

Guyatt House Care Ltd

# Guyatt House Care

## Inspection report

Meadow View,  
3 Parkside  
Chatteris  
PE16 6XS

Tel: 01353771773

Website: [www.guyatthouse.co.uk](http://www.guyatthouse.co.uk)

Date of inspection visit:

21 November 2019

22 November 2019

25 November 2019

26 November 2019

27 November 2019

Date of publication:

23 December 2019

## Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Guyatt House Care is domiciliary care agency that provides personal care to people in supported living settings. At the time of our inspection 18 people were receiving the service of personal care. For some people this meant they had 24-hour live-in support from care staff. People using the service lived in their own homes in Cambridgeshire.

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.

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.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside of the supported living settings to indicate people were on the autism spectrum or had a learning disability. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people. This was important to people and enabled them to live a normal life.

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

Staff had an exceptional understanding of safeguarding processes and they implemented their knowledge very effectively. People were completely involved in decisions about their safety. Whatever people's diverse needs, they were listened to and their wishes were respected. Staff supported people with taking risks and information was given to people about risks was very accessible. People took part in recruiting new staff to the service as their opinions mattered. Sufficient staff were in post. They had exceptional skills in making sure people's safety was paramount. Incidents were thoroughly analysed, and effective lessons were learned to reduce the risk of recurrence. Staff helped people to understand what it meant to be remain safe, this included encouraging people to know when to ask staff for assistance by knowing when to ask for assistance. One relative told us, "I can't believe how safe my [family member] now is and they live on their own." People were supported to self-administer and manage their own medicines safely.

Staff's training was effective and based on the latest guidance to meet people's needs. One relative told us, "[Staff] are exceptional, they have managed to give my [family member] independence I could not have imagined." People influenced which staff would provide their care and support. People made their own meals and ate and drank healthily. The registered manager and staff team coordinated people's care and involved people respectfully with this. 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. One social care professional said, "They are the most engaged and knowledgeable service, in relation to everything Mental Capacity Act and Deprivation of Liberty Safeguards learning and development that I have supported for the past four to five years."

People were at the heart of a very positive culture they lived in and received very kind, caring, respectful and compassionate care. Staff fully involved people in determining their care. One relative said, "[Staff] could not be more caring. It isn't always easy meeting their personal care needs but [staff] have certain skills and a knack doing this with great dignity." The service completely 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 provider supported people to express their views and made information very easily accessible and understandable. Staff totally upheld people's privacy and promoted their independence by using being flexible about any restrictions on people's liberty.

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. Staff enabled people to live a normal, full and meaningful life as possible. One person was proud to show us their achievements in off road driving.

The registered manager was completely aware of their responsibilities in notifying us about important events. A positive and supportive staff team culture was in place. Staff received support in various forms including mentoring and shadowing experienced staff. People had full involvement in influencing outcomes associated with quality assurance and audits were effective in driving improvements. People's quality of life was enhanced by this oversight. The staff team and registered manager worked with other organisations to help ensure people's care was joined up.

Rating at last inspection.

The last rating for this service was outstanding (published 26 May 2017). Since then the provider has moved their head office to a new address. This is the first inspection of the service provided from this new address.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection and details of the full report for this inspection, by selecting the 'all reports' link for Guyatt House Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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 exceptionally safe.

Details are in our safe findings below.

Outstanding 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### 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 

# Guyatt House Care

## 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

One inspector undertook this announced inspection.

#### Service and service type

This service provides care and support to people living in 10 '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 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 48 hours' notice of the inspection. This was because the registered manager, staff and people are often out, we wanted to be sure there would be people at home to speak with us. Inspection activity started on 21 November 2019 and ended on 27 November 2019. We visited the office location on 22 November 2019.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helped us plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. 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.

During the inspection

Not everyone was able to tell us about their care, we used observations and information from staff, relatives and health professionals to assist making our judgements. We spoke with three people at their home and a relative as well as five people's relatives by telephone. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with seven staff members including service managers, quality manager, team leaders, senior support workers and care staff.

We reviewed a range of records, including three people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. Also, a variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at audit and quality assurance, incident records and compliments.

# 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 outstanding. At this inspection they have maintained the rating of outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- Staff had exceptional skills and knowledge of safeguarding systems and procedures. They implemented these to excellent effect. They did this by empowering people to help them understand what keeping safe meant. One relative was very pleased to tell us how much their family member was now and that their levels of distress had almost disappeared. The relative said, "I am amazed to see how much calmer my [family member] now is. I trust staff implicitly."
- Safeguarding was at the heart of people's care. We saw how staff gave people information in a way the person could understand as much as practicable including advocacy. Staff prompted people to avoid situations of harm. One person communicated to us, "I ask new staff how they would keep me safe." People lived safely doing tasks relatives and many others involved in their care though impossible.

Learning lessons when things go wrong

- The registered manager and provider took on board learning from incidents. They fully embedded this and ensured staff were aware of the actions to be taken in future.
- Triggers and early sign of distress or anxiety were acted on promptly. For example, by standing up for people's right to be safe and having their own home. In one case the person's move had resulted in a huge decrease in anxiety, medicines as well as the person having a whole night's sleep and doing this in a dignified way for the very first time. Staff said, "The difference is amazing. it was very emotional to see the person so much happier after many months of work." A relative told us, "I never thought I would see this day."
- Changes were made to the way people were helped to remain calm and in response to known anxieties or distress as well as to the decoration of their home. One person had all their carpets changed whilst they were out. The new carpet and cushions made them feel much calmer and safer.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed well with thought and consideration of the impact this would have on each person. For example, taking risks safely, without staff support.
- In one example, we saw how risks were explained to the person using their most accessible means of communication, such as tablet computers. In another, staff took as long as necessary to help the person understand risks such as road safety or risks in their home including cooking and fire safety. As a result, people could travel independently for the first ever time. This made the person feel exceptionally pleased.
- One person was the lead in their home for checking fire safety devices including the smoke detectors. We found how much confidence it gave them knowing they were safe. Another person was hugely proud to be

the health and safety representative for their household. As the representative their role included undertaking audits and helping staff identify what risks meant to each person. This meant people had freedom over the risks they wanted to take, and staff helped them do this. People felt safer as a result.

#### Staffing and recruitment

- The provider ensured staff understood what keeping people safe meant using face to face and scenario-based training. There was enough staff in place who had the required skills to meet people's needs. They did this by involving people who used the service to help determine which potential new staff would be employed.
- This two-stage process identified how suitable staff could be and how they interacted with people and if the person liked this potential new-recruit. One person had a huge smile whilst pointing to their support staff as well as saying "Nice," One relative told us, "The [provider] does something special. My [family member] is choosy over who they like to support them." We found that the matching of staff to people provided a firm foundation on which staff built total trust with people in keeping them safe.
- Robust checks ensured only suitable staff were employed and experienced staff observed job applicants, enough to determine their suitability. One person pointed to staff saying how safe it made them feel 'having the same' staff.
- Regular checks were in place to ensure staff upheld the provider's values in keeping people safe whatever they did. One person had developed new skills including going on public transport for the first time ever. Another now travelled independently which had taken several years to achieve. The person told us in detail about their journey and how they could contact staff using a mobile phone if worried but had not needed to. This gave the person flexibility to travel, but do this safely.

#### Using medicines safely

- Staff continued to receive training and have their competences checked to administer medicines safely. Medicines were administered and managed safely. People could self-administer medicines when this was individually risk assessed to be safe. People felt empowered doing this in private.
- The registered manager supported the 'stopping over medication of people' (STOMP) principles. This helped reduce, where safe, the use of certain types of medicines and potential for overmedication. One staff member told us that since a move to more independent living, one person had not had a need to use this type of medicine. The person was therefore much more calm and able to live a normal a life as possible.
- One relative told us, "I always get given the right medicines and enough of them when my [family member] comes to see us." A staff member said, "I would request new prescriptions for any medicines running low. My training is good as I know the side effects and which medicines can only be taken with, or before, food."

#### Preventing and controlling infection

- There were systems in place to promote good standards of hygiene and infection prevention. These included vaccinations for people and staff. People had a part to play in the safe disposal of any waste and having protective clothing to do this safely.
- Staff encouraged people to help with routine cleaning of both their, and communal, rooms. Staff adhered to good hand washing practises and the use of protective clothing when needed. One person showed us how they did their own house work and the roster they had created for this. People's homes were homely but clean.



## 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 now improved to outstanding: This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's physical, mental and social needs were holistically assessed. People, their relatives and advocates had a valued input in the assessment of people's needs and that was in the person's best interest. People's care and support provision was based on their assessed needs.
- Staff effectively implemented guidance associated with services supporting people with autism and complex needs. For example, staff installed an 'Application' on people's phones to help promote people's understanding and enhance their ability to communicate their wishes. One staff member told us, "The training I have had has been amazing. It has enhanced my skills. We avoid discrimination by enabling people to live a normal life." This meant the outcome for people positively changed their lives.
- Staff liaised very closely with health and social care professionals when assessing and planning people's care. We found that this coordinated approach had given people a voice. Records showed one person using the extra confidence they had been given, told the registered manager that their needs were being met.

Staff support: induction, training, skills and experience

- A planned programme of support was in place for staff including induction, shadowing experienced staff, regular training including non-physical interventions, food hygiene, safeguarding, health and safety and person-centred care. One relative said, "[Staff] absolutely have the right skills. One, in particular, gets my [family member] out walking and going for a swim to relax. I am absolutely confident with them." A staff member told us their training, "had been the best" they had ever had after 20 years working in care. People lived in calm environments which staff helped create with their skills and knowledge.
- Staff undertook programmes of mentoring and apprenticeships to develop future skills. This also meant staff completed the Care Certificate qualification. This is based on a set of standards and introductory skills that health and social care workers should adhere to including assessments of competency.
- Staff upheld the standards expected of them including updates to training, supervision and mentoring. We saw that staff's training was highly effective in dealing with various scenarios they came across including supporting people in times of distress, moving home and going to a cinema or gym.
- One social care professional told us 'Not only do all staff access face-to-face training as well as using various means to improve knowledge, senior staff constantly seek general guidance and clarification on matters relating to the Mental Capacity Act 2005 (MCA) from myself. They have asked for guidance and information to improve practice not only for staff, but also for their clients and their families.

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

- People were able to choose what to eat and drink including accessing on-line shopping sites or going out

with staff to the shops to choose. Support to make food and drink choices was provided by staff using communication methods such as sign language, objects of reference and people's known preferences. One staff member told us, "Sometimes it's just showing a jar of coffee or a tea bag to help people decide what to drink. People point to tell you what they want."

- People, where possible, were encouraged to be involved in the preparation of meals. We found that healthy eating was promoted with home cooked vegetables and fresh fruit snacks. Several people had attained a healthy weight due to staff's diligence and encouragement. One person showed us pictures of their most recent achievements and told us proudly how they made their own packed lunches.
- Plans were also in place to support people at risk of food intolerances or low sugar diets. One person's records included examples of them eating only certain foods including lactose free. This was also very well managed when they went to local cafes and restaurants where staff there knew how to prepare these options.

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

- The provider and staff team had worked tirelessly together to ensure that people received consistent, timely, coordinated, person-centred care and support. For example, when moving from residential care to supported living. One relative said, "The difference has been huge. My [family member] likes to do lots of activities but more importantly they like to have calmness in a place they feel at home. Their own home."
- In some situations, many months of planning had been required to ensure movement between services was seamless. One staff member described text messages from the person as being 'so happy' in their new home.' The registered manager, relatives and staff had been amazed at the impact it had for the person now they lived in their own home. The result was the person sleeping all night. This had never happened before and meant the person was happy, very settled and now significantly less tired during the day.

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

- People chose how their home was decorated. Relatives and staff promoted people's independence with appropriate signage and other adaptations including the type of carpet or colour of the rooms. The provider had also made sure their head office feel and look like people's homes where people could get their own drinks and keep packed lunches fresh. This helped create a homely and calm environment where people felt comfortable and at home.

Supporting people to live healthier lives, access healthcare services and support

- Care and support was delivered in line with legislation, standards and evidence-based guidance, including those for people living with a learning disability and/or autism. This was based on the service being registered for the right support.
- Staff, relatives and advocates supported people to access healthcare services including GPs, psychologists, speech and language therapists and dentists for oral health. One health professional told us that their views were only positive. They told us "Staff made great effort involving people in decision making (about health care) and always treated them with respect. I am always struck by how much the [staff] who accompanies the person knows about their, care, likes and dislikes". One person liked to e-mail their requests for health appointments.
- We found that because of the support from staff, people achieved effective outcomes such as good mental health. One relative told us, "I see to all the health appointments, but I am confident in staff's ability to request assistance if emergency care was ever needed."

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

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own

decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met including under authorisation from the Court of Protection.

- With support and encouragement from staff, people lived a normal and fulfilling life they might not otherwise have been able to. People had been lawfully deprived of their liberty in their best interests and in the least restrictive manner. For example, by having the right staff support to access the community, whilst using sharp utensils in the kitchen and crossing busy roads.
- Staff implemented the principles of the MCA effectively by offering people choices in all aspects of their lives. For example, what to eat, clothes to wear and pastimes people liked to do including fitness classes, helping at a garden centre and working for charities doing fund raising. One person with only minimal support had done over 70,000 steps in three weeks raising funds for a good cause which they were 'delighted with.' A relative told us, "I don't see any restrictions as such. I see my [family member] being enabled to access the community and go swimming, to do horticulture or doing martial arts to keep fit."
- Staff gave people time to consider what was being asked. Staff used effective strategies and communications to help ensure people's choices were acted on. This included using body language, objects of reference and pictures or tablet computers. To aid people's understanding.
- A social care professional told us they were confident that, "Staff looked at consent and capacity in a decision / time specific way. Staff recognised that when they supported more complex individuals, the level of detail when recording was far more robust to justify their conclusions compared to those decisions which are day to day." One person showed us their communication methods and pictures they gave to staff. One staff member said, "Sometimes it is about working out what the person wants. With time and skill, you can usually work it out. It isn't always easy, but the person's choice is paramount."

# 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. (ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as outstanding. At this inspection they had maintained the rating of 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

- People were at the heart of their care and support and had a complete say in which staff provided their care and how. This had resulted in a strong, person-centred culture and people being cared for in a way which exceeded their expectations.
- Staff had a very clear understanding of each person and showed people such empathy that people were empowered to live a normal a life as possible. One person liked to have a wet shave and staff supported this by first helping the person create a shopping list and then going to buy the items needed. Staff fully understood that the person enjoyed the sensory effects of shaving as well as how important having a shave was to them. Another person who had never been on a train was introduced to this in stages by staff, including going to a station, how to buy tickets and then spending as much time as they needed on the train and doing their first ever journey making the person feel liberated they really did matter. Staff respected the person's wish to keep travelling.
- Staff used information from relatives and took onboard the preferred ways people communicated and acted without discrimination. A relative told us how their family member had, "Really grown in confidence and blossomed." into someone they had not thought possible. Examples of this included staff using innovative approaches to people's communication skills. One staff member described how they had used a mobile phone application and the person had developed a large vocabulary despite only speaking a few words. We saw how the person had used this to excellent effect including doing their own on-line shopping and being able to ask exactly what they wanted. Staff completely respected these choices.

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

- Every conceivable option was considered and implemented to promote people's decision making. From the first-time people used the downloaded phone app, it only took a few taps to start communicating with whomever they wanted and when. As a result, people's world was opened to help live a normal life as possible.
- For instance, one person had very successfully moved into their own home. This had been established over many months of work and involvement of many professionals as the solution to significantly reducing distress and anxiety. Such was the success of this that the person had had a dignified night's sleep for the first time ever. The person had previously got up nearly every hour during the night. The person was over the moon to tell staff they 'loved their new home.
- We saw many examples of how people had been involved in making decisions about their care. One specific example was a person who had chosen this provider as a result of the accessibility of their web site. The website had been specifically designed for potential new people to the service and could convert words

into picture communications. This and staff's skills at understanding body language and facial expressions gave people a voice which was heard and mattered. One person had told staff how much they liked this and how they 'had enjoyed going out to new places.' Another person was full of joy telling us about their work and local employment. They kept a timesheet they made on their tablet computer.

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

- Staff effectively used innovative ways to ensure people were cared for with as much dignity whilst promoting independence. One person had a specific routine which staff understood in detail including when having a wash, shower and getting dressed. Staff put a significant amount of thought into how to respect people's privacy by knowing exactly where to place clothing and toiletries. The person liked to be treated as normally as possible which staff always did. The person would tell staff in no uncertain terms if this did not happen.
- A relative told us, "I trust staff with my [family member's] dignity. I know this is a personal thing and having female staff is essential. They always are female which is very important." One health professional fed back to us that people at appointments were 'always very well dressed, clean and smart' as well as staff respecting people's diverse needs 'with compassion.'
- Staff put significant work into ensuring people's dignity. We found many examples that as a result of this people no longer needed continence aids during the day meaning they were much more independent and had fewer limitations of what they did and when. One person was very proud to show us their latest birthday photograph album and what they had done in the past few years which staff had enabled in a respectful way. One relative told us their family member, because of staff upholding their privacy and dignity they could access the community, this was something they had not previously thought possible.
- The registered manager continued to pursue, research and attended innovative communication training courses. Staff used the finer points of people's lives and put these into practice including new communication systems and non-physical intervention techniques. Staff had embedded their learning from this training by being adaptive as people's independence increased or changed. One staff member told us, "I know how to support the person with their dignity. It is crucial to follow a routine. I can see how comfortable they are as a result. Because of this several people who had not been able to access the community now did this with dignity and as often as the person wanted. For example, going to a men's barber or doing charity work.
- Advocacy was used in the most effective way imaginable. For example, formal advocates, relatives with a lasting power of attorney as well as staff speaking up for people. People self-advocated as much as they possibly could, staff enabled this. People could also access their own advocate using the internet on their tablet computer which they were proud to show us they had used.

## 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 had complete choice and control over how their care was provided and by whom.
- Care plans contained precise details how people achieved their goals. For instance, how to go horse riding, flying on holiday for the first time on their own, going sailing, going on a train, helping people move home, education and little, but important, tasks such as, using a prescribed toothpaste and doing this with a timer.
- Staff used appropriate techniques to support people's independence and taking as long as needed using hand on hand care. This took a great deal of time to achieve, but the outcome for people had hugely improved their lives and health.
- In another situation staff had supported a person to go ice-skating. To facilitate this a stabiliser in the shape of a polar bear was used. The person held onto this to ice skate and according to them was an 'amazing day.'
- Staff enabled people to live independently. This was done by staff spending as long as required planning, painstakingly meticulous work with the person, relatives, social workers, health professionals being involved but without causing distress. A relative told us, "I just can't believe the difference. My [family member] is now so settled, something they weren't in residential care." Staff were completely blown away by the emotion in seeing the fabulous impact this had had on the person. The staff said, "There just simply aren't words for this."
- In another case staff had enabled a person to enjoy visiting their favourite band at a live musical concert. We saw the difference this had made by photographs showing their beaming smile. A relative told us, "It's great to see [family member] doing what they love. It has been a journey, but we have got there. All thanks to the amazing staff."
- Many compliments had been received relating to personalised care. One praised staff for 'helping [person] access the community for the first time. Not giving up when it got tough which made the day successful and having two very happy [people] at the end of it.' This meant two people had reached a milestone in their friendship. Another compliment referred to a person 'smiling ear to ear' having been swimming for the first time in deeper water with floats and 'looking so relaxed.'

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 carers.

- The registered manager, and all members of the staff team not only supported people's preferred communications, they enhanced them. They did this by enabling access to the most successful techniques including assistive technology, phone apps, computers, e-mails and sign language. One person liked to point to items, staff then knew what to do including getting a cup of tea with sweetener. This was achieved with effective training and constantly adapting this to people's needs.
- The registered manager and all the staff team had a complete understanding of what accessible communications were. They didn't see this in any way limiting the way they could improve communications. One relative felt that staff's skills and knowledge had made a huge difference to their family member by having their favourite magazines posted through the door. Staff did this and the person was very appreciative as it helped them to be calm but also having access to information they 'loved.'
- People were provided with information they could easily read or understand. This helped people to communicate better with staff, relatives and others. One staff member told us, "For one person it is the way to give them information and generally limit this to only a few minutes before any event. It removes the risk of anxiety."

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 undertook and had access to a fantastic range of hobbies and pastime. A huge part of people's lives was being completely immersed in the local community and everything that entailed. For example, working in local shops, raising money for charity, working at a garden centre and gaining life skills in all of these. One person had grown vegetables from seeds and then with their housemates, and staff prompting, cooked and ate these. Another had attended the provider's first aid training and learned techniques for resuscitating people. They said they 'felt important' and showed us their certificate.
- One person had a passion for quality and health and safety. They had been supported to undertake work at the provider's office. They enjoyed various administration tasks such as electronically scanning records. The person was proud to show us their achievements including a work experience log and comments from staff such as, 'had an amazing day and learned how to laminate pictures.' Another person was the recycling lead at their supported living service of which they were very proud.
- The provider had a process where people asked for something and the provider acted on this wish wherever possible. People were enabled to access whatever activity, job, pastime or hobby they preferred. Examples of this included one person who had dreamt of learning to drive. Staff enabled this by arranging an off-road driving experience. We saw the person had 'booked their next lesson.' Relatives visited and people went to see them when they wanted to. One relative told us, "I never thought my [family member] would live independently but they do. I am impressed as they have grown up into a fine adult."

Improving care quality in response to complaints or concerns

- There were highly effective systems in place to give people every possible opportunity to complain. This included advocacy, residents' house meetings as well as day to day contact with staff. These occasions gave people chance to voice their opinions and tell staff what they were and weren't happy with.
- Effective actions were taken to prevent the potential for any issue to be repeated. Concerns were acted on before they became a complaint. Relatives told us they had raised minor issues but had never needed to complain.
- The registered manager used compliments to identify what worked well. Examples of compliments from people included, 'Staff are very caring.' 'It's very friendly here' and 'I like it all.' Another person had been very pleased to say, 'I like it when staff take me to football and on holiday.'

End of life care and support

- The service did not support people with end of life care. Should an urgent need for this occur, there were



policies and procedures for this based on people's communication needs. Where people lacked mental capacity, there were decisions in people's best interests such as their preferences.

- The registered manager told us how they had a very good relationship with health professionals and social workers as well as anyone else involved in people's care such as relatives with power of attorney for health and welfare.
- People's care plans recorded any religious or cultural belief and staff were knowledgeable about these.



## 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 the rating 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 staff team all saw the potential in people and they enabled this potential to become a reality. Whatever people dreamt of and wherever possible, people were empowered to live their dreams. For example, one person had dreamt of going abroad on holiday and they had.
- The planning for the journey and flights had totally involved the person using social stories, pictures of their holiday resort and the airports. This all helped the person to overcome their anxieties. Another person was enabled to have an off-road driving lesson and proudly help up their 'L' plates to show us. The person told staff how they 'couldn't wait' for their next lesson that is already booked. Other examples included people being supported, over many years and challenges, to finally travel on public transport for the first time. This was a huge achievement for this person.
- People were enabled to live a life they might not otherwise have done so with support from staff. One relative told us, "[Person] will always be my child but now they live very independently and do things with confidence and only a little bit of support."

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 was correctly displaying their previous inspection rating on their web site and their previous inspection rating poster in their head office building.
- The registered manager was aware of when to notify us about incidents such as those involving safeguarding. They also took effective actions in mitigating the risk of recurrence. Additionally, because of the openness, people received information on what actions had been taken to keep them safe following any incidents. For example, through pictures, advocacy, sign language as well as verbally.
- One person had told the provider, the reason they chose the service was because of the information on their web site and because of the adaptations this website was 'totally' accessible to them.

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

- Very robust and highly effective quality assurance and governance saw the service remain focused on improving the quality of people's lives, and to the person's greatest benefit. This enabled the registered manager and staff to be proactive in many circumstances such as in pre-empting people's behaviours, anxiety and potential for distress. The registered manager continued to make improvements in the overall quality of people's care and in enabling the change in previous inspection areas from good to outstanding.

- In pre-empting risks, people lived much happier, calmer and fulfilling lives. One example included a full understanding of why moving home was the only solution. Staff had worked with total commitment in pursuing a successful outcome for this person. The result for the person was a significant improvement in dignity and sleeping all night for the first ever time.
- Staff fully understood their roles and undertook them to the highest standards. For example, one staff member showed us how they involved people doing audits and one person typed up their findings on a computer tablet to share with staff.

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

- The links with the local community were not just strong, they were embedded. For instance, staff enabled people to undertake charity work. The person raised money for a charity doing over 70,000 steps. Others worked in local businesses as well as staff promoting full use of any facility that was available including leisure, fitness, pastime and shopping facilities. One person had a huge smile telling us they used public transport to access a local city. Another person told us they went 'swimming and cycling' with staff. A third person showed us how they wore a uniform when working, something they were rightly proud of.
- The staff team did everything they possibly could to enhance people's lives and play a really-active part of the community. One relative told us how impressed they were at how skilled staff were enabling their family member to do a worthwhile job and learn everyday life skills. The relative told us, "It's almost beyond belief how far my [family member] has come. I like it when they come to see me, or I visit them and each time they have done something extra."

Continuous learning and improving care

- The management team saw learning and improvement as a continuous process where perfection was a target to exceed. Improvements were achieved through rigorous audits, regular spot checks to make sure staff upheld the provider's values showing people respect, always.
- People were at the heart of the service and had a complete say in how they spent their time and lived their lives. One person helped work in the provider's residential home and another helped in the office. Both people's involvement helped the provider identify any potential best practise.
- Regular 'house mate' [residents'] meetings were held where people, whatever their communication skills, were listened to. Actions were taken such as turning dreams into reality. For instance, going to the seaside, doing a weekly shop on line or going on holiday. One staff member said, "It is easy to look back in hindsight. It has been a journey for us as well as people. We don't get it right every time, we learn and get there together."

Working in partnership with others

- The registered manager worked relentlessly to achieve the best possible outcome for people by standing up for their rights. Examples of this were where people had lived in a certain way for several years and change was pivotal in improving the person's life for the better.
- By liaising and working in a joined-up way with health professionals, social workers and relatives, people lived a completely different but significantly better life. One person showed us pictures of what their achievements had been including ice skating and driving lessons.
- One health professional told us that the approach of the registered manager helped people to no longer need a certain type of medicine. One staff member said, "The difference is that the person is much more alert and can do so many more activities and does not need to stay in bed either." A social care professional told us that because the service was 'the most engaged and knowledgeable in relation to the MCA, people's human rights were fully upheld and allowed people to be without unnecessary restriction.' One example of this was a person who could cross a road on their own after many, many months of work in helping the

person understand the risk.