

New Prospects Association Limited

New Prospects




Inspection report

38 South Parade
Whitley Bay
Tyne And Wear
NE26 2RQ

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21 April 2016

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27 June 2016

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

The inspection took place on 21 and 22 April 2016 and was announced. We gave the provider 48 hours' notice because the service was a domiciliary care agency and we wanted to make sure someone would be at the office to assist with the inspection.

The service was providing personal care to 60 people in their own homes (Independent Supported Living) in North Tyneside, Newcastle and Northumberland. The service also provided outreach support to 43 people in Newcastle, five of whom receive personal care and to 54 people in North Tyneside, three of whom received personal care. A number of people received 24 hour support from staff. Most of the people who used the service had a learning disability. The service also supported older people, those living with dementia, people with a mental health condition and those with a sensory impairment. They were not providing personal care for children; however they were looking to do this in the future.

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

The provider's vision and values were imaginative and person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the chief executive, manager and special projects manager. People, relatives and staff were extremely complimentary about the manager and the provider. There was a strong emphasis on continually striving to improve. The manager, staff and people carried out a number of checks to monitor the quality and safety of the service.

Staff were highly motivated and demonstrated a clear commitment to providing dignified and compassionate care and support. They told us that they enjoyed working at the service and morale was excellent.

People and relatives described the responsiveness of staff as "outstanding." Staff found inclusive ways to meet people's needs and enable them to live as full a life as possible. A creative activities programme was in place to help meet people's social needs.

People were actively encouraged to give their views and raise concerns or complaints. There was a complaints procedure in place and people knew how to complain. Various inclusive feedback systems were in place to obtain people's views.

People told us that they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There was a safe system in place for the management of medicines.

People, relatives and staff told us there were enough staff to meet people's needs. There was a training programme in place. Staff were trained in safe working practices and to meet the specific needs of people who lived at the service.

People were supported to receive a suitable nutritious diet. People, relatives and health care professionals spoke positively about the caring nature of staff. We observed that people were cared for and supported by staff with kindness and patience.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Appropriate safeguarding policies and procedures were in place. Medicines were managed safely.

Recruitment procedures were robust. People, relatives and staff informed us that there were sufficient staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff told us and records confirmed that training, supervision and appraisals were carried out.

Staff followed the principles of the Mental Capacity Act 2005 in their work.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Good ●

The service was caring.

People and relatives told us that staff were caring. We observed positive interactions between staff and people.

People were treated with privacy and dignity.

Records evidenced that people and relatives were involved in people's care and treatment.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People and relatives described the responsiveness of staff as "Outstanding" and said they went "above and beyond."

Staff found inclusive ways to meet people's needs and enable them to live as full a life as possible. A creative activities programme was in place to help meet people's social needs.

There was a complaints procedure in place and people knew how to complain. Excellent feedback systems were in place to obtain people's views.

Is the service well-led?

The service was extremely well led.

The service used inclusive ways to enable people to be empowered and voice their opinions in all aspects of the service.

There was a strong emphasis on continually striving to improve which was driven by the chief executive, manager and special projects manager. A number of checks were carried out to monitor the quality and safety of the service.

Staff were exceptionally motivated and spoke enthusiastically about working at the service.

Outstanding 

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. We visited the service on 21 and 22 April 2016. The inspection was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection.

We spoke with three people who visited the office on the day of the inspection. We also spoke with five relatives on the days of the inspection and three relatives by telephone following the inspection to obtain their views of the service.

We spoke with the chief executive who was also the nominated individual, the registered manager, a team leader and four support workers. We examined four care plans and records relating to staff. In addition, we checked records relating to the management of the service such as audits and surveys. We also conferred with the local authority, two social workers and the chair of the Whitley Bay Big Local Partnership. We used their comments to support this inspection.

We checked information which we had received about the service prior to our inspection. This included notifications which the provider had sent us. The provider completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Yes I feel safe, the staff are all lovely." Comments from relatives included, "They take safety seriously," "I put my trust in them to look after [name]," "I would know if they weren't happy," "I know that he is safe and happy and that's worth more than a million pounds" and "The fact that we're not worried says everything. Nothing is ever hidden and we're welcome anytime."

There were safeguarding policies and procedures in place. Staff had undertaken safeguarding training and were knowledgeable about what action they would take if they suspected abuse had occurred. No concerns were raised by people, relatives or staff.

Staff told us and records confirmed that appropriate recruitment checks were carried out prior to starting work at the service to help ensure that staff were suitable to work with vulnerable people. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. The manager told us that one of the most important recruitment checks they carried out was a check of the applicants' values. She explained that they used a values based computer assessment and said that a minimum score had to be achieved. She said, "If they don't meet this score, then we won't recruit them, because they don't have the values that we want here." This was confirmed by the records we viewed.

We looked at the way medicines were managed. People told us that staff supported them with their medicines. A medicines procedure was in place. There was a safe system in place for the ordering, receipt, storage, recording and disposal of medicines. We checked two people's medicines administration records and found that these were completed accurately.

We checked staffing levels at the service which included looking at staff rotas. People and relatives told us that there were sufficient staff deployed to meet people's needs. One relative told us that she would like a larger staff team to be involved in their family member's care. We fed this information back to the manager who said that they would explore this issue with the relative concerned.

The manager told us that one of the most important checks they carried out was a check of the applicants' values. She showed us the computer based values assessment that was completed and said that a minimum score had to be achieved. She said, "If they don't meet this score, then we won't recruit them, because they don't have the values that we want here."

Risk assessments were in place which had been identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction such as maintaining independence in the local community whilst staying safe and keeping Tarantula spiders!

There were systems in place to deal with any emergencies. Personal evacuation plans were in place which

told staff how people should be supported in the case of an emergency. People were reminded of fire safety procedures during meetings and there were contingency plans in place in people's houses which gave staff information about who to contact in the case of a power cut, fire, flood or other emergency.

Is the service effective?

Our findings

People and relatives were complimentary about the skills of staff. Comments from relatives included, "[Name of staff member] thinks things through – he never just acts impulsively," "The staff are outstanding, they have regular training days. I always ask them about their training. [Name of staff member] went away to do a nursing degree and now he's back" and "There always seems to be enough training. Staff will say, 'I have another piece of course work to do.'"

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. Comments included, "I've learnt such a lot from working here" and "A lot of companies say they are going to do the training, but this company definitely does, it's good and well organised and there's specific training in areas such as Makaton and Downs Syndrome, of course we know that we need to treat the person, not the illness, but it helps to have knowledge about the various conditions."

The manager provided us with information which showed that staff had completed training in safe working practices. This included safeguarding adults, health and safety, first aid and moving and handling. Staff had also completed training on the specific needs of people who used the service such as challenging behaviour, epilepsy and autism training.

Staff told us and records confirmed, that they undertook induction training when they first started working at the service. This was based on the Care Certificate. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life. It was developed to address inconsistencies in training and competencies in the workforce so that people and families experiencing care services can have confidence that all staff have the same introductory skills, knowledge and behaviours. This meant that staff felt prepared when they started working independently at the home and supported the effective delivery of care.

Staff told us that they felt well supported. We noted that staff supervision sessions were held and an appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

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.

We found that staff were following the principles of the MCA. Mental capacity assessments had been carried out for important decisions such as epilepsy treatment. One person had a deprivation of liberty authorisation in place granted by the Court of Protection. The manager was liaising with care managers with regards to further deprivation of liberty applications for other people using the service.

We checked whether people's nutritional needs were met. People told us that they were happy with the meals provided by staff and some told us that they were supported to make their own meals. Most relatives were also complimentary about how the service met people's nutritional needs. One relative said, "He likes beef burgers, but they encourage him to eat healthily." One relative told us that she had raised a concern that there was insufficient food at Christmas time in their family member's cupboards, however, this had recently improved. We spoke with staff about this feedback. They said that the person enjoyed eating out a lot of the time which is why the food cupboards were not over stocked.

Support plans contained details of people's nutritional needs and their likes and dislikes. We read one support plan which stated, "These are the things I don't like or want, butter or margarine, turnip, mashed potato, garlic and Horlicks." Another person's support plan gave detailed information from the speech and language therapist about the consistency and texture of their food and drink.

People and relatives told us that staff supported them to access healthcare services. One relative said, "Any concerns are dealt with, he sees the dentist, chiropodist, doctor and optician." Records showed details of appointments with and visits by healthcare and social professionals. We saw evidence that staff had worked with various agencies to ensure that people accessed other services in cases of emergency, or when people's needs had changed, for example GP's, district nurse teams, consultants, social workers, podiatrists and dentists.

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. Comments from people included, "They make me feel happy when they say positive things to me and they give me confidence to try new things," "They are such a happy home and staff" and "They just do make me happy." Comments from relatives included, "They are just like a family," "When [name of person] moved there, the staff became part of our family too," "[Name of person] calls it his happy home," "The staff are caring," "I haven't lost a son, I've gained three – they are all part of my family now [other people who used the service]," "The care has been splendid" "They go that extra mile for his care and security," "He is happy, he has a good relationship with staff and enjoys the banter. It's the best thing we ever did," "He has fantastic staff. They are always willing to listen" and "He is very fond of his carers. They are very nice and caring." One relative emailed us during our inspection to inform us, that staff had provided "immense compassion" not only to her family member but also "towards us as a family."

We spoke with one of the service managers who told us, "I think my staff are particularly specialised people and they support the most special people. They [staff] don't realise the impact they have on people's lives."

Staff spoke with pride about the importance of ensuring people's needs were met. One staff member said, "I love my job, I'm really happy. It's great when you can help people achieve their aims and see their faces light up – it's all so worthwhile."

We saw positive interactions between people and staff. One person gave staff who supported her a hug when she heard that her birthday was sooner than she thought. She also spoke with the chief executive and said, "Did you know [name of chief executive] it's my birthday next week. I'm going to the Italian." The chief executive told her that she was excited to hear about this.

Support plans contained information about people's life history and preferences. We read that one person liked massages and listening to music. Information about people's gifts and talents was also included. We read that one person enjoyed drawing, writing, cooking and talking! This information helped staff provide more person centred care.

People's privacy and dignity were promoted by staff. This was confirmed by people and relatives. One relative said, "They are really aware of dignity and privacy and respect him as a human being." Staff spoke respectfully to people and were able to give examples of how they promoted people's privacy and dignity such as ensuring that they were covered during personal care.

Dignity champions were appointed who delivered dignity training to staff. Staff were also reminded of the National Dignity Council's "10 Dignity Do's" during staff meetings. These included "Support people with the same respect you would want for yourself or your family."

People and relatives told us that they were involved and consulted in all aspects of their care. One person said, "I feel involved in everything. Every month we have a keyworker meeting and we have tenants

meetings. Everything is about me." Comments from relatives included, "We are invited very much so to meetings with keyworkers and they go through everything. What he has done, what he has refused to do, his medication. Everything is tip top – they are taking care of everything" and "I get a monthly review at his house. They go through the whole lot, activities and what he wants to achieve the next month" and "I'm involved, he has a principal carer and we meet every month and chat things over, we talk about what he has done, a lot of it comes from him and what he wants to do. He has decided because he is putting weight on that he wants to make meals from scratch." Monthly review and planning meetings were carried out to monitor people's care and support to ensure that timely action was taken if people's needs changed. The manager told us, "The monthly review and planning meetings are so important, we discuss what has happened, but we also concentrate on what they are planning to do the next month and how we can make this happen."

Is the service responsive?

Our findings

People were complimentary about the responsiveness of staff. Comments included, "I couldn't be happier, I've come on leaps and bounds," "They are wonderful and do an absolutely wonderful job" and "I didn't have a life until I moved into [name of address which is supported by New Prospects staff]. Now I have a life and I have gone from dependence to independence. When I have been unwell, they have supported me in the community and supported me to have a life as I have now."

Comments from relatives included, "They go that extra mile to get people what they want," "[Name of person] is the staff's priority, they are brilliant with her," "The staff are wonderful and amazing. I wouldn't have had my life any other way," "It's been the best thing for him, he has blossomed. We used to call him the bird with the broken wing, but his wing has healed, he can now fly," "They are aware of his needs," "He has a full life now," "I have never seen him happier. He is very well taken care of and the support he gets is exactly tailored to his needs," "We've noticed that he is much more outgoing now and initiates conversations," "They know all about his little nuances and changes in behaviour." One relative contacted us by email during our inspection. She told us, "The same dedicated team of support has adapted and provided outstanding care for [name of person]" and "I am aware that I ask for high standards in the care that I want for [name of person], but the team meet my expectations in every respect. The strong management by the team leader has provided an essential foundation and central point for the communication between staff/hospital and us as a family when there were changes made to medication and care."

Relatives gave examples of how staff were responsive to their family member's needs. One relative said, "He was overweight, and now he goes to weight watchers, a member of staff goes with him, otherwise he wouldn't go. He has lost over three stone and the staff member has lost weight too! She [staff member] also goes to exercise classes with him too, otherwise he wouldn't go." Another relative said, "[Name of person] does not like going out for walks, so staff bring in their dogs which he loves and they all go out for a walk" and "They are very good and will work around him, but also know how to encourage him to do something. At home I would just say, 'Come on, we're going out.' They can't say that, but they will say things in a positive light and make it sound appealing." A third said, "He likes vinyl records and they [staff] have visited lots of second hand shops to buy records for him."

The chief executive told us how important it was for them to ensure that people had a "good life." She said, "A good life is really important to ensure that we provide the right level of support for people's mental and physical wellbeing. To me, having a good life is having freedom, having choice and control and having friends. These are things which are important and the things I check. We aim to make sure that if you are involved with New Prospects, your life should be better than it was before you came. We have to do our absolute best." The special projects manager told us, "We try and create opportunities for people. It's our responsibility to do things like the social club and the choir. We have to make sure we find out about things and find out what people want. It's all about keeping this organisation fresh."

Relatives were very complimentary about the activities which people participated in. Their comments included, "[Name of person] enjoys going to cookery group and the choir. A lot of his activities revolve

around music. He says he's the resident DJ. He plans his own dinners and enjoys going to the Hungry Horse [pub] or MacDonalds.", "He has a better social life than me" and "I have to make an appointment to see her."

Staff knew how to meet people's preferences and used innovative ideas to ensure that people had an enhanced sense of wellbeing and exceptional quality of life. One staff member told us, "We are very aware that people are at the heart of everything we do. One person said he wanted to be an astronaut, we didn't say, 'Don't be silly, you'll never be an astronaut' we organised for him to go to the space centre in Leicester". They continued, "You'll be amazed at the impact our support has on people's lives." While we were at head office we saw that one person had sent the special projects manager a film which the person had produced and starred in. There was lots of swashbuckling action!

The provider had a social club which was open to everyone, including those who didn't use New Prospects. A support worker said, "It's really good, it's open to all and enables people to meet new people who may not have a disability." Senior management staff such as the chief executive and the manager often went to the social club too, to talk to people and find out how they were. The club was held every Wednesday evening. We spoke with the provider's administrator who told us, "We do different activities, like cookery, sign and sing, drama and there's sports, arts and crafts and film making... They do absolutely loads. We also have a social club and we have that once a week and do things like X factor nights – it's really active." People confirmed that they went to the social club and also joined in the activities which were held at head office, including the provider's choir. The manager said, "I go and I get such a lot out of it and so do the people. It's open to anyone and we have some people come from the local residential home."

"Mates Breaks" holidays were organised by the provider. The manager told us that this facilitated friendships and enabled people to go on holiday with whom they chose, even if they lived in different areas. We saw that a camping trip was advertised at Hadrian's Wall for people to go on if they wished.

People were actively involved in the local community. The special projects manager told us, "Some people think we should be asking what can the community offer us, but it should be what can we offer the community, we are equally as important." One person came to visit us at the provider's head office. She told us about how she had knitted baby hats for a local special care baby unit. She showed us her certificate which stated, "Certificate of appreciation in recognition of knitting the amazing 236 hats and 41 blankets for babies in the special care baby unit."

The service was involved in 'The Whitley Bay Big Local Partnership' which is a Lottery funded, community led initiative for all who live or work in the Big Local area to get together to improve their community. We spoke with the chair of the Whitley Bay Big Local Partnership. She told us, "They are very very people focussed and I can really tell that the heart of the people is in everything they do. They really work so hard for the benefit of the local community and the people they support. I could speak positively about New Prospects all day they are just so amazing. They are really innovative and are on the cutting edge of practice. They really care about the people they support I couldn't do my volunteer role without them. They are a real asset to Whitley Bay, they don't just do their little bit - they care for Whitley Bay and the people as a whole. All the staff are great and I have learnt such a lot from [name of special projects manager] he is a real inspirational person to work with."

The special projects manager had written a report on the role of New Prospects. This stated, "Our involvement in the Big Local provides us mainly with a huge network of people and organisations in Whitley Bay. It provides a great platform for us to show what we have always known that the people we support are valuable contributing citizens... I think our involvement with Big Local has made our stated aim of becoming more of a community organisation a quick reality... We are seen as a hugely positive addition to

the area, not just because of our building, but because of the people in it." People were involved in a community garden initiative and one of the people who used the service volunteered at the Big Local Shop. The special projects manager had written, "The spin offs of our involvement are being felt by the people we support." We checked the community garden's website which stated, "We hadn't anticipated how successful this new relationship would be! The New Prospects team and gardeners just love the garden and have been involved in every event we've had in the garden this year."

People were supported with education and employment opportunities. We spoke with the manager who explained that they actively encouraged people to find employment. She said that this promoted people's wellbeing and sense of worth. One person told us, "I voluntary help out at [name of garden centre]. I learn by planting and following staff."

Support plans were in place which were very detailed and contained information which helped ensure that people's social, emotional, physical and social needs could be met. Comprehensive daily notes were also kept. The daily records addressed the following areas; "Having friends and relationships, making choices and being in control, staying healthy and safe, sharing ordinary places, sharing gifts and talents and being respected for who I am."

People's care and support was planned proactively in partnership with them. Staff used inclusive and individual ways of involving people so that they felt consulted, empowered, listened to and valued. The provider used the tool, "My good life" as a means of measuring people's achievements. My good life was based on six outcomes; having friends and relationships; making choices – being in control; sharing my gifts and talents; sharing ordinary places,; being respected for who I am, being healthy and staying safe. In order to meet the outcomes listed in 'My good life' people were supported to complete the 'Big Plan.' In the big plan, people got together with their family, friends and staff to plan for a good life. People who used the provider's services also joined in to undertake their big plans at the same time. The project manager told us that the big plan was a great way to "make connections and share ideas." He also told us, "It's to help improve people's lives and make things better. It's all about sharing information and problem solving, if someone wants to do something, working out how to make that possible."

People and relatives told us that people's independence was promoted. One person told us, "We did travel training; everything was done in little steps to build up my confidence - now I'm flying. I've come so far in my little life. I do want to go to the Metro Centre [shopping centre] by myself, that's my new goal." Following our conversation, the person told us that she was now going back home on the bus.

Relatives commented, "[Name of person] has done the big plan. We have seen a big change in him. He was dependent upon us, now his independence has improved. It's the little things, like I used to plug in his seat belt, but now he does that himself. They've made one heck of a difference. He instigates conversations now and will make his own choices," "They promote independence. It's great to see him doing things that I used to do for him," "They foster independence" and "He has done two big plans. They are very proactive" and "They provided travel training and now he goes to the other side of Newcastle by himself. I would never let him out of the house by himself when he was at home."

People were involved in writing their own care plans and risk assessments. One person had written their own risk assessment relating to wheelchair safety. The person had downloaded photographs of themselves in various poses in their wheelchair together with humorous captions such as "Keep me [wheelchair] on the ground!" At the end of the risk assessment he had written "Produced, directed and starring [name of person] and co-starring [name of staff member]." We read another person's nutritional care plan. This stated, "I also do not wish to have a weekly menu planner as I want to choose my meals on a daily basis." This meant that

people were able to state how they wanted their care to be provided and risks to be managed.

There was a complaints procedure in place. Complaints were documented and actions taken to resolve complaints or concerns were recorded. Complaints cards were in use. The manager told us, "People just need to put their name on the card and post it. This comes directly to me and getting this card means that there is something that the person wants to talk about. I will then phone or visit them and find out what is the matter."

Is the service well-led?

Our findings

The provider's vision and values were imaginative and person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the chief executive, manager and special projects manager. We checked the provider's website which stated, "Our service is about you and making sure you have the life you want. We care about making sure you have a good life."

People, relatives and staff were extremely positive about the service. Comments from relatives included, "If we had to write out a wish list – we have got everything we would wish for," "I would put them as outstanding" and "I would rate them as top – superb." A relative emailed us during our inspection. She told us, "On behalf of [name of person] I feel that he is so fortunate to receive consistently good care with New Prospects. They are an example of how excellent care can be provided." We read feedback from the most recent survey. One respondent had stated, "New prospects are always seeking to improve the procedures... They constantly question whether they are 'getting it right', for this we are grateful."

A social worker told us, "They are doing a sterling piece of work" and "They have just got it. If someone's needs change, then they get straight onto us and let us know about the progress which has been made. We spoke with a local authority's commissioning manager who told us the service had scored 100% in their recent quality monitoring visit.

We spoke with the chair of the Whitley Bay Big Local Partnership. She told us, "We are a board of volunteers and we have to work with a locally trusted organisation. We chose New Prospects. They look after the money and also support us as a board and as an organisation to make things happen. They are an absolutely amazing organisation. [Name of chief executive] is the most amazing manager. In fact I have thought that I would like to work in that organisation myself."

Staff, people and relatives also spoke positively about the provider and senior management staff. Comments from people and relatives included, "[Name of person] phones up [name of chief executive] for a chat. It's lovely that he can do that" and "I've just phoned [name of chief executive] and told her what I've been doing." Staff told us, "[Name of the chief executive] is very good, she knows everyone we support by name and there must be about 200 people – she's great," "She always makes time for people, even if it's just five minutes. It's nice to see," "They all have so much time for everyone. They are all so approachable and put themselves out for staff and people."

We spoke with the chief executive who told us, "I get out to visit people, you need to make sure what you think is going on, is going on. So the way I do this is going to people's homes and having a cup of tea with them. You learn such a lot. I also go to the social club on a Wednesday night. It gives you a connection with people, so they want to talk to you. I don't want them to say, the chief executive is coming. I want them to say, [name of chief executive] is coming." She also told us, "We have lots of structures to see what's going on. We have a plethora of meetings which are all for a purpose. We have operations meetings where we talk through everything since this is our chance to change things and have an overview of each service – safeguarding, housing, finance, training, recruitment and feedback. We also have service managers

meetings where we look in detail at each service. I expect to hear about what people are doing in their lives and what is going on generally, like has this person been to see a GP or any other appointments, what have they been doing socially. This also helps team leaders look at the wider picture and get ideas. . . We also have strategic meetings with myself, [name of manager] and finance, where we look at how we are doing and our budget." The chief executive said, "All these meetings are important, but what I need to do is sit in someone's front room and say, 'How are you?'"

The provider sought to share their good practice by working with other providers. The special projects manager told us that they shared their assessment tool "My Good Life" with other providers and nationally via a research website. This was confirmed by our own checks. The provider was a member of the Housing and Support Alliance. The Housing and Support Alliance is a charity and membership organisation which aims for better housing, support and rights for people with learning disabilities. We read articles which the special projects manager had written for the Housing and Support Alliance. He told us, "We are a small provider locally, but with a national reputation."

The manager told us that they were 'I Care Ambassadors.' I Care Ambassadors is a Skills for Care initiative which consists of a national team of care workers who talk about what it's like to work in social care. She told us that she had recently been to the local college with people who used the service to talk to students and inspire them to take up a career in social care. She said, "I'm really keen to promote this."

There was a strong emphasis on continually striving to improve. Monthly unannounced visits were carried out by the provider's monitoring officer. These looked at all aspects of the service including people's opinions. We checked one report which stated, "[Name of person] informed me that he has lost weight and asked me if I thought he looked good." An action plan was devised and timescales were included for completion such as any minor repairs in people's homes or paperwork which needed to be updated.

The provider had undertaken a self-assessment with people, relatives and staff. The "Driving up Quality Code" had been used to undertake this assessment. The Code outlines five standards that help ensure high quality learning disability care provision. The head of services told us that as a result of this self-assessment they had introduced "Quality checkers." Quality checkers, or the 'A team' as they were now called were a group of people who used services, themselves and relatives. She said that this team would go around each of the provider's services to obtain people's views and told us, "The most important thing is finding out what people themselves think of the services – are they happy? What could be improved?" People using the New Prospects service were members of the A team. The head of services informed us that the A team were also going to be involved with staff induction and training. She said, "They are the ones that know what they want and can tell new staff, 'This is what we want and how it should be done.'" Relatives were also part of the A team. One relative told us that he had been involved in advising on the service's paperwork. He told us, "I was involved in giving advice about what they could change for the quality paperwork – they did make some changes. . . I certainly see things are recognised and taken notice of for [name of person]. He is as happy as happy can be."

"Lessons learnt meetings" were held. The manager told us, "These are held to see how we can improve the service. We look at any incidents and see what actions have been taken and any lessons learned." We read that one person had run out onto the main road when they were going out. Under the action, the manager had recorded, "There is another exit that [name of person] could use which would reduce the risk of [name of person] going out into the road." Under the completed column the manager had written, "Now [name of person] goes out the back exit door." We read that another person had fallen out of bed. Under the lessons learnt column was recorded, "Moved bed to minimise risk" and "Referral made to OT [occupational therapist]. Continue to monitor and look into falls mat."

"Sharing best practice" meetings were also held with staff. These were held to discuss people's achievements and share different activities that people from each of the services were undertaking. The manager told us that this helped ensure that staff were aware of what was available in the local community. We read that one person had "released a DVD of keyboard playing" which had "Improved confidence, self-esteem and control." Another person had held a coffee morning and others had applied to do the Race for Life.

Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate care. They told us that they enjoyed working at the service and morale was good. Comments included, "They are a really good company to work for," "I've never felt the will to leave even after 10 years," "I do feel valued," "Staff retention is really good. I've had virtually the same team for over five years" "This is the only company I've worked for which does what it says it's going to do – promoting people's independence, choice and control" and "I have never worked for a company that looks after their staff so well. One thing I really like is that there's no hierarchy from support workers to the chief executive, everyone is equal." We asked staff what the provider could do to improve. One staff member said, "It shouldn't be this hard when you're in a job to think of something, but it is – I can't think of anything they could do better."

Staff received a personal letter from the chief executive to thank them for their hard work and dedication. One letter stated, "I am writing to thank you for the work that you have been doing with [name of person]. I know that [name of person] always gets exceptional support from you and the other staff who support him...I want to thank you for "going over and above" to support [name of person]...I feel very proud that we are blessed with staff like you who care enough to go the extra mile when needed...I am pretty sure that [name of person] does not realise how exceptional the people around him are, but rest assured that I do realise you are exceptional. Keep up the VERY good work."

There was also a reward scheme in place for people, staff and volunteers. People and staff could be nominated for various awards such as "outstanding achievement award" and "outstanding support worker award." Staff had also been nominated for external awards. We read that a team manager was a finalist in the National Great British Care Award. He had also won a regional award.

The provider used inclusive methods to obtain the views of people and their representatives. People and relatives were involved in the recruitment of staff. One relative said, "Yes, I was involved in interviewing staff. I wanted to know who would be looking after my son." The provider was working with the local college to provide traineeships. Following the specified training programme, trainees would be guaranteed an interview. A monthly newsletter was produced. One relative said, "They have contributions from service users."

People had also completed training in certain areas. One person told us that she had completed first aid and "looking after yourself" training. The head of services told us that this training included safeguarding awareness and "bosom buddies" which taught people how to check their breasts. The provider worked with external providers to deliver this training. Relatives told us that the New Prospects also enabled them to complete training too. One relative said, "They put me on the e-learning site so I could do training and see what training the staff do. I was interested to know."

The service had its own Facebook page. The special projects manager saved an audio version of any written information saved on the page to ensure that everybody was able to access the written word including those who had difficulty with reading. The provider also had their own website with a "Browse aloud" facility which enabled people to listen to the written word. The chief executive said, "I make it my business to push things out [information]. If you don't read or struggle to read, it's our responsibility to make sure people are well

informed."