to us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan this inspection.

We spoke with all three people who use the service, a relative by telephone following our visit to the office by telephone. This was to establish people's views about the care and support provided. In addition, we spoke

with all four staff currently employed by the provider about their supporting roles.

Whilst at the office we talked with the provider who is also the registered manager. We looked at a range of documents and written records. These included sampling four people's care plans and daily records, three staff recruitment files and key policies and procedures, such as how people's rights were promoted and how staff would respond to any complaints made.

We also looked at information about how the registered manager monitored the quality of the service provided. This included the actions the registered manager took to develop the service further, such as on-going staff training, organisation of staff rota's and quality checks, to assure themselves people received a caring quality service which was safe, effective, responsive and well led.

Is the service safe?

Our findings

We consistently heard from people about how they felt safe and comfortable receiving support in their home because they were supported by a regular staff team who treated them well. One person told us, "They [staff] are all kind and they help me to be safe." Another person said, "I feel really safe." A relative confirmed they had "Peace of mind" as they knew staff supported their family member safely.

People were supported by staff who had received training in the subject of abuse and had been provided with written information by the registered manager about promoting people's safety. Staff knew people well and gave us examples of how they would recognise changes in people's behaviour or mood which could indicate people may be being harmed. Staff knew what action to take to support people if they felt they were at risk of harm or abuse. This included escalating any concerns they had to the registered manager and external organisations with responsibility for upholding people's safety. Staff were confident if they raised any concerns the registered manager would take action to help to protect people. The registered manager had a clear understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

People spoken with said that care staff discussed all aspects of their care with them including any identified risks to their safety and welfare such as the risks when meeting people's personal care needs and when cooking their meals. Staff provided examples of how they managed risks to people's health and welfare in a way which supported people's freedom and enabled them to maintain control over their lives. For example, providing people with the safety aids they required so they were able to live as independently as possible whilst risks were reduced. We saw people's safety needs were regularly reviewed, and people's care plans reflected the care they needed to remain as safe and well as possible.

We saw risks around people's home environments were considered which reflected where possible the risks of harm to people were reduced. For example, information about seeking help in the event of an emergency and checking there were no visible hazards which could place people at risk of injuries.

People who used the service, a relative and staff told us they believed there were enough staff to be able to support people's safety both in their home or when going out. Each person had an agreed amount of support, related to their individual needs and abilities, as agreed with the commissioners of care. Staff told us and rota's showed people who used the service were supported by a regular and consistent team of staff who had supported the same people for some years even before they received a service from the provider. This was also confirmed by people who used the service and was another reason they felt safe and secure in their home.

In addition, there was an on-call system in place and staff confirmed they could always seek additional support from the registered manager or their colleague's on-call when needed. Staff told us how the rota's and on-call systems were managed and how they gave assurance people's safety was set at a high priority by the registered manager.

The registered manager explained they made sure there was enough staff with the right skills to provide the care and support people required. The registered manager showed they achieved this by responding to people's individual needs through careful recruitment of experienced staff and on-going training. We saw the registered manager had checked with the Disclosure and Barring Service, [DBS], staff had completed application forms which noted their previous experiences and references had been obtained before staff started to work with people. The DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from working with people who need care.

In the Provider Information Return [PIR] the registered manager confirmed, 'Medicines are stored securely at the service user's [people who use the service] home, but service users are in control of administering their medication with staff support, promoting safety and independence. Risk assessments and support plans have been designed and completed by service users regarding the medication they take to evidence understanding and competence to self-administer medication.' People told us this was the case and how they were supported by staff to be as independent as possible with any medicines they required. One person told us, "I'm happy with how my medicines are kept." People's care plans recorded if they needed prompting to take their medicine's and detailed which medicines people needed. Staff had assessed risks to people in relation to managing their medicines and had received training in prompting and recording medicine support provided. All staff told us they felt confident to support people with their medicines when this was required. The registered manager had systems in place to check staff competency and that people had been promoted to have the medicines they needed to remain well.

People told us staff did all they could, such as washing their hands and using gloves, to reduce the risk of cross infection. One person explained how staff assisted them in keeping their home clean and they were appreciative of this as it reduced cross infections, such as when people had colds. A staff member told us they had enough personal protective equipment [PPE] and cleaning equipment available. Another staff member explained how they had completed a deep clean of the home environment to help reduce the spread of people becoming ill due to experiencing colds. Training records showed staff had received food hygiene training to assist their knowledge in how to ensure food was prepared properly. These approaches showed practices were followed to reduce the risk of infection and cross contamination.

People who used the service and a relative told us they had not needed to raise any concerns regarding safety, prior to our inspection. The registered manager had processes in place to review any incidents if these happened, so lessons could be learnt. In addition, staff showed they had knowledge of how to reduce incidents which may impact on people's safety and welfare. A staff member explained how as a team they had learnt about how to support people with their feelings which reduced incidents whereby people's behaviour could impact on the individual person and other people who used the service. One example which illustrated this was how staff had got to know a person's unique communication and lifestyle preferences which supported the person with their sense of wellbeing. Staff were also made aware of changes in people's specific needs through individual and group meetings.

Is the service effective?

Our findings

People told us how staff knew them well and spent time with them to find out what was important to them and how they would like their care and support provided. A social care professional told us they had supported people with their transitions in receiving their care and support from the provider. They explained how information was shared about each person before the service started so people's particular needs could be effectively planned for and met. This included care plans and risk assessments.

We saw people's assessments, care plans and reviews considered both their physical and emotional care needs. Staff had checked and taken action to involve people and their representatives where appropriate.

Staff gave us examples of how they supported people to use equipment including assistive technology so people would remain as independent as possible with their needs met. This included use of pendant alarms. A staff member explained how people's needs were met with alarms so if they had an accident and or they suddenly became unwell people would be able to alert others and get the attention they required to meet their needs and remain safe.

People who used the service and a relative described how staff had the right skills and abilities to support people effectively. One person told us, "They [staff] are all fantastic at helping me." Another person said, "They're [staff] really good, they know what to do." Staff told us they felt well prepared, because they had time to get to know people well over the years and a recently employed staff member said before they worked with people independently they had worked with other experienced staff. The staff member explained how this approach had assisted them to understand people's individual needs and preferred routines. Staff shared information about how people were and any changes in their needs by keeping daily records of how they had supported the person and how the person had responded.

New staff were provided with an induction period and were introduced to the care certificate which includes training in the fundamental standards of care for all staff that work in the health and social care sector. Staff told us they were provided with the training they needed to be confident in their practice. One staff member told us their training had helped them to understand the specific needs of people with learning disabilities and how important it was for people to follow their own specific chosen routines. Another staff member said, "We received a lot of training as soon as we are employed so we can be confident in the care we provide, this is important as we want to provide effective care."

The registered manager had a system in place to monitor all staff's training and made sure this was kept updated. We saw staff had attended training considered relevant to their roles and where this needed to be updated further training was arranged. The registered manager and staff told us training needs were discussed at regular individual and team meetings to discuss issues linked to people's needs and their own needs for support. All staff commented they felt supported in their roles.

In the PIR the registered manager told us, 'Service users [people who use the service] are supported to shop and chose food which they enjoy and the staff team help with meal preparation and healthy and substantial

meal options.' The comments we received from people confirmed people were supported to plan their meals with encouragement from staff to shop, prepare and cook these depending on each person's abilities and needs.. One person confirmed, "I have meals I like, I choose these and staff help me to make it happen. We go to the shops and buy what food we like to eat." Another person told us they like their meals and were supported to cook with staff members help which they enjoyed.

People's care plans included information about their dietary needs, and any cultural or religious preferences for food and drinks. A staff member told us they always encouraged people to eat a healthy, balanced diet, but people made their own decisions about the meals they ate. If people were at risk of poor nutrition, staff told us they would monitor a person's appetite and weight and obtain advice from the person's doctor and other healthcare professionals as required, such as, dieticians and speech and language therapists.

Staff worked closely with other organisations to ensure the best possible quality of service was provided. One person told us staff had worked with their local chemist, so they would have easy access to any medicines they needed. The person told us this helped them to remain as independent as possible. Staff gave us examples of work they had undertaken with other professionals so people's needs would be met. This included working with the landlord so people had all the facilities they required in their home.

People had advice and treatment from health care professionals. One person explained how they were supported to visit their doctor, "They [staff] help me if I need to see a doctor." People's care records showed that they had access to the advice and treatment from a range of health care professionals. These plans provided enough information to support each person with their health needs.

People were supported to live in a house with individual bedrooms and a range of communal spaces, such as a kitchen and lounge area for people to use. People told us they liked their home and had all the facilities they required to meet their individual needs. People were supported to look after their home. People described to us how staff supported people to clean, cook and report any housing issues to their landlord. One person said a ramp had been fitted which supported a wheelchair to be used.

Staff and the registered manager they showed they had developed a good understanding of what was important to each person they supported. Staff told us how they helped people with their own unique ways of communication to confirm their own preferences and choices. One example provided was how staff adapted their communication styles to suit each person's preferences so people were able to confirm their own decisions and fully consent to aspects of their care. For example people's individual preferences in how they liked to be provided with support to meet their personal care or how their meals were provided.

Additionally, people's care records were detailed in communication styles to help people to express their views and make decisions. Care records showed the registered manager had assessed people's capacity to consent to their care. If it had been needed systems were then introduced to fully support them with their decisions whilst keeping them at the centre of that process. The registered manager and staff understood what constituted a restriction to someone's freedom and staff had been trained in, and showed a good understanding of the Mental Capacity Act 2005 (MCA).

The 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 less restrictive. Staff showed they knew about the principles of the MCA and what this meant to each person they supported. Staff gave examples of how they had obtained people's consent to safely store their medicines and where people

required staff to support them when going out this had been agreed. People we spoke with confirmed what staff had told us with a person explaining to us how happy they were with the arrangements for the storage of their medicines.

The registered manager was aware of what action they were required to take when people might possibly have their freedom restricted and were deprived of their liberty. At the time of this inspection the registered manager and staff told us nobody who used the service had their liberty unlawfully restricted. The registered manager was knowledgeable about how applications to the Court of Protection needed to be made if people's liberty was restricted.

Is the service caring?

Our findings

People were positive about their relationships with the staff who helped and supported them in their everyday lives. One person said, "We have good support" and "He [registered manager] does a brilliant job." Another person told us, "I am happy" and "[Staff name] is fantastic, I like her." A relative told us the registered manager and staff were particularly caring in their approach and were really committed to their caring roles. They described the registered manager and staff as "Amazing people."

In the PIR the registered manager showed their commitment to providing people with care which was centred on each person by stating, 'The theme of service user led support will be the golden thread in how we provide care and support. All individuals we support now and in the future will be encouraged to be involved with the running of the service through being involved in developing their own care and support plans and in the staff recruitment process.'

The registered manager and staff showed they cared about people who used the service as we heard how they made every effort to respect people's choices and listened to what mattered to people. An example which illustrated this was people were supported to speak with the inspector by telephone as they wanted to share their own experiences of the care and support they received. We heard how staff asked each person if it was a convenient time for them to speak with the inspector when we contacted people by telephone.

People told us they had support from the same staff who they had known for some time. A relative confirmed their family member received support from the same staff who understood their history and their preferences. During our conversation staff were able to describe people's likes and preferences and these indicated they knew people well and understood people's individual communication abilities. For example, when people found it hard to explain a point they were making staff gently helped them. This was done in a respectful way and the person responded positively to this support

The registered manager was fully committed to finding innovative ways to ensure people who used the service were at the centre of the support they received. The registered manager and staff showed us they strived to support people to express their views so they could understand things from the perspectives of people who used the service. For example, a person who used the service spoke about how they were supported with their physical needs by the registered manager and staff which had a positive outcome in obtaining accommodation which suited their needs and preferred lifestyle.

The registered manager and staff showed they had a caring approach when they spoke about the people they supported. They showed an interest in people and their individual likes and dislikes. In addition, staff were consistent in their comments about the importance of spending time with people to get to know each person. They described how they supported people with their own individual lifestyles which included assisting people to remain as independent as possible. For example, one person told us they were being supported by staff to develop their skills around cooking meals.

Staff we spoke with had a good appreciation of people's human rights including treating people as

individuals and supporting people to have freedom of choice in all aspects of their life as much as possible. How much people could do for themselves was assessed as part of the planning of their care and support. We saw support plans had been developed using pictures and key words to support people's understanding of the information. People's care plans included the person's religion, culture, important relationships, family members and significant events, which helped staff to understand people's preferences and lifestyle choices. Staff told us they felt enabled to support people to maintain their individual personal, cultural or religious traditions because they had training in equality and diversity and respected people had diverse backgrounds. A staff member told us, "That's why I love the job. Everyone should be treated fairly."

People we spoke with knew about their care and support plans and records. We saw records were signed by people they belonged to where possible and one person photocopied one of their plans to take home with them. This showed people were given ownership of their plans. Staff understood the importance of respecting people's confidentiality and told us they would only share information about people on a need to know basis. We saw care records were secured in the provider's office and only people with authorised access could look at computer records held by the provider.

People we spoke with told us they had been provided with information about advocacy services. This was also confirmed by the management and staff team who had links to local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The management and staff team were passionate about advocating on people's behalf in conjunction with relatives where this was appropriate. In all the views and experiences shared with us it was evident the management and staff team constantly advocated for each person so they were supported to realise their own achievements and reach for their goals. There were many examples of people being supported by the care they received so they were able to participate and be members in different groups within society including education and workplaces.

Is the service responsive?

Our findings

People's individual needs had been assessed before they received support to help ensure people's needs; wishes and expectations were able to be met. People consistently told us they had felt involved in how they wanted their support needs to be met. One person described how by staff responding to their needs they were supported to undertake their different interests. The person said, "I like what I do" and staff helped them to do this. Another person enthusiastically told us how staff supported them to do what they liked, such as cooking meals so they could improve their skills. The person went on to say how staff were there at times they needed support which they thought helped them keep healthy and well.

Staff knew people's needs well which one staff member told us helped them to respond to people's needs in the best way for each person. Another staff member said, "They [people who used the service] have all got their own different needs and it's about helping people to achieve their chosen ambitions." Staff were able to tell us about people's individual needs and how they would respond to these. One person told us they had confidence in staff to respond to their particular health needs which made them feel both supported and safe. We saw in the care records we looked at there was guidance for staff to follow so they were able to consistently respond to people's different needs which included where people had epilepsy.

In the PIR the registered manager told us, 'The service and the staff team have strong links locally through experience and have supported individuals to find meaningful voluntary and paid work positions. The staff team encourage people who use our service to keep regular contact with their families and promote individual and group trips to build confidence and skills.' People told us they had built up a profile of interesting social and recreational opportunities which they enjoyed for both fun and interest. One person valued the assistance they received from staff with their personal care needs at the start of their day so they were able to participate in things they liked to do. Another person said they were in regular contact with their family.

Staff we spoke with described how the arrangements in place supported people to receive consistent care which took into account any changes in their needs. For example, people had a small dedicated team of staff who were responsible meeting each person's support and care needs. This arrangement was valued by people who used the service and relatives. One person told us, "I really like all the staff" and was able to put a name to each one. Additionally, there were other arrangements which assisted people to receive responsive care, such as having strategic staff in place to lead the staff team and on-call arrangements. These consistent arrangements supported the exchange of information between the different staff members who made up the team who supported people in their homes.

Staff we spoke with understood how some people's day to day preferences and wishes were linked to their cultural, religion and values. We saw people's care plans considered their physical, emotional and spiritual needs. People's care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. People's care plans had regularly been reviewed and their views on the care they received had been sought.

Information was provided, including in accessible formats, to help people understand their care and support. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

People consistently told us they would raise complaints about their care if they needed to and were very confident in being listened to with action taken to resolve their issues. A relative told us they were very happy with the service provided but would feel comfortable in raising a complaint if they needed to. We saw the provider had a process for receiving and managing complaints. Staff told us they would recognise if someone was unhappy and would support people if they thought this was needed.

At the time of the inspection, no people using the service were receiving end of life care. The registered manager and staff understood the importance of providing good end of life care to people and would support people to have conversations about their wishes for the end of their life which would be led by each person.

Is the service well-led?

Our findings

People who used the service and a relative told us they liked the registered manager who was approachable and available if they needed to speak with him. They also told us that they were happy with the reliability of staff to provide the support each person required. One person told us, "I am happy with my support, it is good." A relative spoke highly of the registered manager and staff. They told us the care was "All high quality" and they had, "Such confidence with him [registered manager] as he cares a lot about the young people."

There was a clear management structure and out of hours on call system to support people and staff on a daily basis. People told us that they had good communication with the registered manager who they had direct contact with on a regular basis as they undertook care shifts. People were consistently positive about how the registered manager was always responsive to their views. A relative confirmed they could contact the registered manager at any time to discuss any issues which may arise.

In the PIR the registered manager told us, 'Our ethos is shared, which is being open, honest and treating each person who uses our service as an equal, upholding their rights and promoting well-being.' During our inspection people who used the service and staff told us the registered manager listened to what people felt about the service they received in their home and what they thought could be better. For example, we saw and heard from people they had regular opportunities to share with the registered manager and staff their views about their care experiences. One person told us how they actively helped with gaining views of people who used the service and presented these to the staff team as an elected representative. They said it was to, "Help and make sure we have good support." We heard about examples where people had the opportunities of being involved in recruitment processes, such as interviewing potential new care staff and helped to review information about the services provided. These practices showed people were provided with opportunities of influencing how the services were shaped and delivered.

We saw the registered manager continually monitored the daily running of the service. Staff confirmed the registered manager expected them to report back on any issues so steps could be taken to support people in their home, for example calling the doctor if people's health deteriorated. We saw from records the performance of staff was continually monitored through checks on the care and support people received and feedback from questionnaires. All the staff we spoke with were happy in their work and felt supported on a day to day basis. One staff member told us, "The manager is wonderful you can get advice and support from him at any time and he listens." Another member of staff member said, "Absolutely lovely place to work, he [registered manager] thinks highly of tenants and staff. Aiming to give a lovely life for people."

Staff we spoke with felt the service was well led and they felt involved in the running of the service. One staff member told us, "I am actually quite proud to work here. Be part of a team that enables people to be as good as they can be." Another staff member said they felt "So lucky and privileged" to support people at such a well led service. We also saw group meetings were held with staff who were encouraged to think about how the care and support provided to people could be improved for each person. This was to ensure staff could have ownership in the areas of the service which were important to people but also to develop

their awareness of the overall service together with achievements gained.

The registered manager and their staff team worked hard to deliver high quality care to people. A range of quality checks to assess the quality and safety of the service were regularly carried out. These included health and safety checks. Regular reviews of care were undertaken. These included feedback from the person who used the service, where appropriate their family members, health and social care professionals if needed and key staff involved in each person's support. These practices showed people's on-going care arrangements were developed with input from all relevant participants.

The registered manager and their staff team worked in partnerships with various organisations, including the local authority, hospital, community nurses and, GP surgeries to make sure they were following correct practice and providing a high quality service. In addition, the registered manager attended the registered managers network which they told us in the PIR was, 'A source of good practice information, this can be passed onto the staff team in meetings and supervisions.'

We spoke with the registered manager about their vision for the service which they highlighted in the PIR, 'Taylor Made Care intends to offer paid employment to people who use the service in areas such as administration and ground keeping where service users live together in multiple occupancies.' Throughout our inspection visit the registered manager spoke about complete inclusion with people knowing their rights and the service being flexible enough to enable and support people to be as independent as they could be. This vision was also shared by the whole staff team and what people were telling us. Each conversation with a person was being used as a means of shaping their support plan or improving the service so people were put at the heart of the services they received in their home and when going out.