

Affinity Supporting People Limited

# Affinity Supporting People Limited

## Inspection report

Suite 22, The Globe Centre  
St. James Square  
Accrington  
BB5 0RE

Tel: 01254304500  
Website: [www.affinitysupport.org](http://www.affinitysupport.org)

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## Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Affinity Supporting People Limited is a domiciliary care agency. It provides personal care to people living in their own homes and provides care and support to people living in 11 'supported living' settings, so that they can live as independently as possible.

The service provides support to adults living with mental health needs, a learning disability or an autistic spectrum disorder.

At the time of the inspection, Affinity Supporting People Limited was providing a service to 98 people. Not everyone who used the service received personal care. The Care Quality Commission (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. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service 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.

The Secretary of State has asked CQC to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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

People were provided with an excellent person-centred service which was very responsive to their needs, wishes and preferences. The overarching value of the service was, "Your Life, your way". Throughout the inspection, we saw numerous ways of how this value was implemented and embedded into the ethos of the

service to provide excellent outcomes for people.

Management and staff had an extremely positive impact on people's lives and went above and beyond to understand and respond to people's needs and preferences. They supported people's ability to express themselves and included their wishes and aspirations in support planning and activities. The service had taken a key role in the local community. Staff were actively involved in making contact with community resources and support networks to ensure people had access to a broad range of meaningful activities which improved their quality of life, developed their self-confidence and their self-esteem.

We saw excellent examples of where partnership working had improved people's independence, safety and wellbeing, and met their needs and aspirations. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Detailed risk assessments followed best practice guidance and included positive risk taking to optimise people's opportunities to engage in activities.

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.

People continued to be safe and protected from the risk of abuse and avoidable harm. Staff were observed to be kind and caring. People were supported respectfully in ways that upheld their dignity. Excellent communication strategies ensured people had been supported to express their views.

The service was well led by a committed and skilled management team who led by example. They used effective checks and audits of care to provide high-quality, person-centred care. There was an ongoing plan of development for the service. The staff team were well trained and supported, and communication was good.

The provider followed their recruitment procedure which ensured all staff were safely employed. Induction training was thorough and the training for staff was kept up to date which meant they could provide effective care.

People's needs had been thoroughly assessed and their support plans included input from families and community-based professionals. People's health needs were identified, and they were supported to maintain regular appointments and screening. People were supported to eat and drink. Specialists were involved when required for people who were nutritionally at risk.

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

Rating at last inspection

The last rating for this service was Good (published 15 November 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Affinity Supporting People Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in 11 supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the CQC. 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.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 30 July 2019 and ended on 31 July 2019. We visited the office location on 30 July 2019.

#### What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We also contacted local authority commissioners and asked them for their views about the service. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

During the inspection, we visited the registered office and spoke with the registered manager, the regional manager and two members of the senior management team. We also spoke with one person using the service, a team leader and a support worker who visited the office.

We visited six people in the supported living scheme and spoke with two service managers and three support workers during the visit. We also spoke with four people who used the service and with three relatives on the telephone about their experience of the service.

We looked at the support plans and associated records for five people who used the service. We looked at a range of records relating to how the service was managed; these included staff training, five medication records, induction and supervision records, quality assurance systems and policies and procedures. We also looked at the responses from the recent customer satisfaction survey and watched three brief videos involving the people using the service and staff.

# 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

- The provider had systems to protect people from the risk of abuse. People told us they felt safe and were happy with the support they received. One person said, "I am very safe here." A relative commented, "By choosing Affinity it has given us peace of mind that [family member] is safe, happy and enjoying a new independent life."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination. This included access to appropriate training and to policies and procedures. Staff had no concerns about the service.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- Staff ensured people had maximum choice and control over their lives, including those with protected equality characteristics. Staff followed positive risk taking which supported people to have meaningful lives, and to undertake a range of activities.

Staffing and recruitment

- The provider followed clear recruitment and selection processes and carried out appropriate checks on potential staff prior to employment. We discussed how improvements could be made to the recruitment process when only standard reference information was received. The registered manager agreed to action this. People using the service were involved in the interview and selection process.
- The provider ensured there were enough staff to meet people's needs and support was flexible around people's lifestyles.

Using medicines safely

- The registered manager and staff generally followed safe processes to ensure people's medicines were managed safely. However, we found directions were not clear with regards to the application of creams and the administration of a regular medicine for two people. This meant support staff were making decisions about when to administer and where to apply the prescribed medicines. Following the inspection, the registered manager told us this had been actioned.
- Staff supported people to be as independent as possible with taking their medicines. Appropriate risk assessments and monitoring was in place regarding this.

- The service had access to best practice guidance in relation to medicines management and policies and procedures were available to all staff. Staff were trained to administer medicines and checks were carried out on their practice.

#### Preventing and controlling infection

- Staff supported people to keep their homes clean and hygienic. In one of the houses, we found areas where cleanliness could be improved. We discussed this with the registered manager and the cleaning schedules were immediately reviewed. Personal protective equipment, such as gloves and aprons, was available. People shared cleaning responsibilities, with support from staff.

#### Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings.
- Management and staff completed records of any accidents and incidents. The registered manager carried out an analysis of the accidents and incidents to determine whether there were any trends or patterns.



# 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 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

- The registered manager carried out detailed assessments of people's needs before they received a service to ensure they could be supported properly. Assessments from health and social care professionals were also used to plan effective care for people. We saw clear evidence where management had worked to secure appropriate funding, ensuring positive outcomes were achieved for people moving from other services.
- Management and staff applied their learning in line with expert professional guidance such as, Positive Behaviour Support (PBS). PBS is widely acknowledged best practice to improve people's quality of life and to ensure good and safe outcomes for them.
- Staff considered people's protected characteristics, such as sexuality, religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Staff support: induction, training, skills and experience

- The provider ensured staff were provided with a range of appropriate induction, training and supervision to carry out their role effectively. The provider monitored staff training to ensure it was completed in a timely manner. The registered manager told us additional training, to ensure most staff had a recognised qualification in care, was beginning September 2019. People felt staff were competent to look after them.

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

- Staff supported people to eat and drink enough in line with their support plan and with their preferences. People, where appropriate, were involved in the planning and preparation of meals. One person said, "I make my own meals, but staff are always around if I need any help."
- Staff supported people with healthy eating and with specific dietary needs based on health and cultural needs.

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

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently.

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

- People's environment reflected their individual preferences. We noted examples where staff had gone

above and beyond to enable people to design their bedrooms to their own choice and preference. People had easy to read and accessible tenancy agreements.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. Five people were subject to a legally authorised Court of Protection order.

- People were supported to make a variety of decisions. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- The registered manager and staff worked appropriately with people using the service, social workers and other stakeholders to ensure people's best interests were maintained under the MCA. People's capacity to make decisions was recorded. Where possible, people had recorded their consent. Best interest meetings had been held to ensure people's rights were protected.

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

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

- Management and staff focussed on building and maintaining open and honest relationships with people and their families. People and their relatives told us staff always treated them with respect and kindness and they were complimentary of the support they received. A relative said, "The team at Affinity have been professional, caring and extremely friendly from the start."
- Staff had developed good relationships with people and their relatives. They interacted with people in a warm, kind, caring and friendly manner. One person said, "Staff are lovely to me."
- Staff knew about people's preferences and how best to support them. Staff talked about people as being part of their family. People's equality, diversity and human rights were respected and recorded as part of the support planning process. We heard some very positive examples of how staff had supported people to explore their diverse needs, with care and sensitivity.

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

- People were involved in decisions and consulted in individual and meaningful ways. People were consulted about their care needs, recruitment of new staff and development of policies and procedures.
- People were encouraged to make decisions about their day to day routines, in line with their personal preferences and encouraged to express their views. People said they were listened to.
- Staff gave people information advising where they could access advocacy services and how to contact other useful agencies. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members. A relative said, "They are brilliant at being [family member's] advocate, making sure his voice is heard and supporting him in making sound decisions about his life."

Respecting and promoting people's privacy, dignity and independence

- Management and staff respected and promoted people's privacy and dignity. People told us they could spend time alone in their rooms if they wished.
- Staff encouraged and supported people to maintain their independence whenever possible and had access to guidance about supporting people in a caring, non-discriminatory way.
- The provider stored people's information in line with their policies and with recent changes in government regulations.

# 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 now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's care and support was person-centred, focussed on all aspects of their lives and responsive to their needs. The core value of the service was, "Your Life, your way". People were involved in inspirational videos showing how they lived the life they wanted. The information was used to share the values of the service with new staff and with people who were interested in using the service. People said, "I don't let anything, or anyone stop me from living my life" and "I will choose who I want to be." The values were embedded in staff practice.
- People's care and support plans were reviewed and changed as people's needs changed. People's relatives told us management and staff had an excellent understanding of their family member's needs, preferences and wishes. Staff knew people well and had gathered important information about them before the service started. This meant they could provide a tailor-made service and provide a consistency of support as people transitioned from child to adult services. A relative told us, "Ahead of [family member's] move, managers and the whole staff team spent valuable time with our family getting to know us and familiarising themselves with [family member's] routines, likes and dislikes."
- Management and staff were passionate about meeting people's needs, providing an excellent service to people and changing people's lives. We found numerous examples of how staff changed people's lives. For instance, one person had profound communication and mobility issues resulting in a poor quality of life, isolation, low mood and low self-esteem. Over a period of time, staff supported them to improve confidence, mobility and communication, to take positive risks and eventually move into their own property. They said, "Affinity have helped me improve so much. I no longer use mobility aids, I go for long walks with my support worker and my verbal communication has improved so much. This is a very memorable and proud time for me."
- Staff supported people and their families where appropriate, to be proactive in planning their own care, to make decisions about how their needs were met and about what they wanted to achieve. Relatives told us staff had an excellent understanding of their family member's personal and social care needs. We found numerous examples of how, through staff going the extra mile, people's aspirations were met. One person dreamed of managing a football team. Staff contacted other providers resulting in football teams and a league being set up. Further discussions with local businesses resulted in football strips being donated. The person said, "I'm happy about it. I love football. It's my dream." Another person simply wanted to grow a beard and staff had supported them to gradually achieve the look they wanted. Staff had listened and acted to make people's dreams happen.

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 had excellent support to undertake activities, hobbies and interests that would enhance their quality of life. Activities included baking, swimming, walking, gardening, sports, day centres and reading.
- The service had a key role in the local community and was actively involved in contacting community resources and support networks. People attended church services and as a result, linked into activities such as crown green bowling and nit and natter groups. This approach helped people to achieve more independence and make new relationships with people in the community.
- Staff supported people to access activities they were interested in. People were able to take part in numerous healthy lifestyle activities such as charity swimathons, walking and cycling trips. The management team were proactive in matching people with staff who had similar interests to them. This enabled people to continue with the activities they were interested in.
- Staff went the extra mile to ensure people experienced their wishes and dreams. People chose their own activities and were encouraged by staff to try new things they might enjoy, based on their knowledge of their interests. For example, one person said, "I always wanted to go on holiday but have never had the opportunity." They discussed this with their support worker who supported them with planning, budgeting and packing. The person said, "I was very excited", "We had so much fun" and "I'm thankful for [staff name] helping me to go on holiday. Now I have done it once I'll be more confident in doing some of the planning for next year." Another person wanted to learn to cook. Staff prepared easy step by step recipe cards in pictures and words for them. Because of the new skills, the person was able to move into a self-contained flat. Another person aspired to be a DJ. Staff supported them to do this at local events. We were shown a video of them attending a nightclub where they experienced being on stage in front of an audience.
- Staff protected people from the risk of social isolation and loneliness. People were very well supported to maintain contact and have meaningful relationships. People had made friends and developed relationships at a local club. Staff gave us examples of the positive impact this had on people. They met regularly at the club and developed serious relationships. Staff helped with the surprise purchase of an engagement ring and were supporting people with finding suitable accommodation for the future.
- People were able to keep in contact with friends and family in various ways. Families told us they felt involved and were kept up to date. A relative said, "They support and involve us too." One person celebrated Christmas with their family and friends who were welcomed to their home where everyone participated in cooking. They described this as "Amazing."
- People with protected characteristics as defined in the Equality Act 2010, were exceptionally well supported. We saw excellent examples of staff going above their normal duties to address people's needs in relation to protected equality characteristics and ensuring they could be the person they wanted to be.
- People were supported with their educational needs and wishes and were involved in volunteer work. People attended college when previous attempts had failed. For example, one person wanted to be a builder but had been unable to access suitable college placements. Staff had sourced a suitable course to enable them to fulfil their dream, plan their future and to gain educational skills and qualifications.

### 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. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider, registered manager and staff understood the Accessible Information Standard. People's communication needs were identified and recorded in their support plans and shared appropriately with others. Information was available in a variety of formats and in a way people could understand.
- Management and staff had taken innovative steps to support people to communicate and maximise their involvement and independence. We saw examples where support staff, people in the service and their

family and friends were learning sign language to communicate with each other.

- The provider had embraced technology and used this as a means of achieving extremely positive outcomes for people. We observed people being involved in decisions about how technology could be used. Technology, such as the use of special applications, electronic daily journals and video calls, was used to ensure positive communication between people and their family and friends. Other methods used included photographs, white boards, tapping boards and 'read aloud' programmes on mobile phones or tablets.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor any complaints, compliments or concerns. The information was used to understand how they could improve or where they were doing well.
- People had access to a complaint's procedure, knew how to make a complaint and were confident they would be listened to. People knew how to raise any concerns or issues about their care and support and could do so in a range of accessible ways. People were regularly asked if they were happy with the service and about what they thought was going well and what was not. We saw that these discussions were very positive.

End of life care and support

- At the time of our inspection, the service was not supporting people at the end of their life. Some people's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. People's communication, ability to understand and capacity were considered.

# 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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The registered manager and provider recognised the service was developing quickly as new services were absorbed into the organisation. Throughout this they maintained a clear vision and showed a commitment to maintaining a consistent service for people. Throughout the inspection, people and their relatives spoke very highly of the management team and service. One relative said, "Having gone through the most significant change [family member] is likely to experience in his life, it's been made so much easier and smoother due to all staff members' experience and professionalism, as they've supported not only [family member] but his whole family too."
- The registered manager, provider and staff planned and promoted person-centred, high-quality care to ensure excellent outcomes for people. The overarching value of the service was, "Your Life, your way". The management team ensured the values and the positive culture were embedded in the service which placed people at the heart of the support they received. People using the service had taken part in inspirational videos showing how, with the excellent support from staff, they lived the life they wanted to. One person said, "I am free to explore the world and because of you I can be." A relative said, "There is nothing [family member] cannot do." This was a positive testimony to the management and staff team.
- Management and staff respected people's diversity, personal and cultural needs. We found numerous examples to support they were continually looking for new experiences and opportunities to enhance people's lives. They had developed links with local LGBT groups and supported people to become involved and to embrace their sexuality. Staff, where appropriate, had provided a discreet chaperone for people who were in relationships. Volunteer work, employment and college places had been sought for people which had a positive impact on their lives and plans for the future. People's religious beliefs were respected, and they were supported to attend church groups and activities.
- The registered manager and staff empowered people to make decisions about their lives. Throughout our discussions we found there was a positive person-centred, open and inclusive culture. We saw numerous examples where, following support and encouragement from staff, people made decisions about their lives and achieved their dreams such as in activities, education or volunteer opportunities. This had resulted in an increase in their independence and self-confidence. A relative said, "The management and staff have opened the world up to [family member]."
- Management and staff were highly motivated and were committed to providing high standards of care and support. Plans for improvement of the service were clear and included the review of all care related records, to continue with the recruitment of suitable staff, develop a rota management system and to improve the quality monitoring in the service.



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

- The provider ensured there was an open and transparent culture that supported equality and inclusion. Throughout the inspection we saw numerous examples of how people's equality characteristics were respected and how people were able to determine how to live their lives.
- The provider promoted positive outcomes for people by engaging with staff, people using the service and relatives. People, their relatives and staff told us the registered manager was approachable and they would have no hesitation in talking to them. People, and their relatives told us they had been involved in decisions about care and support which helped to respond to any changes in people's needs and to enable discussions about meeting their aspirations. People, their relatives and staff were also kept updated on the development of the service by face to face discussions, meetings and newsletters.
- The registered manager consistently encouraged people to voice their opinions through different forums to ensure their voice was heard. It was clear people were listened to and the service was changed and developed to reflect people's views and experiences. For example, a 'service user' forum had been held to talk about the changes to the service. People were asked 'what are your thoughts and feelings' and 'how can we support you'; they were able to talk about their worries and had been listened to. One person said, "I am happy with the changes as nothing will change how I live" and "It might take a while to get used to." People were asked to design a new logo for Affinity Supporting People Limited; we were shown lots of examples of people's work.
- Management and staff saw the service as an important part of the community. Community links were developed to enhance people's changing needs and preferences. Links had been developed with local churches, colleges and clubs. There was one example where people regularly went to the local pub for a drink and a game of pool. We were told staff stayed in the background to enable people to develop excellent relationships with other pub customers.

Continuous learning and improving care; Working in partnership with others

- The management team and staff had signed up to local initiatives and worked in partnership with external agencies where they could learn and share valuable knowledge and information; this supported the continued development of the service. For example, the registered manager and staff were involved in the national project STOMP, stopping over medication of people with a learning disability, autism or both. This helped staff to focus on reducing, where possible, people's medicines and helped improve people's lives.
- The registered manager and staff worked with different organisations, such as local mental health and learning disability services, to help people stay well and have a good quality of life. We saw good evidence of how this had positively impacted on people's lives. For example, working with other providers to widen people's experiences in the local community and working with local schools and colleges to improve people's views about disabilities.
- The provider encouraged a strong culture of continuous learning and development within the service. Staff told us the training they received was useful and had helped them develop their skills and learning. They described how the staff team had been provided with specialised training prior to one person starting to use the service; this had given them the skills and confidence to provide a continuous service to the person.
- The management team and staff had had an extremely positive impact on people's lives. We saw examples of where partnership working had improved people's safety and wellbeing, developed independence and met people's needs and aspirations. For example, working with other providers to ensure a smooth transition process from other services and accessing independent living opportunities for people.
- The registered manager attended meetings and forums to keep up to date and to develop her skills and knowledge. Staff meetings and handover meetings were utilised to ensure continuous learning.



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

- The provider made sure staff understood their individual responsibilities and contributions to service delivery. The registered manager was knowledgeable about their legal responsibilities. Any notifications the registered manager and provider were obliged to make, had been made to CQC and the local authority.
- The provider ensured there was an effective governance and communication structure in place with clear lines of accountability and responsibility. All staff spoken to were clear and positive about their roles.
- The provider had systems to make staff feel valued and supported. Staff morale was high, and managers and staff were very motivated and passionate about their work. Management and staff leadership skills were recognised and further developed, and the success of the service and the successes of individual staff were shared and celebrated with everyone involved. One staff described how they had been nominated for an achievement award by a person's relatives and had attended a national awards ceremony. They told us it had been a positive experience for them.
- The registered manager demonstrated a good knowledge of people's needs and the needs of the staff team. Records maintained were accessible, completed to a high standard and used for auditing purposes. We found auditing of the service to be an integral part of the operation of the service.

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 management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us managers and staff were open and honest. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager told us they would speak with people when things went wrong. Any incidents would be fully discussed with staff during meetings or in one to one support sessions.