

MacIntyre Care

# MacIntyre Worcestershire Supported Living

## Inspection report

6-8 Church Street  
Bromsgrove  
Worcestershire  
B61 8DD

Tel: 01527435906  
Website: [www.macintyrecharity.org](http://www.macintyrecharity.org)

Date of inspection visit:  
12 March 2019  
14 March 2019

Date of publication:  
16 May 2019

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: MacIntyre Worcestershire Supported Living is a supported living provider supporting people with a learning disability or autistic condition in their own homes. At the time of the inspection they were supporting 22 people in multiple locations around Worcestershire.

People's experience of using this service:

People using the service benefitted from outstanding care, delivered in a manner which was personal to them and based on their assessed needs. People we spoke with praised both the care workers and the management of the service for the delivery of high quality of care. We spoke with nine people and two relatives, the majority of whom told us they were exceptionally happy with the support they received, described the service as superb and said they would highly recommend the provider to other people. One person told us, "The best thing about living here is everything."

People told us they felt safe when being supported with care and said all the support staff worked in a way that respected their privacy and dignity. They told us they looked on staff as friends and we observed them to be very happy and relaxed in staff company. The service had a culture of supporting people to live their own lives to the best of their ability. This ethos was infused throughout the service. Staff told us they felt valued by the organisation and said MacIntyre Worcestershire Supported Living was the best company they had worked for. One care worker told us, "This company has been the best company to work for. They empower the guys and put in place strategies to achieve this."

Staff and managers described how workers often went beyond their scheduled duties, supporting people outside their normal working hours, enabling them to attend events and taking them on holiday. People told us the service would take on the responsibility of arranging and liaising with outside services. People were involved in decisions about their own care but also in helping to run and direct the service. The provider had a strong user voice group who had made a demonstrable improvement to the running of the service and the quality of support.

Staff told us they were very happy working for the service. They confirmed they could access a range of training and development opportunities and were well supported by senior staff in the organisation. They felt there was an extremely positive culture in the organisation and felt valued. The registered manager was proactive about visiting and checking all the locations in the service. A range of substantive quality audits were undertaken.

More information about the service is contained in the full report.

Rating at last inspection: Good (The date the last report was published was 16 February 2016)

Why we inspected: This was a planned inspection based on previous rating. The service had moved from good to outstanding.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with schedule for those services rated as outstanding.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

# MacIntyre Worcestershire Supported Living

## **Detailed findings**

### Background to this inspection

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

This was a planned inspection in line with the scheduled re-inspection dates for services rated as good.

Inspection team: The inspection team consisted of one inspector.

Service and service type:

The service provides care and support to people living in a number of 'supported living' settings, so 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.

At the time of the inspection the service was supporting 26 people in multiple locations across Worcestershire, each house being home to between three and four people, delivering around 2000 care hours per week.

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 visit because it is spread over a number of locations and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

Inspection site visit activity started on 12 March 2019 and ended on 14 March 2019. We visited the office location on 12 March 2019 to see the manager and office staff; and to review care records and policies and procedures. Furthermore, we made telephone calls to relatives and health professionals during the week commencing 18 March 2019.

#### What we did:

Prior to the inspection the provider completed a PIR (Provider Information Return). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

We spoke with the registered manager, two front line managers; a senior support worker and two support staff. We met with a group of five people who attended the service office on the first day of the inspection. We visited three houses and spoke with or observed four people in their own homes. We spoke on the phone to two relatives and one health professional. We looked at a range of records including; three care records of people who used the service, medicine records, staff recruitment and training records and a range of other policies and quality monitoring documents. Following the inspection the registered manager provided further documentation for us to consider.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures regarding safeguarding were in place and staff had received training in this area.
- Staff demonstrated a good awareness of safeguarding issues and understood the action to take if they had any concerns.
- Some staff told us the work they had done when supporting one person with a serious historical allegation.
- Risk assessments and processes were in place to ensure people were protected from the risk of financial abuse.
- The manager had made appropriate referrals to the local safeguarding adults team when any concerns had been noted.
- People and relatives felt the service provided a safe level of care.

Assessing risk, safety monitoring and management

- Risks associated with the delivery of care were assessed and monitored.
- Risk assessments had also been undertaken for specific events such as holidays. Actions for staff to follow that mitigated risk had been detailed within plans.
- Plans were in place to deal with unforeseen circumstances, such as emergency evacuation of the people's homes or failure of organisational wide systems.
- A senior member of staff talked about supporting people to take positive risks. They spoke about people going skating and Go Karting. They told us, "Life is a risk. We all have choices and all the young people want to go. We just have to plan it to be as safe as we can."

Staffing and recruitment

- People said there were enough staff to support them. They told us they received care from a consistent group of care staff. One person told us, "We have the same group of staff all the time."
- Staff told us there were enough staff to deliver good quality care. They said the service was organised around the needs of people. One staff member told us, "It is all about the clients; giving them choice and control over their own lives and giving them worth." A senior member of staff told us, "We are fully staffed. We are quite lucky really with a range of ages and the mix of male and female staff."
- The registered manager confirmed all care commitments could be covered.
- The provider had in place detailed and appropriate recruitment practices including the checking of references and carrying out Disclosure and Barring Service checks (DBS). Any matters identified as part of DBS checks had been appropriately risk assessed.
- Where appropriate people participated in the recruitment process through the use of a secondary interview system. One person's file detailed the sort of people they wanted to support them with a request that staff should, 'make me laugh.' A relative told us, "They seem to involve him in staff choices."

#### Using medicines safely

- Medicines were managed effectively. We observed staff dealing with medicines and found them to be carrying out safe practice. Records and documentation were clear and up to date.
- Staff had received training on the safe handling of medicines and had their competency checked.
- People we spoke with told us they were well supported with their medicines. One person was looking to support themselves with their own medicines. We observed staff help the person to become familiar with the medicines and to take them safely.

#### Preventing and controlling infection

- Staff had received training regarding preventing infections and food hygiene.
- When we visited people's homes we saw staff supported individuals to help maintain their homes in a neat and tidy manner.

#### Learning lessons when things go wrong

- The registered manager spoke about how they incorporated lessons learnt into improved care delivery. She told us two years ago the service had over 30 medicines errors, although most had been low level. She said that this had been discussed with staff and they had participated in practices to improve this figure. She reported that last year the service had only three medicines errors, again all low level.



# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were comprehensive. Outcomes were identified and care delivered in line with these. Personal preferences and choices were incorporated into care delivery. Plans covered a range of areas such as daily living tasks, engaging with the community and support to stay safe.
- Staff told us training was often specific to the needs of the people they supported and if they needed additional support or guidance this was readily made available.
- Reviews of people's needs contained goals they would like to achieve in the coming year.

Staff support: induction, training, skills and experience.

- The service maintained an overview of staff training and could identify when mandatory training was due for renewal.
- Staff told us they had an excellent induction and plenty of time to work alongside more experienced staff.
- Comments from staff on training included. "If you need any extra training you get it straight away" and "It was a big learning curve but I had lots and lots of training. It was all very thorough and I had lots of support from the manager and other staff."
- People felt staff had the correct skills to support them and knew what to do when they needed help and support.
- Staff told us, and records showed there were regular supervision sessions and annual appraisals. They said they could speak openly and freely during supervision sessions.

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

- People told us staff supported them to maintain a healthy diet and clear instructions on how best to assist people were contained within care plans.
- Staff supported people to plan weekly menus, shop for items and supported them to cook for themselves.
- One person told us they were diabetic and described how staff supported them to eat a healthy diet to maintain their well-being.
- People's care plans contained information about their food preferences and dietary needs. One of the homes we visited had a large bowl of fruit in the main room for people to snack on.
- Staff told us that people sometimes liked to have takeaway nights, although not frequently. One staff member told us, "We have takeaway nights - not because it is easier but because that is what we would do at home."

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

- There was evidence health staff had been contacted regarding appropriate action or changes in care

delivery. Care records indicated where people required support to attend health appointments.

- A health professional told us, "They were very flexible in supporting a person with extreme health issues. They changed things around. They were very receptive and worked hard to provide consistency of care, which was important to the person."
- Where appropriate staff ensured people carried a medical alert card to provide information in the event of a concern.
- Staff spoke about alerting managers or contacting health professionals if they were concerned about people's health.
- People's care plans indicated where they needed help to maintain their health and wellbeing, such as following a healthy diet or being supported to cook in a healthy manner.

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

We checked whether the service was working within the principles of the MCA

- Where appropriate people had signed consent forms to indicate they were happy for care to be provided or delivered.
- No one currently using the service had any restriction placed on them by the Court of Protection (CoP). The CoP is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so.
- No relatives held Lasting Power of Attorney at the time of the inspection.
- The registered manager subsequently told us one person was subject to a Deprivation of Liberty Safeguards (DoLS) order and a number of other applications were in the process of being considered.
- Where necessary the service had undertaken best interests reviews and decisions to ensure people received appropriate care and these had been recorded.

# 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.

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; equality and diversity.

- Not everyone we spoke with was able to fully articulate their views through speaking with us. During a meeting at the service's main office, and when we visited people in their own homes, we observed people to have an extremely close and supportive relationship with staff. It was clear from interactions that these relationships were based on mutual respect and an understanding of people as individuals. People clearly felt comfortable with staff, referring to them as like family, making jokes and sharing views. One person told us, "The best thing about living here is everything."
- People told us the care they received was of the highest quality and was exceptionally caring, kind, compassionate and delivered in a manner that made them feel valued as people. Comments from people included, "It's really good, excellent, very good indeed. They do a lovely job"; "Staff sit down and talk about things. I can talk to the staff if I have any worries"; "I get breakfast in bed; a cup of coffee and toast and marmalade, lovely" and "(Support worker's name) is a softy; she looks after us nicely. All the staff look after us nicely."
- Relatives we spoke with were equally effusive and generous about the consistently high standard of care. Relatives' comments included, "The quality of care is superb. I know (person's name) is very happy with the carers"; "They have given (person) confidence. They talk to them not as if they have a disability; (Name) is a person to them. That is one thing they always do - they look at the whole person"; "So far this has been excellent. Ten times better than the previous care service"; "The quality of the personal care - I can't criticise that. (Person's name) loves them to bits. That is what is so good - it is not the just care support; they know them so well, so individually."
- A health professional told us, "It is really nice that they are proactive - they do not leave things. I've not got any concerns. We would be happy to work with them in the future and they are always one of the services we look to place people with if we can."
- Staff spoke about going the extra mile to ensure people were happy and progressed. One manager talked about a person in the recent past who had become anxious being on their own during the evening. With management awareness, they and other staff would often visit outside their normal working hours to spend the evening with the person to help alleviate their anxiety. Staff also visited people in hospital in their own time. They would sometimes meet people for coffee on a Saturday morning. It was not unusual for staff to give people lifts to outside events, thus extending their working hours at the end of shifts.
- One person had produced a poster about how the service had helped and supported them. They wanted staff to show it to us. We met with them later and they gave us permission to quote from the remarks they had included on the poster. Some of the comments were, 'I feel I have come a long way with my independence. I have learnt new skills I did not realise I could do due to my confidence'; 'Staff always listen if I've got a problem'; 'Before I came to MacIntyres I was very unhappy. They introduced me to new things I had

never done before; I've got new friends for life' and 'I enjoy my time with MacIntyres and will be thankful always.'

- A senior support worker explained how they had researched locations a person could 'work' at after they had left college. They had found a farm that supported people with a disability and visited the location, with the individual and their family, to ensure it was right for them. They also spoke about the progress an individual had made, who did not always speak, but who now spoke in sentences in some situations and responded to familiar people with words.
- Staff in one service had won the outstanding team award in 2018 for the support they had given a person through a difficult and sensitive legal matter. They spoke about having helped the person with their anxieties and coming to terms with issues from their past. They had instigated a behaviour plan the person could use when feeling distressed. The plan had been so successful the person had significantly reduced the need for additional medicines to calm them. We saw support tools were available in the home for the person and staff to use if the need arose.
- The registered manager spoke about the support provided to one person with a serious illness. They had worked with a range of specialist hospital and community staff to ensure they used appropriate language to help the individual deal with their health condition and to prevent the excessive anxiety. A professional confirmed the service had worked hard to support this approach.
- Staff told us they were determined to deliver high quality care. One care worker told us, "I love it. I joined two years ago with no experience whatsoever. I wish I had joined earlier. The group (people) here are lovely"; "I like the aspect of making a difference to their lives. Every day I try and extend their skills. I have seen them develop" and "It is about making a difference and empowering them. I live my life, why should they not live theirs? It's about helping them to live the best life they can have."
- The registered manager told us, "What the support workers do is astonishing. They drop everything to support people."
- Staff were aware of equality and diversity issues and how this may affect their work. They told us they had never encountered any concerns in the local community. They told us many local businesses were extremely supportive.

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

- People told us they were fully involved in decisions about the care they received and their preferences. Comments from people included, "I get to choose what I want to do but have to have staff with us. There's nothing wrong with it here; it is nice and quiet. I've got choice; it's all right" and "We get to choose what we want to do. We can do whatever we want – (laughing) within reason."
- Care records showed clear and strong evidence people, their relatives and health professionals had been involved in reviews.
- Relatives confirmed that people were positively encouraged to participate in care decisions. They told us they were also involved in reviews but that first and foremost it was the individual who made choices and decisions.
- The service had a user group called 'My Voice' which met regularly to discuss how the service could change and improve. Supported by the registered manager and other staff the group identified themes they would like to take forward. One of the issues the group had raised was about staff use of mobile telephones when on duty. After a discussion in the group, with assistance from the service, they had produced a poster reminding staff not to use phones. This poster was then placed in every home. People who did not feel able to raise the issue could show it to staff to remind them. The group had also produced lapel badges showing a mobile phone crossed out, to raise awareness. The group had discussed with the registered manager benefits of using phones, such as contacting a GP or checking bus times. The week we inspected, a number of people were going to work with staff to produce a video showing how mobile phones could be bad when supporting people and when they could be used to benefit people's care. The campaign had been so successful that it had been taken up by the wider organisation. People told us staff no longer used their

phones at work and they felt respected and involved.

- At the time of the inspection no one using the service was being supported by an advocate.

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

- People told us staff ensured their utmost privacy and dignity were respected during all aspects of care. They told us staff helped them to carry out personal care tasks, but that they choose how much staff assisted them.
- People told us staff fully valued them as individuals and supported them to be as independent as possible. The registered manager sent us information from a support worker who supported a person who identified as the opposite gender to that of their birth. The story explained how staff supported them to buy clothes whilst minimising any embarrassment in public.
- Care plans contained information to ensure care was delivered with dignity and detailed how people should be encouraged and supported to carry out care tasks for themselves.
- Staff understood about the need for confidentiality and ensuring information was kept safe.
- People were supported to maintain contact with their friends and families. Many people went out for meals with family members on a regular basis or had regular contact with, and visits to, their families.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- People's care plans contained good detail. Records showed evidence of an assessment prior to care commencing.
- Care plans contained information about people's communication needs, preferences, likes and dislikes, routines and support they needed with everyday tasks.
- Plans highlighted how people preferred to be assisted. For example, people often needed reassurance in situations they found anxiety provoking.
- There was evidence care had been reviewed and support plans updated to reflect people's changing needs. Where reviews had taken place, these looked at future needs as well as progress or changes to date.
- A senior staff member spoke with us about a new anticipatory health monitoring tool they were looking to introduce across the organisation. Other parts of the organisation had found the tool to be extremely helpful and the service would have the process implemented shortly.
- People told us their interests and social needs were supported. They spoke excitedly about events they went to and activities they engaged in. They were supported to participate in sheltered work environments, attend concerts, enjoy trips out and engage in sports activities. One person told us, "We often go to the pub on Monday night for a drink and some crisps. (Person's name) goes out on their own; into town for a coffee, but has their phone with them." One person had written, "I've been in a friendship group with MacIntyre and we've been to lots of places like the Sea Life Centre, Safari Park, Cadbury World and meals out." A relative told us, "They use their own initiative. Find different things for them to do. They are much happier."
- A health professional told us one person had been unable to participate in their usual activities due to their health condition. Staff had gone out of their way to find similar and safe alternatives for the individual. When the person improved they were supported to regain confidence and participate in their previous activities.
- Several people, and a number of staff told us about a planned trip to 'Laser Quest'. This was in the process of being organised although a manager said they did not envy the staff member completing the risk assessment.
- People were also supported to take holidays. One person told us, "We are going on holiday to a cottage. We are going to talk about it and plan it on Tuesday." Another person spent time showing us photographs from the previous holiday they had taken with the two friends they lived with.
- Staff told us, and the person later confirmed that on a recent holiday they had paddled in the sea for the very first time.
- People confirmed staff supported their choices and preferences throughout the delivery of care on a day to day basis.

Improving care quality in response to complaints or concerns; End of life care and support.

- The provider had in place a complaints policy and information on how to raise a concern was available in an easy read format. Reviews of care also supported people to raise any issues or concerns.

- There had been no formal complaints within the last 12 months.
- People who attended the 'My Voice' group were able to raise concerns or issues. They were encouraged to identify solutions to the matters as well as raise the issues.
- The registered manager told us one of the things she had developed in cooperation with the 'My Voice' group was a red post card that people could send to the manager. The card simply highlighted the person wanted to speak with the manager in private, although as yet she said she had not received any.
- People and relatives told us they had not made any recent formal complaints.
- At the time of the inspection the service was not supporting anyone with end of life care needs. The registered manager told us how staff had supported two people who lived together but had been in hospital at the same time. Staff had used their phones to allow the people to 'FaceTime' to enable them to speak with one another.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The provider's philosophy was to provide highly individualised and person-centred care based on the wishes of the people they supported. Care delivery was through dedicated teams of staff who knew people extremely well. Despite the services being spread around the county managers and the registered manager knew people's individual care needs and personalities in detail.
- The registered manager told us she wanted the service to be outstanding. She told us, "We don't always get it right, particularly around communication, but we have the building blocks in place." She went on to say, "I want more stories like (person's names). More lives that we can transform." A relative told us, "They have fulfilled all expectation. I know (person's name) is extremely satisfied."
- The registered manager spoke about one person who had come to the service unsure about themselves, confused and 'hiding' under a hat. She described how the person had been supported to explore their life through close staff support and been helped to build their confidence. They had now stopped wearing a hat, as they were proud of who they were. The person spoke with us and confirmed the changes they had been supported to achieve. The individual now worked in a supported job scheme and was an active and vocal member of the 'My Voice' group. This situation and positive progress was confirmed by the person's relative, who proudly told us about the individual having written and published several books. They now visited schools to speak with pupils, to talk about their writing and demonstrate there were no limits to what a person with a disability could achieve.
- One person, supported by the service, also now worked for them in a paid position. Staff had helped the person to develop confidence and skills and assisted them to manage and navigate public transport, so they could get to the office from their home. The individual helped to keep the office clean and tidy, but also answered the telephone. The person said they enjoyed working at the office and the registered manager said they were a valued team member. She told us that when the office had installed new telephones the person helped train staff to use them to transfer calls.
- People, relatives and staff spoke about a planned event in the coming months to celebrate both people's and staff achievements. Both staff and people who used the service were involved in the planning of the event. People were able to invite friends and family to share in the event and celebration.
- The registered manager was aware of her responsibilities under the duty of candour, although there had been no incidents which required a formal response.
- Across the wider organisation the provider had established several specialist interest groups to promote best practice. The registered manager told us she was a positive behaviour support coach and she used these skills supporting both individuals and teams across the whole organisation. She also confirmed she was mentoring other managers within the organisation.



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

- The registered manager and other senior staff demonstrated a range of comprehensive, detailed systems for monitoring the effectiveness and the quality of the service. They carried out a range of audits and reviews regarding the quality and consistency of care.
- All staff told us about the consistently positive management structure and running of the service. They confirmed the registered manager visited regularly to undertake checks and ensure that both people being supported and staff were well and content.
- Staff said they were very well supported by management and were certain if they raised any concerns they would be addressed. Comments from staff included, "I have worked for the organisation for two years. This is my favourite support service. It is really good how it is managed"; "I am well supported by the office staff. (Name of registered manager) the manager is always available, you can always get support and help. MacIntyres as an organisation really value their staff." A relative told us, "They have a consistent staff team. Staff always stay at MacIntyres, they look after them – or they always come back if they leave."
- People and relatives said they were extremely happy with the quality of the service. Comments included, "I am extremely satisfied with the service. It is well organised and well run" and "I can't thank MacIntyres, as a whole, enough. I know they are there, and it is lovely to know they will be there for (name) because I'm not getting any younger."
- The provider was meeting legal requirements. The most recent quality rating was displayed on the provider's website and the registered manager had submitted notifications to CQC, as required by law.

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

- People felt highly involved in the running of the service. The 'My Voice' group were extremely proactive and discussed matters important to them and looked at solutions. People told us being part of the group made them feel valued by the organisation.
- One person had said they had not felt listened to in the past, because staff did not always look at them when speaking, which was difficult because they had a hearing deficit. The group had been supported to write a poem about being listened to, to help staff understand why this was important. The poem was made available on social networking sites and across the organisation to wider influence people's attitudes and approaches.
- People and relatives told us that they often undertook money raising activities for the service because they felt it was important to support such an exceptional service. One relative told us they and their relation had previously undertaken a zip wire event and this year they were walking up Snowdon.
- Staff felt fully involved in the service and well supported. One staff member commented, "This company has been the best company to work for. They empower the guys and put in place strategies to achieve this. The best thing is being given permission to allow the group to do what they want to do. It's always - we'll see what we can do - never no."
- People we spoke with told us they had completed questionnaires. The results of the most recent survey were extremely positive. Where any concerns had been noted the registered manager had addressed them. One person told us, "We do questionnaires as well – we were very positive on the questionnaires. It is all good here." One relative we spoke with told us, "I am extremely satisfied. It is well organised and well run."
- Staff confirmed regular staff meetings took place and that they could raise any issues. One care worker told us, "If there is a problem I will speak up. Other staff in the team feel the same way. (Manager's name) is very supportive and things are always addressed."
- Staff and services could be nominated for company awards. Two people told us they had nominated their care staff for a staff award. On the forms they had nominated staff, 'Because they have been good to me and do a good job' and because they had 'achieved a number of goals including swimming 12 – 16 lengths and hitting a golf ball 200 meters.'

- The service communicated with people and staff through regular newsletters issued across the company. These celebrated people's achievements, highlighted activities, included recipes and competitions. People were encouraged to write their own articles and submit them for publication, so people could share in their success.

Continuous learning and improving care; Working in partnership with others.

- The registered manager told us she was involved in a number of programmes across the whole organisation. The overarching organisation had special interest groups and champions to promote approaches. Services across the organisation learned from each other. The provider had a Leadership Excellence Programme that aimed to develop managers' skills, promote best practice and develop lean approaches to practice.
- The organisation had a centralised training department that ensured the most up to date training and advice was available to staff to ensure positive support for people. The registered manager said that all levels of the organisation reflected on what had gone well in the organisation and what could be improved, from the senior leadership team to her own local senior managers. They regularly considered what had gone well and could be rolled out through the organisation and what aspects needed to be improved and forwarded us copies of emails to demonstrate this.
- The registered manager demonstrated the organisation produced its policies in easy read format. The 'My Voice' group was currently working their way through the policies and considering if there were things they could add, improve or build on. The group was proactive at challenging the organisation to improve care and make services more accessible.
- The service worked in partnership with a range of other agencies and professionals. Care plans and care delivery were closely linked with to the advice of health professionals. A health professional we spoke with told us the service was extremely co-operative. They told us, "My experience of the service has been really positive. They are very good at communication and very flexible in their approach."
- Several organisations had sought support and advice from the service and the registered manager. A local user voice group had sought guidance on how they could ensure matters important to them were taken up locally. The registered manager had also been asked by a local authority to be part of a multi-agency pilot quality development team.