

Options Autism (8) Limited

Options West Sussex

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Options West Sussex is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs, including people with a learning disability and Autism. CQC only inspects where people receive personal care. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 22 people were receiving personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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. However, records had not always been made for decisions completed in people's best interest. We recommended that the management team continue to review guidance on the Mental Capacity Act 2005.

People told us they were happy with the service they received and staff treated them with kindness and respect. Relatives gave us positive feedback about people's safety and told us that staff did their job well. One relative said, "I trust them [staff], and know they will look after [Person's name] and keep them safe."

Staff had completed training in the safe administration of medicines and people received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording and disposing of prescribed medicines.

Systems were in place to monitor incidents, accidents and near misses. There were clear processes in place to monitor risks to people, which helped to ensure they received effective care to maintain their safety and wellbeing.

Staff received an induction into their role and had received appropriate training that equipped them to support people. They had regular refreshers of training to help ensure they continued to be sufficiently skilled and knowledgeable. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

People's needs were assessed to ensure these could be met by the service. The management team and staff

worked with other external professionals to ensure people received effective care.

People had detailed and accurate care plans in place, which were person centred. Staff supported people, showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected. People and their relatives where relevant, were involved in the planning and review of their care. People were supported to maintain their independence and encouraged to participate in activities of daily living.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

A complaints procedure was in place, which relatives and people confirmed they were aware of. People's concerns and complaints were listened to, addressed in a timely manner and resolved quickly.

Staff, people and relatives told us they had a good relationship with the management team and could seek support and assistance easily when needed. There were effective systems in place to monitor the safety and quality of the service.

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

Rating at last inspection

The last rating for this service was good (published 26 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Options West Sussex

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service provides personal care to people living in their own houses and flats. In addition, they provide care and support to people living in five '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 did not have a manager as the previous registered manager had left the service. There was a deputy manager and the provider's area manager who supported this inspection. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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. The area manager told us that the provider was in the process of trying to recruit a new manager for the service. In the meantime, the deputy manager was supporting the management of the service with the guidance of the area manager.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or deputy manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the

service is legally required to send to us. 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.

We used all of this information to plan our inspection.

Inspection activity started on 21 November 2019 and ended on 9 December 2019. We visited the office location on 21 November 2019.

During the inspection-

We interacted with, and had limited conversations with, three people who used the service. However, some people using the service were not able to verbally express their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the deputy manager, the provider's area manager and one care staff member.

We reviewed a range of records. This included six people's care records and medication records. We reviewed training records and a variety of records relating to the management of the service, including policies and procedures, audits, staff training records and staff rotas.

After the inspection

We looked at three staff recruitment records and reviewed three staff files in relation to supervision. We spoke with four relatives about their experience of the care provided. We spoke to three external professionals involved with the service and five members of care staff.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- People told us they felt safe and staff supported them to understand risks. One person said, "Yes I feel safe here, the staff help me." Relatives told us they felt people were cared for safely by staff. Comments included, "Yes, I think they [relative] are safe I have no qualms about that" and Yes, they [relative] are very safe, they tell us if there is anything wrong."
- Staff had received safeguarding training, understood their responsibilities and told us they would report safeguarding concerns in line with the provider's safeguarding and whistleblower procedures. One staff member said, "I would reassure the person and would report any concerns to the office and would report to the local authority safeguarding team."
- Staff demonstrated to us they knew people well and could recognise how they expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour and reported any concerns.
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The deputy manager and area manager were clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed. For example, some people experienced periods of heightened anxiety that impacted on their mood and behaviour. There was good clear information and guidance for staff about how to safely support people.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, some people had specific risks associated with their diet and health conditions. Risk plans had been developed and were reviewed regularly with people.
- There was a positive approach to risk taking. A staff member said, "We support people to do what they want and help them to understand if there are any risks and how we can help them."
- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment

- There was enough staff to meet people's needs and there was continuity, as staff had established strong relationships with people and their relatives. Staff sickness was covered by existing staff or the service's own bank staff. A relative told us, "We have been lucky as the bank staff we have had, have known [person's

name] and that has been good, although it's not happened often."

- People were positive about the availability of staff. They received support from a small staff team they knew well. One person said, "I like them [staff] and they know me and what I like to do."
- Where people had support to engage in activities in their community, staff told us they felt they had enough time to spend with people. One staff member said, "I feel I have lots of time with people to get to know them and support them with what they need."
- Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

- Where people received support with their prescribed medicines, staff followed national best practice guidance and support was provided when people needed it. A person said, "They [staff] help me with my tablets."
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. This was reassessed yearly or following any medicines errors.
- Where medicines administration errors had occurred, such as MAR charts not being completed correctly, the management team took appropriate action to ensure the safety of the person and reduce the risk of recurrence.
- People were supported to attend health appointments to have their medicines reviewed when needed.

Preventing and controlling infection

- Staff were trained in infection control.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use. We observed that staff used PPE when necessary.
- There was an up to date infection control policy in place, which was understood by staff.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- The deputy manager and area manager knew how to seek support from external professionals when they required additional guidance. Staff recorded and informed the management team of any incidents when things might have gone wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent had been sought for their care needs. Where people lacked capacity to consent to care, the principles of MCA were followed, and best interest decisions made. However, additional decision specific MCA assessments were needed for some people. For example, people who lacked capacity to consent to their medicines being managed by staff, did not have decision specific MCA assessments and best interest decisions recorded. We discussed this with the area manager who demonstrated a good knowledge of the MCA and took immediate action to complete relevant MCA assessments and best interest decisions.

We recommend that the management team continues to refer to current MCA guidance to ensure that where applicable, decision specific mental capacity and best interest records are made.

- Staff had received training in the Mental Capacity Act 2005 (MCA).
- People were supported to make every day decisions and staff had a good awareness of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected. One staff member said, "I give people choices about what they want to wear or eat and give them options of what they want to do. We look at what is on in the community and help people to decide if they want to do things."
- The provider understood their role and responsibilities in relation to DoLS. Applications had been made appropriately.

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

- People's needs were assessed prior to the service agreeing to support them. The assessment considered all aspects of people's needs and the information was used to develop people's care plans and risk assessments. Viewed assessments demonstrated people's protected characteristics under the Equality Act had been considered.
- People were encouraged to express their wishes and make choices about the support they received.
- People's needs had been regularly reviewed to ensure care plans were up to date. Information had been sought from the person, their relatives and other professionals involved in their care. One external professional told us, "The service is very effective and pro-active in meeting the customers [people's] needs."
- Relatives told us they were involved in reviews of people's care and support and felt listened to. One relative said, "[Person's name] recently had their annual review, which we go to every year."

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which included the provider's mandatory training. In addition, where applicable, staff were supported to complete the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people. One staff member told us, "I had an induction with an induction pack and then did shadow shifts with experienced staff."
- Staff had completed regular training to support people effectively which included, safeguarding, person centred care, mental health awareness, communication, moving and handling, infection control and medicines. Staff were also provided with training that was specific to people's needs, such as awareness for epilepsy, autism and learning disability. A staff member said, "When I first started I did lots of training, when I am due training again I get an email and then go on a refresher course."
- An external professional told us they felt that the staff had the training and skills to support people. They said, "The staff I have worked with have been experienced and skilled."
- Relatives told us they thought the staff were trained well. One relative said, "Staff know what they are doing, they do a first-class job and we have no concerns."
- Staff received regular supervisions, which aided their professional development and supported their wellbeing. Staff had annual appraisals of their performance.

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

- People who required meals preparing said they were given choices and had plenty of drinks offered. One person said, "We decide together what we want to eat, and staff help to cook."
- Where specific health risks around food intake were identified for people, this was managed safely, and people were supported to make healthy choices where possible. For example, where people were diagnosed with diabetes, they were supported to understand the risks and make choices, that would support them to maintain good health.
- Information about people's dietary requirements and preferences were included in their care plans and daily records within their homes.

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

- Detailed information was recorded about people's health conditions and any allergies they may have. This information helped to guide staff and ensured effective support was provided.
- People's care and support needs were known and understood by staff and were monitored to ensure

people remained in good health. Staff worked effectively with healthcare professionals in following recommendations to support people to lead healthy lives. Support plans provided guidance about the assistance people required to ensure they received consistent care.

- Where people required specific guidance about how staff should meet their needs, this was provided by external professionals and staff followed this. For example, some people had behaviours that could place themselves or others at risks and staff had a good understanding of the procedures in place. An external professional said, "The service has sought and acted on advice from health professionals."
- Information about people's personal and health needs was included within their care plans, which could go with the person to hospital, to help ensure their needs could be consistently met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and knew them well. One person said, "I can talk to staff they are nice." Another said, "I like them [staff], yes they are kind."
- Staff approached people in a patient and kind manner. We observed people were comfortable with staff and confident to ask for their assistance or support.
- Staff knew people well and had built a rapport with them. Staff spoke about people with genuine affection and in a respectful manner and expressed a desire for people to have a good quality of life. One staff member said, "I feel I know the people well and I love working for them."
- Staff recognised the importance of providing support in ways that promoted equality and diversity. They had received training and guidance in respecting the choices people made about their identities and lifestyles. People had their individual needs and preferences identified within their care plans. For example, one person enjoyed attending church each week and the importance of this was clearly described in their care plan. The person told us, "I like going to church, I have friends there and I go each week."
- People were relaxed in the company of the staff and deputy manager. They clearly knew them well and appeared to enjoy the interactions they had. The area manager told us the management team planned to visit people who received a service regularly, in order to monitor that they continue to be treated with respect.
- Relatives were positive about staff's approach. Relatives comments included, "[Person's name] is happy and well looked after", "Staff are very good and kind" and "Staff treat [person] respectfully and listen to [person]; They seem to care about them and are very kind."

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

- People were encouraged to make their own day to day decisions wherever possible; Staff understood the importance of people maintaining control over their own lives. An external professional said, "They [staff] have achieved positive outcomes for the people I have referred to them for support."
- Staff gave people time to process information, so they could make decisions. They described how they supported people to be involved in the support they received. A staff member told us, "I would talk to the person and ask them what they want. We use pictures to help people make decisions. We also use Makaton with people." Makaton is a type of sign language used by people with disabilities and uses signs with speech to help clarify what is being said.
- Relatives of people told us that they were involved in decisions about their relative's care, where they had been assessed as unable to make some decisions. One relative told us, "We give staff handover in the morning and they are good at telling us what has happened, and we have a diary that staff fill in."

- Support plans were provided with pictures to aid understanding, this was an inclusive and supportive approach.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, people were supported to make their own drinks and meals and complete cleaning tasks with appropriate assistance.
- People felt staff treated them with respect and provided care and support in a dignified way. This included giving people their personal space and being polite and sensitive in the care and support given. A staff member said, "We support and encourage people, so they can do as much for themselves as possible. When they can do things, it is really positive."
- Relatives told us staff supported people to do things they enjoyed and that they showed an interest in. One relative said, "They [staff] prepare themselves for working with [person] and plan what to support them with, based on their knowledge of [person] and interpreting what works and what doesn't. It is really good, and I know [person] is at the centre of what they do."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support specific to their needs and preferences. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. Care plans described individuals needs and preferences and were reviewed regularly.
- People and their relatives told us they were happy with the care and support they received and how this met individual needs and preferences. One relative said, "They [management team] are good at pairing people up with staff that they think they will get on with. They support [person's name] to go where they want and to do things they enjoy." Another said, "They [staff] plan what to do based on them knowing [person's name] well and interpreting what works and what doesn't."
- People were supported by regular staff who knew them well and recognised what was important to them. A staff member said, "I love my job and work with the same person most of the time."
- People's individual lifestyle choices were respected. Staff adapted their support to suit the needs and wishes of individual people they supported. One staff member said, "We support one person who needs quite a high level of support, but I have had time to get to know them and understand what they need and what they like". This showed a person-centred approach to the delivery of care and support.
- External health and social care professionals told us they felt people were provided with person centred support. One external professional said, "Support plans are person-centred and include substantial information about people's likes, dislikes, future aims and plans. Recording includes personal development goals." Another said, "I have found their [Options West Sussex] support for people to be very flexible and person-centred. They have supported people through some difficult benefit claim issues which have made a significant difference to people's incomes and well-being."

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.

- Care records identified if a person had additional communication needs and what staff should do to support the person to understand. For example, pictures and symbols were available to assist people to understand information and make choices.
- Staff members knew how to effectively communicate with people. The approach by the service met the principles of the Accessible Information Standards.

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

- The deputy manager and staff were in regular contact with people and their relatives where appropriate. Staff had built a positive relationship with people using the service and supported them to maintain contact with others that were important to them.
- People had individual support each week, funded as part of their identified care needs, to meet their social requirements. People were able to choose how they used this time.
- The service provided information about events and activities in the local community to people, so they could choose what they wished to participate in. For example, some people had recently attended a 'silent disco' held for people who had sensory needs at a local community centre.
- People received support to pursue interests and hobbies and achieve personal goals and aspirations. One person had been supported to overcome their fears and anxieties to access activities they had chosen. Staff had then supported the person to make a scrapbook of the different things they had done, as a positive reminder of what they had achieved. The deputy manager told us the person had been very proud of this and they continued to plan future aspirations together.
- People were supported to develop new friendships and maintain existing ones to avoid social isolation. Staff told us they encouraged people to widen their social support networks by attending social clubs and activities. Staff also supported people in their own homes with activities such as arts and crafts and themed events and celebrations.

Improving care quality in response to complaints or concerns

- The provider had the processes in place to act on any complaints that had been received. We reviewed their complaints records and found they had been dealt with in line with the provider's complaints policy.
- Relatives told us that they had confidence in the service and if they raised minor concerns, these were acted on promptly. One relative said, "They are good in the office, they will help if we need it. They will sort a problem out quickly and they are approachable."
- Staff recognised that some people did not have the ability to make a formal complaint. Consequently, they looked out for indirect signs that a person was dissatisfied with their support or unhappy about something. These signs included a person appearing withdrawn or becoming anxious and upset. One staff member said, "I look out for any changes to people's behaviour and would reassure them and report anything I was worried about, so it could be looked into."

End of life care and support

- No people using the service were receiving end of life care at the time of our inspection.
- End of life care plans were not in place for people. However, the provider had a policy to demonstrate they recognised the need to implement this as part of people's care plans. They told us that conversations were being planned with people and their families to ensure their wishes would be captured.
- The deputy manager and provider's area manager provided us with assurances that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to people's families and ensure staff were appropriately trained and supported.

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 requires improvement. At this inspection this key question has now improved to/deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service did not have a registered manager. The provider was aware of the requirement to have a registered manager in place and had taken steps to ensure there was additional management oversight until a new manager could be recruited. For example, the area manager told us the provider's quality assurance visits had been increased in frequency, to be able to provide support and to monitor the service.
- The provider had an effective system to assess and monitor the quality of the care people received. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, behaviour guidelines, care planning and risk assessments. However, two staff we spoke with did not feel action was taken when they raised concerns with the management team. We discussed this with the provider's area manager who took immediate action to address this with the individual staff concerned. We were reassured that the area manager was acting to improve outcomes for people and to ensure that person centred care and support was consistently provided.
- Staff communication in the service was good and they told us they felt they worked well as a team and supported each other.
- The provider informed the CQC about significant events within the service using the appropriate notifications.

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

- People and their families were positive about the care and support provided and told us they felt valued, listened to and fully involved in planning the care. One relative said, "[Person's name] is happy and well looked after, they [staff] do an excellent job." A person said, "I love it here, I can talk to staff, and they listen and help me."
- The deputy manager, area manager and staff, expressed an ethos for providing good quality care for people which was person centred and valued them. It was clear from our discussions with them, that they enjoyed supporting people to live their own lives and found it rewarding.
- Staff told us they felt supported by the deputy manager and office staff and could contact them for advice when needed. One staff member said, "[Deputy manager's name] is very supportive, they are always there to help."

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 provider understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The service was working in accordance with this regulation within their practice.
- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.

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

- Protected characteristics, including sexuality, religion, race and disability, were respected and supported.
- People were given the opportunity to feedback about the service they received through care review meetings and the use of annual surveys.
- Staff received regular opportunities to discuss their work and development needs. In addition, the provider sent out newsletters to staff with any updates to practice or changes. For example, new policies, training or conferences they could attend and 'good news' stories, were shared.

Continuous learning and improving care; Working in partnership with others

- Although there was no registered manager in place, the area manager told us that the provider had expectations when a new manager was appointed. This included them attending local area provider forums, accessing new training, and keeping up to date on best practice by signing up to alerts from national organisations such as skills for care, the national institute for excellence in care and, CQC.
- The management team had developed effective working relationships with other professionals and agencies involved in people's care. An external professional told us, "I have a good working relationship with Options West Sussex. I have no concerns about the service." Another said, "I have always found Options West Sussex to be professional and to work in a constructive and problem-solving manner."
- The provider and management team had systems in place to strive for continuous development. The deputy manager or senior staff monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude.