

Landermead Investments Limited

Catherine Tam Agency

Inspection report

265 High Road
Chilwell, Beeston
Nottingham
Nottinghamshire
NG9 5DD

Tel: 01159683888
Website: www.landermeads.com

Date of inspection visit:
08 May 2019
09 May 2019

Date of publication:
18 June 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Catherine Tam Agency is a domiciliary care agency. It provides personal care services to people living in their own supported housing. It is registered to provide support for people living with a learning disability or autistic spectrum condition, mental health needs or physical disability. At the time of the inspection three people were being supported.

People's experience of using this service: The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support. For example, people's support focused on them having choice and control over the care and support they received and as many opportunities as possible to become more independent.

People were exceptionally well supported by staff who genuinely cared about people. People were supported to be in control of their lives and make their own decisions.

People were supported to take positive risks. Healthcare professionals were involved in decision making so risks were minimised and emotional well-being maximised.

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

Innovative ways were used to support people's involvement in recruiting the right staff. Matching tools were used to make sure staff had not only the right skills and experience to support people, but also the right interests and personality characteristics so positive and trusting relationships could be built. People chose who supported them to which activity or event so they were able to have the best experience possible.

Medicines were managed in a safe way whilst also giving people as much independence and control as possible. People had attended medicines training alongside their staff team and training was also open to people's relatives to support and enhance their confidence.

Staff training was exceptional and involved training deemed mandatory by the provider, which included emotionally led training which supported the development of empathic relationships with people. Staff were encouraged and supported to attend additional training, such as music in care practitioner training and mindfulness training as this supported the culture of the organisation.

A holistic approach to assessing people's needs was used which included their physical and mental health as well their hopes and aspirations. People's needs were continuously assessed and there was a focus on

future planning to ensure staff could meet people's needs into the future as well.

People were encouraged and supported to have a healthy lifestyle, including a balanced diet, with new food experiences and taking part in exercise. People attended regular health check-ups and were supported to access external healthcare professionals including GP's, and dieticians, opticians and dentists.

Staff had used their shared interests and personality characteristics to form strong emotional bonds with people. There was clearly mutual respect between people and staff which fostered an environment where people's rights were valued and upheld. Staff treated people with kindness and compassion and relationships were also filled with fun and laughter. There was clearly shared humour amongst everyone we met.

Creative ways were used to people at the heart of planning their care and achieving their goals and aspirations. Support plans were incredibly specific to the person and included information on people's histories and the reasons why people needed to be supported in particular ways. There was also a focus on what people's future needs would be and how they could continue to be supported in their current home by staff who knew them well.

People were supported with a range of activities from voluntary jobs and entrepreneurial ventures to keeping chickens, going to the theatre, going to football matches and spending time with family and friends. Anything people suggested to staff that they would like to do was taken on board and staff enthusiastically supported people to make this come true.

There was an absolute focus on ensuring the governance of the service was used to enhance the quality of the service, so people could live the life they wanted. The registered manager and team leader continued to support people, so they could maintain positive relationships and act as role models for staff.

All staff understood their role as being to support and empower people to be active citizens who were in control of their lives, took positive risks and who were valued and accepted by society.

Partnership working was used to raise awareness and develop the creative and innovative ways staff used to enhance people's lives. Work had begun to achieve accreditation with Opening Doors London as a 'Pride in Care' provider. This aimed to raise awareness and support Lesbian, Gay, Bisexual and Transgender people to live happy, healthy lives, free from loneliness prejudice and discrimination. The provider also worked with other key speakers and trainers to enhance people's lives, raise awareness and act as role models for other providers.

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

Rating at last inspection: Good. (Report published 14 November 2016)

Why we inspected: This was a scheduled inspection based on the previous rating of good. The service has improved its rating from good and has now achieved outstanding in four key questions.

Follow up: We will continue to monitor the service and complete a further inspection in line with the rating of outstanding. If any information of concern is received, 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 exceptionally safe

Details are in our Safe findings below.

Outstanding ☆

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Catherine Tam Agency

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector completed the inspection.

Service and service type: Catherine Tam Agency provides personal care and support to three people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection: We gave the service 24 hours' notice of the inspection site visits because it is small 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 8 May 2019 and ended on 9 May 2019. We visited people's homes on 8 May 2019 and the office location on 9 May 2019 to review care records and records relating to the management of the service.

What we did: Before the inspection we reviewed information available to us about this service. This included incidents the provider must notify us about, such as abuse and we sought feedback from the local authority and professionals who worked with the service. We assessed the information we require providers to send us at least once annually via their provider information return (PIR). The PIR provides key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with all three people who the Catherine Tam agency supported. We spoke with the nominated individual, who was also the owner, the registered manager, the team leader (project manager) and three support staff. We also spoke with the clinical lead, a trainer and the office manager. We looked at people's care records and documentation about the management and running of the service.

After the inspection site visits we spoke to another support worker and a relative.

Is the service safe?

Our findings

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

People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management.

- People were protected from the risk of harm and abuse but were not unduly restricted by this. Staff supported positive risk taking which enabled people to take control of their lives.
- We were told about numerous instances of exceptionally personal centred support and positive risk taking. Including supporting people with helicopter rides, sky diving and safely engaging in chosen activities which had previously had a less than positive effect on people's lives.
- The emotional benefits of supporting people to take the risks they wanted to was assessed and innovation and creativity used to support people to have control. Staff were fully supportive of people's decisions and used these choices as ways to challenge discrimination and stereotypical views of what people receiving support could achieve.
- When people made decisions about their lives which were particularly risky due to previous lifestyle choices, or complex needs, staff positively supported attendance at medical appointments. GP's were regularly involved in discussions with people about their decisions and possible consequences.
- People told us they felt safe and could speak to the staff if they were worried about anything. Staff were skilled at recognising changes in people's character which may indicate there were concerns. A relative said, "Oh, they are very safe, we can't fault anything. [Person] knows he can speak with any of the staff if they don't feel safe, they are remarkable."
- There was a definite 'no-blame' culture and people and staff were open to raise any concerns and challenge any risks without any fear or reprisals.
- Staff showed empathy towards the people they supported and respected and understood people's lifestyle choices.
- The use of technology had been researched to support people to have choice and control over decision making, this included memory apps and emotion boards so people could indicate how they were feeling.
- Accessible information on safeguarding and taking risks was available for people.

Staffing and recruitment.

- The safe recruitment of staff had been developed since the last inspection. People made active decisions about the staff who were recruited and also about which staff supported them when. Expressions of Emotion were used to give people a voice in selecting and monitoring staff. By monitoring people's non-verbal communication including gestures, expressions, interaction and engagement it was possible for staff to assess whether people were happy and enjoying life with their staff or if there were any concerns.
- Staff were matched with people based upon the person's wants and needs; the skills staff needed to support them, their personality characteristics and shared interests. This created a 'match' between people which lead to good quality, individual support based on similarities, positive relationships and fun.

- Rota's were flexible. People chose who supported them for what activities and staff proactively managed any risks and monitored people's level of engagement and enjoyment.
- The registered manager said, "Staff who work in the service only do so after having worked in Catherine Tam House (our residential nursing service next door) as we believe that we should have knowledge of someone before they are lone working."
- Poor performance or the incorrect matching of staff and people was identified early and staff were supported to improve or it was explained they weren't the right match so were staff were supported to return to their substantive posts within the providers residential home.

Using medicines safely.

- Staff worked closely with people to involve them in the safe management of their medicines.
- People had attended medicine training alongside staff members. The clinical lead who delivered the training said, "It was the best course ever. [Person] really tuned into their needs and understanding about their medicines which is why they should be involved. It was very empowering."
- People were involved in checking their medicines and understood which of their medicines were for what symptoms.
- A new medicines management system had been introduced which gave people increased choice, control and independence over their medicines.
- People's relatives were able to attend medicines training. This increased their confidence in administering medicines when people visited or stayed overnight without support staff.

Preventing and controlling infection.

- People were encouraged and supported to take an active role in ensuring their home was clean and hygienic. There was great team work in ensuring the home was clean and tidy whilst also reflecting people's skills, interests, personality and lifestyle choices.
- One person had completed kitchen hygiene training as they volunteered in a local resource centre café and put these skills to good use at home.
- The staff had researched best practice in relation to people keeping rescue hens and the prevention and control of infection. Particularly as the eggs were available for the local community.
- An infection control lead was employed. Appropriate procedures were followed and audits completed.

Learning lessons when things go wrong.

- Accidents or incidents were analysed for lessons learned. Systems had been reviewed and changes made to minimise the risk of reoccurrence of incidents. Staff were involved in reflective practices using a widely recognised system to support learning and continuously improve quality.
- The culture was very open and the ethos was one of acceptance that we all make mistakes and need to use these as a way to identify improved practice. Staff told us, "There's never any blame put on anyone. We all feel able to say if we've made a mistake, so it can be reflected on and learnt from."

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.

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.

- A holistic approach to assessment was embedded which included people's physical, mental and emotional health and well-being. People's history was of vital importance and it was recognised that people's past should be acknowledged in a positive way as it had made people who they were today.
- The staff team continuously assessed people's needs and choices using a variety of approaches to include people. There was a focus on future planning to make sure people's needs, wishes and aspirations could continue to be met in as safe a way as possible.
- The provider, management and staff worked alongside leading external professionals to ensure they kept up to date with best practice and recent research.

Staff support: induction, training, skills and experience.

- Staff said they felt exceptionally well supported and well trained. All staff had attended training deemed as mandatory by the provider. This involved 'quality of service' training including oral health, pain management and skin integrity.
- 'Quality of life' training which was described as 'emotionally led' training was attended. Staff were supported to identify their own vulnerabilities and recognise their own feelings, so they could develop empathic, meaningful and supportive relationships. There was a focus on people's rights to be treated with fairness, equality, dignity and autonomy.
- Staff had excellent opportunities for learning and development that was bespoke to the needs of the people they were supporting. Music in care practitioner training had been attended so specialised, individual music therapy could be provided by staff who knew people well. CD's had been produced from songs written by people being supported. One staff member said, "We can say if there's training we would like. [Nominated individual] then finds the course and runs with it. There is no rule book, as long as it increases engagement, reduces social isolation and focuses on quality of life."
- Staff completed a nationally recognised induction programme called the care certificate staff. A specific two-week induction which focused on the needs of the people they would be working with was also completed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- There was a focus on the benefits of leading a healthy lifestyle including eating and drinking well, exercise and happiness.
- People were fully involved in menu planning, shopping and cooking meals. A staff member, who was also a chef said, "People are really open to new ideas and new flavours. It's a team effort but there are massive benefits of good nutrition for mental health, physical health, future mobility. We look at nutrition with

people and do it in a way people enjoy."

- People made active decisions about their diet and health. Advice from dieticians was sought and followed however where this had not resulted in the desired aim. Together, with the person, alternatives had been identified which resulted in goals being achieved.
- Hospital passports were in place which included the key information about people if they needed a hospital stay.
- People had been involved in annual health check-ups and medicine reviews. Routine appointments such as opticians and dentists were attended. People chose which staff supported them with appointments, especially if they were anxious so the best possible outcomes were achieved. A relative said, "They always get the doctor involved if [person] isn't well or take them to the hospital and let me know."

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

- Effective approaches to working with other services were in place to ensure people received consistent, high quality support.
- Where people expressed an interest in attending voluntary work staff visited the premises to assess suitability, meet the staff and discuss the person's needs. They were then able to proactively support the person with building relationships with staff and becoming familiar with the environment, so they were confident and engaged.

Adapting service, design, decoration to meet people's needs.

- The Catherine Tam Agency did not provide accommodation for people however, the staff actively worked with the housing provider to make sure people's needs were met.
- People and staff had worked together with the housing provider to adapt the garden areas, so they were safe and accessible.
- People were involved in choosing the décor of their homes and also got involved with decorating their rooms and leading the process.

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 with appropriate legal authority. Where people are deprived of their liberty in their own home's applications must be made directly to the Court of Protection.

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.

- Staff were highly skilled at communicating with people in a way that was understood. Staff knew people incredibly well and used this knowledge to support people to make their own decisions.
- There were no restrictions in place for people as staff were adept and flexible in their approach to supporting people.
- The registered manager was the nominated champion in relation to capacity and consent. All staff were knowledgeable about how they would work with individuals to gain their consent and understand capacity. Where appropriate capacity assessments and best interest decisions with the involvement of the person, their family and the staff team.

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

Outstanding: □ 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.

- People were treated with the highest regard by staff who valued their individuality and respected their diversity. One person said, "The staff are lovely." A relative told us, "They look after [person] so well. The care is outstanding. Staff come in on their days off and go above and beyond all the time. I can't fault them."
- The culture placed people at the heart of all that was done. Staff were highly motivated to empower people to live the lives they wanted to live, without restriction.
- Staff had formed exceptional relationships with people which focused on respect, fun, kindness, compassion and empathy. We observed relationships which far exceeded expectations and challenged perceptions of the accepted norm.
- There was a focus on building meaningful and genuine relationships, not only with people but also with their family members. Staff supported people to support their family members which enhanced already loving and compassionate relationships. One relative said, "We always get birthday gifts and cards, staff make sure we are never forgotten."
- People's personal histories were valued and positives from all situations, no matter how complex were harnessed and appreciated as they made people who they were today.
- Staff and people had developed incredibly warm, compassionate and empathic relationships where people were treated as equals and respected for who they were.
- Whilst relationships were fun and lively staff were also particularly sensitive to times when people needed caring and compassionate support. Staff were not afraid to have difficult conversations with people to support them to express and explore their feelings and preferences around personal and family support.

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

- The exceptional relationships staff shared with people fostered an environment where people were able to express their views in an open, trusting and non-judgemental environment. A relative said, "[Person] is involved in everything and I get lots of information from the staff."
- Staff understood people's views, preferences, wishes and choices and not only involved people in decision making but empowered people to be the decision maker in all aspects of their life.
- People were empowered and supported to be in control of the support they received by staff who treated them as equal partners. One person said, "I'm the boss!"
- The staff team used a range of communication methods and assessed their effectiveness at every opportunity. Staff worked with people to identify the way they learnt and remembered. Innovative and creative techniques were used to support people to remember significant events in their lives, staff names and expressions of joy, boredom and sadness.
- Staff were incredibly motivated to make sure people received the care and supported they wanted and

needed. The staff team had a shared motivation to do this and worked together to support people to achieve their goals and aspirations.

Respecting and promoting people's privacy, dignity and independence.

- Respect for people's dignity and independence was at the heart of everything the staff did. Everyone we spoke with said they felt listened to and respected.
- Staff were able to read people's gestures and expressions to anticipate their needs and recognise any signs of anxiety or distress at the earliest opportunity. People were supported to express themselves in an environment of mutual trust and understanding.
- Peoples human rights were promoted and respected as well as their privacy, dignity and independence. People understood they had rights and were supported to express them and live the life they want.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care and support was delivered in a unique way for each person which respected and acknowledged their individual characters, needs and preferences. People were in control of their support and the approach to care was flexible. Staff worked in collaborative ways to make sure people's needs were met to a consistently high standard.
- Person centred planning was used as a way to focus on what really mattered to people. Creative ways were used to involve people in decisions about their lives and how their wishes should be understood, respected and fulfilled.
- The use of assistive technology had been researched and used to support maximum involvement from people. Creative initiatives such as re-designing the Guess Who? game had been used so it involved pictures of staff members, so people could guess their names. This supported people's memory and reduced anxiety.
- Pictorial information and objects of reference were used to support people's communication and involvement whilst also developing memory skills and increasing confidence that people were in control of their lives.
- Care and support plans included people's life histories. They were written in a positive style which valued people as individual's and focused on the positive contribution's they made to society. Information was detailed and included reasons why people needed support, how best to support them and the best way to involve people and maintain their independence.
- Staff had an excellent understanding of people's social and cultural diversity and how this influenced their needs and the decisions they made. Where people's lifestyle choices were seen as being risky staff were understanding and respectful that people were able to make unwise decisions. Staff worked with people in imaginative ways to involve other professionals in supporting them to live their life how they chose to whilst also minimising any risk.
- People had access to social, educational and work opportunities. One person spoke to us about their job at a café in the local resource centre. Others had been supported with entrepreneurial ventures like dog walking and providing fresh eggs from rescued battery hens. A relative said, "We are really proud of what they have achieved with staff, you would never have believed it"
- People were actively involved in the local community and were well known in the local area. The provider hosted an annual All Together Now concert which people and the local community were involved in. The nominated individual said, "We wanted to give everybody something special but to see all of our teams, children, grandparents and family members [people supported] together dancing arm in arm made my heart sing."
- Hobbies and interests were documented, alongside Magic Moments that people wanted to achieve. People had been supported with boxing and wrestling, action films and were currently being supported with achieving things like Skydiving and holidays. People's achievements and community involvement were

captured in the providers newsletters but also in the local press.

- Staff had got to know people so well that they understand the interests and hobbies people had before they moved to their current home. People had been supported to keep their interest and hobbies in a safe way which minimised risks. This was particularly exemplary as for some people their past interests had resulted in high risk behaviour. With the support of a multi-agency, holistic approach risks had been minimised and people chose to partake in their past interests in a limited and managed way.

Improving care quality in response to complaints or concerns.

- An easy read complaints policy and procedure was available.
- People told us they had no complaints but knew who they would speak with if they did.
- Staff were adept at reading people's body language and communication and they spent time with people in a private and safe space if they thought there were any concerns or reassurances needed.
- A relative said, "I have absolutely no concerns whatsoever, if I did I would speak to [registered manager] but there are none. I can't fault anything."

End of life care and support.

- Staff had attended training with Soul Midwives who promote a non-medical, holistic approach to supporting people at the end of their lives to have a gentle and tranquil death. There was an exceptional understanding of the use of sound, touch, colour and smell to alleviate anxiety and bring comfort to people and their loved ones. Staff saw their role as providing comfort, support and reassurance in helping people experience the death they wanted.
- A staff member said, "It's about understanding which is an innate thing with us. Everyone is passionate about good care."
- The nominated individual was passionate about ensuring people received exceptional care at the end of their lives. They said, "It's a gift that we can give to family members, so they don't need to worry."
- End of life care plans were in place which were written in a sensitive and compassionate manner. People's wishes were recorded as well as the things they had said they did not want and why.
- Staff were incredibly sensitive to people's needs and the needs of their relatives and went above and beyond to support people, relatives and staff at times when a loved one was dying and also through bereavement and remembering.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The leadership, governance and culture within the service had been established and embedded to ensure exemplary person-centred care was provided.
- The management team led the staff in a distinctive and imaginary manner which put people and their needs, hopes and wishes at the heart of the service.
- Individual vision and values statements were developed with each person so they were individual to the person and their staff.
- Staff were incredibly motivated and proud of the service they worked in and the achievements of the people supported.
- A staff member said, "We are outstanding and I'm not ashamed to say it, people's quality of life is exceptional. Everyone is supported emotionally and with training, the provider wants everyone to develop and shine!"
- Managers were committed to developing their leadership skills and those of the staff. This included the registered manager attending mindfulness training and developing these skills with staff to support stress management and bringing their whole self to work.
- There was an exceptional strong organisational commitment towards equality and inclusion leading to high levels of satisfaction across staff teams.

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

- Governance was strongly embedded and there was a robust framework of accountability, positive risk management and continuous improvement.
- Staff received regular feedback on their performance in a clear way, which reflected best practice and led to positive developments.
- A range of tools were used to drive quality including audits. The registered manager and project manager worked as part of the team supporting people. This enabled observational supervision of support staff as well as maintaining positive and trusting relationships with the people supported.
- The provider had recently been asked to take part in a pilot Lesbian, Gay, Bisexual and Transgender pilot (LGBT). They had been chosen because they "Had a reputation for championing emotionally led support and supported people who had LGBT needs." Staff had taken part in a short survey and a 'Pride in Care' action plan had been developed to ensure they were able to meet the standards and accreditation of the Pride in Care LGBT quality standard workbook. This evidenced quality in the health and social care of LGBT+ people as developed by Opening Doors London a provider of information and support services for older

LGBT people.

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

- The whole team worked exceptionally well together and promoted and implemented the use of innovation to include people in developing sustainable, high quality and outstanding support.
- Feedback from people, relatives and staff was sought regularly and in a variety of ways so everyone could be included.
- The staff team used technology effectively. The provider had a confidential private instant message system that was used by staff to share information, including people's achievements.
- The provider ensured services were integral to, and involved with the community, hosting music festivals and establishing positive community links so people were accepted and valued as contributing members of society.
- The team leader said, "I would say we are outstanding, we are completely inclusive. We are breaking down the perception of living in care, people have a network of friends outside the home. We have worked to breakdown negative perceptions which has led to acceptance and friendships. It validates people as human beings, we capture their potential and see potential to teach new skills and coping mechanisms rather than focusing on risk. We have trust in people and aren't risk averse. We give people the opportunity to be unique and individual."

Continuous learning and improving care.

- There was an exceptionally strong focus on continuous learning and improvements.
- The use of technology and innovation was celebrated, for example memory applications, however if they did not work for the person alternate methods were tried and used to improve care.
- Any concerns, incidents, suggestions or ideas for improvement were explored and seen as a positive aspect of the service which led to analysis and learning.

Working in partnership with others.

- The provider had an excellent record of being a role model for other providers. They worked in conjunction with leading external professionals to improve services for people and raise public awareness.
- Awareness raising videos had been developed with support and involvement from other professionals.
- A community project which delivers creative arts based projects told us, "I feel that the support provided by staff is of the highest quality and has enabled many service users to live a rewarding and enriching life."