

Supporting Independence Limited

Supporting Independence - Findon

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Supporting Independence provides personal care and support to people with learning disabilities, autism and mental health needs living in 'Supported Living' accommodation. 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.

Supporting Independence office is in Findon Village. Staff provided support to 11 people who were receiving the regulated activity of personal care, across four separate settings in Littlehampton and Findon.

Mortimer House in Littlehampton provided support to three people living in individual flats within one building. There was a separate flat which was used as a communal hub for all tenants and also provided facilities for staff including a sleep-in room for overnight support.

Ivy Cottage in Findon provided support to six people. Three people were living in a shared cottage and three people were living in individual flats next door. Staff provided sleep-in support from the cottage. There was large wooden chalet in the garden used as a communal hub and stables for Shetland ponies.

Two people received support in their own homes in the local area.

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.

There were high levels of satisfaction amongst people and relatives who used the service. Everyone we spoke with said they would recommend the service to others. People repeatedly told us that staff had made a difference in their lives and said that staff routinely went above and beyond to ensure people were happy and safe.

People told us that they felt safe. One person said "There is always staff here, even at night. That makes me feel very safe". Risks to people had been identified and assessed. There was a flexible approach to risk management which promoted people's independence and provided opportunities for new experiences. There were enough staff to meet people's needs.

People were supported to have maximum choice and control over 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. Staff completed a range of training and had the skills and knowledge to deliver effective care and support

People and their relatives spoke positively about staff and the care they received. We were repeatedly told by people and relatives that Supporting Independence continued to be very caring. Staff were motivated to make a difference and cared for people in a way that exceeded expectations.

People were treated with dignity and compassion by a kind, caring staff and management team who understood people's individual needs, choices and preferences well. One person said, "I love it here, I wouldn't change it for the world".

Care was personalised to meet people's care, social and well-being needs. Care plans provided detailed information and guidance for staff. Staff knew people well and provided support in line with people's preferences. People's diverse needs were catered for and they were treated with dignity and respect. People were supported with community connections through voluntary employment and activities.

The culture of the service was positive, and people and staff were complementary of the management. One staff said "I feel valued by the manager. She is good at giving praise and saying well done, and that's very important to me". Systems and process were in place to monitor the quality of the service being delivered. People and staff told us that they felt supported and valued.

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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was Good. (published 29 September 2016)

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.	Good ●
Is the service effective? The service was Effective.	Good ●
Is the service caring? The service was exceptionally Caring.	Outstanding ☆
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was Well-led	Good ●

Supporting Independence - Findon

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 undertaken by one inspector.

Service and service type

This service provides care and support to people living in four supported living settings, so that they can live as independently as possible. People's care and housing needs 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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. Due to technical problems, the provider was not able to complete a Provider Information Return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager, service manager and care staff.

We reviewed a range of records. This included medicine records and five people's care records. We looked at two 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 spoke with one person who uses the service, two staff and three families. We sought feedback about the service from three professionals who have regular involvement with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff had completed safeguarding training and knew what action to take if they suspected abuse had occurred. One person told us "I was experiencing problems when I was in the community, I told staff and they told the police and it got sorted. Staff have helped me to stay safe since then".
- Systems and processes were in place to protect people from the risk of harm. Staff were aware of safeguarding procedures and how to report a concern. One staff said "I know how to raise a concern and I would not hesitate to do so. It's all about keeping people safe and that is the most important thing".
- People told us that they felt safe. One said "I am alright living here, it's good and safe. I want to stay living here". A relative told us about their loved one "I trust the staff 100%, they know [name] well and how to keep them safe when they are out and about. This gives me peace of mind".

Assessing risk, safety monitoring and management

- Risks to people were identified and assessed. Staff had a flexible approach to risk management and people were supported to take positive risks. For example, one person said, "I like going out on my own, but I don't like using the bus". Staff had assessed the person's road safety skills and spent time supporting them to walk a safe route to the local village shops. This person walks to and from the village independently.
- Risk assessments had clear guidelines on how risks could be reduced. For example, where a person had experienced unwanted financial demands from peers, measures had been put in place to mitigate the risk of a further occurrence. The person told us "I told the staff what was happening, they were very good, and they told the police. Staff have taught me how to keep my money safe and now I look after my money better. They help me keep an eye on my bank account too".
- Effective behaviour support plans were in place. These plans provided a person centered approach to supporting people with behaviours that may become challenging or had the potential to put themselves or others at risk. These were reviewed regularly and when people's needs changed to ensure staff had access to accurate information to keep people safe.

Staffing and recruitment

- There were safe systems and processes in place for recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS) and obtaining suitable references.
- There were enough staff to meet people's needs consistently and keep people safe. People had a combination of individual 1-1 support hours and shared hours for night time support. There was a core team of staff who knew people well. Staff told us that they worked flexibly, one said "there is adequate staffing and we have enough time to spend quality time with people".

Using medicines safely

- People received their medicines safely. Some people required staff to prompt them to take their medicines and some needed staff to administer them. Staff had received training in administration of medicines and only those staff who were assessed as competent were able to administer medicine.
- Systems and processes were in place to identify omissions and errors and appropriate action taken. For example, the day before our inspection on 13 June 2019 a pharmacy dispensing error had been identified by the service. Appropriate action had been taken to ensure the persons wellbeing and the incident had been given consideration under West Sussex County Council safeguarding guidance.
- Medication audits were completed monthly by the service manager. They reviewed and analysed the audits and information from people's care records. This ensured that appropriate action was taken to safeguard people and implement measures to mitigate potential risks.

Preventing and controlling infection

- Staff understood how to prevent and control the risk of infection and had received training in this area. They used appropriate personal protective equipment and had access to suitable facilities to help prevent the spread of infection.

Learning lessons when things go wrong

- Accident and incidents were managed safely, and lessons learned to improve the care and support people received. Systems were in place to enable senior staff to oversee and analyse incidents to ensure lessons were learned. The assistant manager had recently reviewed and updated the protocol for checking and receiving medicines from the pharmacy following a recent incident.
- The registered manager was transparent when things went wrong and took learning from incidents. They told us when things went wrong they used questionnaires to enable staff to reflect on why the issue may have occurred and what measures could be implemented to prevent it happening again. A recent outcome from a lessons learnt exercise led to the appointment of a full time administrator and a new assistant manager post.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories.

Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process.

- People were involved in their care planning and their individual choices and needs were assessed and known by regular staff who knew them well. Care plans provided staff with appropriate detailed information to enable them to support people in line with their preferences.

Staff support: induction, training, skills and experience

- New staff received an induction in line with the care certificate. The Care certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. Staff told us that they had received a good induction, which included information about the company's values and expectations of their role.

- Staff had opportunities to learn skills to enable them to support people's assessed needs. Staff told us that they had good access to training and that they were able to request training to meet people's specific needs such as communication and schizophrenia. One staff said "An assessment of a new person moving to the service had identified that their communication is enhanced by the use of Makaton sign language. I asked for training and this was immediately sourced. The training was great I learnt so much and I am able to use basic Makaton signs alongside verbal speech to communicate with this person".

- Staff received regular supervision. Staff told us that their supervision was constructive, it provided opportunities for feedback on their performance and areas for development. They said their own-wellbeing was a standard supervision topic and they felt supported and valued because of this.

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

- People received appropriate support to ensure their nutritional requirements were met. People required varying levels of support to ensure they maintained a balanced diet. This included support with menu planning, shopping and preparing food.

- Support plans identified specific needs related to nutrition and hydration. For example, one person's support plan reflected they were susceptible to unplanned weight loss and the need for a high calorific diet and high energy foods. Staff were knowledgeable about people's nutritional needs and preferences.

- People were supported to be as independent as possible with meal preparation. We observed one person making their lunch of salad and a quiche they had made the night before. They required occasional verbal prompts and reminders from staff. Our observations reflected the person's support plan which informed the

person had maintained a four stone weight loss for the last four years by following a healthy diet.

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

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records showed that people had regular access to health and social care professionals.
- Staff could assist people with their healthcare appointments if needed. One person told us that they had an appointment about their mental health on the afternoon of 13 June and we observed staff supporting them to prepare for this.
- Staff liaised with other agencies to provide a consistent level of care and support to people who were new to the service. For example, Staff had received detailed information prior to a person moving to the service. Information shared included the persons personal history, interests, communication, culture and preferences. This provided important information which supported the person to have a smooth transition to the service and continuity of care.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was upholding the principles of the MCA.
- Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming people had capacity to make decisions and to ensure people were supported in the least restrictive way.
- Staff described when and how decisions would be made in people's best interests. They were aware of which people were able to provide consent and the circumstances that may cause people to have fluctuating consent.
- People told us that staff always sought their permission before providing care and support. And we observed this in practice throughout the inspection.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service had strong, visible, person centred culture. People, relatives and professionals praised staff and described them as "amazing" and "I cannot praise them enough", one relative said, "I bless the day my relative moved into Ivy Cottage". A relative wrote "you have been superstars, thank you for all your help", another described the staff as having a "positive approach to finding solutions and a can do attitude"
- Care provided to people often exceed expectations. A visiting professional told us about a person who was moving to another service they said "Staff went above and beyond the funded support and helped the person settle into their new home. They provided comprehensive risk assessments, care plans and advice to the new staff to help them meet the person's needs effectively".
- Staff went the extra mile for the people they supported and were committed to ensuring people were happy and content in their lives. We were provided with multiple examples of where staff had gone above and beyond their job role. A person who had to spend a period of time in hospital told us "the staff were lovely, I wasn't forgotten, they came to see me every day in their own time. One lent me a DVD player so that I wasn't bored. When I came home staff checked on me all of the time, I was on crutches and needed a lot more support than usual. The staff were great, they were absolutely fabulous".
- Staff were mindful of the therapeutic value of pets. People were encouraged to have pets and people living at Ivy Cottage had Shetland ponies. We were told how the registered manager had taken the cat from Ivy Cottage in her car to visit a person who had to move into a nursing home. The person had found the move difficult and was very upset to leave the cat behind. The registered manager said the person had been overjoyed to see the cat and it had helped them settle into their new home. People told us how much they enjoyed looking after the ponies and the therapeutic and calming value experienced when brushing them. One person said "I stroke them, I love them"
- All staff undertook equality and diversity and human rights training. People were given the opportunity to discuss any preferences such as religious preferences and expressing sexuality with relevant information incorporated into care plans. A person told us "I have grown a lot as a person since I have lived here. I am a different person, I'm happier, more positive and I am encouraged to express myself. Staff are supporting me to be the person that I want to be, and to be proud of who I am. I can't thank them enough". They went on to say, "I would like to be a role model one day for other people who are going through the same things, staff have helped me so much, and I would like to give that help to others".
- Staff repeatedly demonstrated empathy and compassion. Two people told us about a time when they had been very sad due to the loss of a close friend. They told us "everyone was sad including the staff, this person was so special to us all". Staff told us how they had all supported each other through the period of bereavement. People had been supported with specialist bereavement counselling relevant to their own

needs and understanding. Together everyone had created a special place in the garden decorated with things to remember the person by. One person said, "we can go there to remember the person, sometimes I see staff there and I know that they are thinking of them too, it's a special place".

- People spoke fondly about the staff who supported them and the relationships they had formed. Staff were repeatedly described as "Fabulous", "very caring" "supportive and understanding". One person said "It's nice here, it's like a family, staff stay for a long time. I have been here 15 years, I absolutely love it and the staff make me feel so safe".

- Relatives told us the reliability of the service and the outstanding care provided had made a difference in their lives too. One relative said "they don't just care about the people who live there, they care about us too. They have gone the extra mile to get to know us as a family. They supported us with compassion, dignity and respect through a really difficult period in our lives". Another said, "the whole team are so caring, I cannot put into words the outstanding support we received from them, in the 30 years my relative has needed support this is by far the best".

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

- People were involved in the recruitment of new staff. People told us this was an integral to ensuring that staff shared the same interests as they did and would be able to provide the support they needed. One person told us they had given feedback to suggest the person would not be suitable, and the person was not employed. They told us this made them feel valued and listened to.

- Staff had a good understanding of protecting and respecting people's human rights. One person told us how staff had supported them through a benefits tribunal. This had enabled them to receive the finances that they were legally entitled to.

- One person said that staff have helped them to find fun things to do and try new things based on their hobbies and interests, they said "staff are very kind to me, we went to a Lionel Richie concert". We were also told how they were supported to go to London at Christmas to visit Harrods and the Christmas markets which they said, "I really like doing".

Respecting and promoting people's privacy, dignity and independence

- Staff worked innovatively to promote independence. People were supported to gain voluntary employment and make community connections. Care records showed what aspects of daily living people could manage independently and how people are encouraged to contribute to day to day household tasks. This gave people a sense of purpose and responsibility.

- People told us that staff gave them encouragement and promoted their independence. One person told us "I like my independence but I know staff are always around in the background just in case I need them and it's reassuring", and "Staff have supported me to find a safe route to cross the road and walk to village, it's great to be able to have that independence" Another person told us how the staff have encouraged them to be more independent and given them the confidence to do new things such as cycling, going to the gym and "playing football with a bunch of lads on a Tuesday".

- Staff understood the importance of respecting people's privacy. One person told us "staff never come into my flat without asking my permission". We observed staff knocking on people's front doors and respecting people's wishes when they indicated that they did not want support at that time.

- People told us that they were always treated with dignity and respect. One person told us that staff knew how to communicate with them which they described as "uncomplicated and just right". Another told us "staff respect who I am, they understand me totally".

- A relative said "Staff are respectful, and they really do care, they are a cut above the rest".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People experienced an exceptional level of personalised care and support that promoted their physical and mental wellbeing and enhanced their quality of life. Care records contained key information about the person including their preferences and interests. Information was detailed, up to date and provided clear guidance for staff.
- People were involved in the planning of their care. People said they felt totally involved and consulted regarding their care needs. One person told us how their mental health can fluctuate, and they had worked with staff to recognise the signs. This has enabled them to get early intervention and has prevented admission to hospital on several occasions.
- Relatives told us that staff knew their loved ones really well, and one said "they get the balance exactly right, they know my relative so well, they notice the slightest change and how to respond and support them. They keep well me informed and it gives me peace of mind to know that they are so well cared for". Another said that the staff totally understood the importance of routine for their relative they said, "the staff get it right, they are a godsend, my relative is happy and you can't ask for more than that".
- People gave us examples of how staff supported and encouraged them to pursue individual interests and hobbies. For example, Staff had identified that a person enjoyed being outside and had a particular interest in the Shetland ponies. They had gradually encouraged the person to take some responsibility for the ponies care. The person told us how they cared for the ponies every day, wearing boots and a hat when brushing them and keeping their field and stables clean. They told us their job was very important in ensuring the ponies kept safe and well, and how much they enjoyed doing this. It had also helped them to stay healthy and active.
- Staff paid attention to detail about what was important to each person. For example, a staff member described how they had taken the time to get to know about the culture of a person who had recently moved to the UK. Together they had established that the person had a particular taste in music. The staff said, "I used this information to build a relationship with the person, so that we could get to know each other better". They supported the person to search for music clips online and spoke about the person's favourite artist. The staff said, "I have learnt so much from people here, new music, new recipes and I have tried new activities".
- People had the opportunity to go on holidays of their choice. Staff supported people to budget for holidays and used the internet to search for ideas. One staff member described how they had supported a person to apply for a passport as they had chosen to have a holiday abroad. They said, "it was so rewarding when the passport was delivered, the person was really excited as it meant that the holiday they wanted to go on was really possible". The person said "I chose a holiday to Lanzarote, it was great. I chose the staff who I wanted to come with me, we had a great time, with loads of walking which I really enjoy".

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 carer's.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in support plans.
- Communication plans provided guidance for staff on people's communication needs. For example, one person's plan outlined how they understood short simple sentences and how this could be enhanced by using cues, pointing or Makaton signs. It also gave information on understanding the person's facial expressions and the use of social stories to explain appointments such as going to the dentist or GP.
- The service embraced technology to help people to connect. People had access to WIFI which supported the use of 'smart' mobile phones, laptop computers and media services. People used email and video calls which people used to keep in contact with friends and family. People described how they used the internet to search for music, look up films and choose holidays.

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

- People were supported to maintain and develop relationships and community connections. People were actively involved in community activities and were supported and encouraged to follow their interests and hobbies.
- People told us how they regularly accessed the local leisure centre for sports activities and enjoyed music sessions and regular trips to the cinema. One person told they enjoyed going into Worthing on the bus and having coffee and cake at their favourite café.
- Two people told us about their voluntary jobs. One person had a job in the café at the local hospital, another person helps out at a weight loss group where they were once a member. They told us that staff had supported them to become a volunteer at the group and helped them to learn a safe cycle route there. This has enabled them to travel to the group independently which they told us was very important to them.
- People were supported to stay in touch with people who matter to them. One person had been supported with an advocate to have contact with a loved one. This had involved being supported through the family courts to ensure their rights were being upheld. This has enabled the person to maintain regular and supervised contact with their loved one who is very important to them. Staff described how they supported the person to prepare for the contact ensuring that the person maintained their own legal obligations and also purchasing appropriate gifts and toys for their loved one.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which each person had been given a copy of. This was also available in an accessible format. Where complaints had been raised, they were appropriately investigated and responded to and used as opportunities to reflect on practice and identify improvements.
- People's concerns and complaints were listened to and responded to. People knew how to raise a concern or complaint if they were unhappy about anything and were confident it would be resolved. One person said, "I walked down to the office and told staff about it, I feel much happier now it has been sorted". This was documented in the complaints log and the outcome recorded.
- Relatives told us that they knew how to raise a concern and said, "I never really have the need to complain" another said, "on the odd occasion I have had a grumble they have addressed it professionally and swiftly". People and their relatives told us that they would have no hesitation in raising a concern and had every confidence that it would be dealt with professionally.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as 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 focused on providing the support and care people required to meet their individual needs and promote their independence and choices as to how they lived their lives. One person said, "I love it here, I want to stay living here".
- People were at the centred of everything the service did; the registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes. A visiting health and social care professional said that staff knew people very well and always had a caring person centered approach.
- There was a process in place for peer assessing. This meant that people who use the service were able to review the quality and standards of the service being provided. People reviewing the service were known as 'Quality Checkers'. People were able to apply to be a quality checker and there was a clear job description outlining the role. An outcome from feedback received from quality checkers was that communication between the management team and people who use the service had improved since the introduction of more regular meetings. Improved communication was an action following a quality checker's assessments of the service.
- Staff were fully aware of their responsibility to give a high quality, person centred service. One staff staid "I love my job, I love making a positive difference to peoples lives. Its so rewarding and I feel valued by the people I support too".

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 registered manager promoted transparency and honesty. A relative told us "communication is good, we are kept up to date. I trust the manager 100% to be honest with us". A relative told us "there was an issue recently with the pharmacy dispensing medication, the manager told me about it immediately and kept us up to date"
- The registered manager had an open door policy. Staff confirmed they always felt able to speak to any of the management team. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and Care Quality Commission.
- When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt.

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

regulatory requirements

- The registered manager provided strong leadership and staff understood their roles and responsibilities.
- Staff performance was observed to check policies and procedures were being followed. Staff had one to one 'supervision' and had opportunities to discuss their learning and development needs. One staff said I have been encouraged to progress and have been given lots of support and opportunities through training and extra responsibility. I feel really valued and supported".
- Staff told us that the registered manager was supportive both personally and professionally. Staff told us that they received gifts as recognition for good work and going over and above and at Christmas. They said that this made them feel valued.
- There was a quality assurance system in place to ensure that staff continued to give good quality care. Accidents and incidents were recorded and the manager was notified in real time through an electronic system which senior staff could access through an App on their mobile phones. The registered manager understood their legal duties and sent notifications to CQC as required.

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

- Staff had received training about equality and diversity and understood their responsibilities to uphold people's human rights. The registered manager gave us examples of how people had been supported with their equality and diversity needs.
- Satisfaction surveys were sent out to stakeholders and there was a process for analysing, sharing and acting upon feedback. Feedback from the most recent survey in the autumn of 2018 included "The provider ensures the staff are trained and up to date with most effective methods of working in a care setting" another said "Staff really understand the individuals they are supporting".
- People and staff were involved in developing the service. Changes were discussed to improve the service. One person said, "we talk about things and we are listened to". Minutes from meetings evidenced that discussions take place about what is working well and what is not. Actions from previous meetings were shared and there was opportunity for people to give input.

Continuous learning and improving care; Working in partnership with others

- The registered manager was proactive and receptive to ideas and took up learning opportunities where they could.
- Since the last inspection the service has introduced a positive behaviour support (PBS) champion. This person works alongside staff and provides coaching and advice to support staff with situations involving people's behaviour. Staff told us that this has really helped them to understand why people may behave in the way that they do and how to give positive responses and support. The registered manager told us "We have been able to see the positive effects on people and there has been a real change in culture".
- The service had signed up to national information forums including webinars that provide updates and information on person centred care practices. Information was shared through team meetings and where new ways of working have been introduced these were reviewed through discussions at team meetings and the providers quality assurance processes.
- The registered manager and staff worked in partnership with other professionals and community groups. They attended provider forums and registered manager network groups.
- The registered manager had undertaken extensive learning in one topic area and had been asked to share their knowledge at an international conference. The registered manager applied their skills and knowledge to the development of behaviour support plans and staff training.