

Ashcroft Care Services Limited

Ashcroft Care Services

Inspection report

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Surrey
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Ashcroft Care services is a supported living service providing personal care to people in five supported living services. They also provided personal care and outreach support to people living in the local community. At the time of inspection, 49 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and relatives spoke very positively of the care they received and this was matched by compliments received about the service from people, relatives and professionals. People described the freedom and independence they had developed from the care they received. People received a highly personalised service which enabled them to develop their skills and become independent. People routinely took ownership and control over their care needs, find meaningful activities, relationships and employment. There was a personalised approach to risk with a focus on enabling people to take risks in a way that gave them increased choice and control over their lives.

People and staff were well trained and had a good understanding in a variety of areas of care. People's healthcare needs were met in a holistic and highly personalised way so people were empowered to understand and maintain their own health and wellbeing. 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.

Staff were very committed to the people they worked with and we saw multiple instances of staff standing up for people's rights and supporting people to speak up where they found discrimination. There was a strong attention to detail evident in the ways staff involved people and found ways to improve their lives and help them to develop.

People had multiple opportunities to engage in meaningful activities and support was targeted based on people's outcomes. People had entered employment, found new interests, been on holiday and started relationships with a planned and personalised approach to care.

The service embodied strong values which meant there was equality and unity between people, staff and management. People were consistently involved in all areas of the service and the service had strong links with the local community which had achieved positive outcomes for people. There was strong leadership throughout the service and support to staff which made them valued and committed to the people they supported.

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.

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 Outstanding (published 21 February 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 exceptionally safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Ashcroft Care Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and two assistant inspectors.

Service and service type

This service provides 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. Some people also received domiciliary care in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we held about the service including feedback from professionals and the public and statutory notifications. Statutory notifications are reports of incidents that providers are required by law to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with six people in total. We met three people at the provider's office and a further three people when we visited two supported living houses. We spoke with the chairman, the nominated individual, the registered manager, two service managers and four care staff.

We reviewed care plans for six people, including records related to risk, medicines and personalised care planning. We checked three staff files and records related to training for staff and people. We reviewed a variety of documents related to activities and events, as well as documentation related to the running of the service such as audits and policies. We also checked records of meetings, incidents, complaints and surveys.

After the inspection

We received email evidence from the provider which we considered. We also spoke with three relatives and one staff member by telephone to gather further feedback.

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 now improved to Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- People were empowered to understand their rights and the provider encouraged and supported people to engage directly with the agencies that protected them from harm. This meant people had the best possible understanding of the organisations that protected them and regularly engaged with them directly themselves.
- People were routinely given training in safeguarding and knew how to raise concerns. The provider arranged talks from the police and trading standards, to inform people of their rights and protect them from crime, abuse or harm.
- People's feedback on the support they had to understand safeguarding was consistently positive. One person said, "I went to the police station and went in the [police] car." A relative said, "I mentioned an issue and they had triggered a safeguarding straight away and it was dealt with really quickly."
- Staff supported people to visit and engage with the police force and they had taken part in visits and 'ride-alongs', where they went out in a patrol car to learn about the police force's work and met officers. Two people described their experience to us and demonstrated a good understanding of the role of the police. They said the 'ride-along' was both informative and exciting, where they responded to call outs alongside police officers. People had also looked around the police station, handling equipment and testing the breathalyser system.
- One person faced challenges with some relationships which could place them at risk. Staff had supported the person to understand their rights and they now regularly raised concerns to the local authority themselves, alongside staff.
- People were knowledgeable about other forms of potential abuse. Trading standards had visited people to talk about fraud and potential scams and people were made aware of lesser-known risks such as 'mate crime' and online abuse. We met people who regularly used social media and the provider had recognised a need to educate people to ensure they could use the internet safely.
- Staff were trained in safeguarding and knew how to respond to potential abuse and the service took a learning approach to incidents. Staff described to us how they would report concerns in a way that involved people and kept them informed of their rights. One staff member said, "Our approach is to make sure people know about abuse and are able to name it themselves."

Assessing risk, safety monitoring and management; Using medicines safely

- People's freedoms, wishes and abilities were central to the service's approach to risk.
- People said they felt safe and described the positive impact of this approach on their lives. One person said, "I went to [town] on my own."

- People were routinely supported in a way that supported positive risk taking. People were encouraged to develop skills and increase their independence to reduce risk and enable them to achieve their goals.
- One person was living with diabetes and was reliant upon full support with monitoring their blood sugar and administering injections when they first came to the service. Following a planned approach which included training for the person and using tools, such as guidance on carbohydrates and a calculator to work out sugar levels, the person was able to manage this risk independently. The person had developed skills to take their own blood sugar readings, monitor and plan their meals and administer their own insulin. The person told us about their diabetes and foods they ate and their level of insight and knowledge was high. This approach by the service had supported a significant improvement to the person's quality of life because they had previously had to rely on staff being with them on all outings to monitor their food intake and ensure their wellbeing. The person had recently been on trips alone to other parts of the region and other boroughs for the first time in their life and did so safely. The person had also benefitted from work with staff to understand risks around travelling and finances to enable this to happen.
- Staff took a creative approach which focused on people's aspirations and wishes, whilst allowing positive risk taking in line with best practice.
- Another person had an interest in music and told staff they wanted a tattoo. Staff worked with the person to jointly assess this risk and inform them. Robust planning enabled the person to understand the process, educating them on how tattoos worked and showing them videos of tattoo parlours. As well as ensuring legal processes about the person's ability to make this decision were followed, staff helped the person try out designs and used henna examples to see if the person was happy and comfortable with the idea. Once it was confirmed the person wanted the tattoo and understood the risks, they were supported to go to a tattoo parlour. The person showed us their tattoo which they were proud of. The tattoo suited the person and reflected their interest in music.
- As well as tattoos, we saw similar work to support people to have piercings, go to pubs and clubs, attend music festivals, have relationships and consume alcohol safely. This showed an approach to risk taking which encouraged people to lead rich and fulfilling lives. The registered manager said, "We consider people's abilities to take positive risks and negative risks, if they want to do something and have capacity we find ways to enable it to happen."
- People were routinely supported to understand their medicines and as well as the example above, we heard multiple examples of people becoming self-reliant in this area. People were offered medicines training as well as individualised care planning to enable them to gain ownership over this area of their lives.
- One person had received medicines training but still had support from staff. The person accurately described the safe storage of their medicines and steps they took to keep them safe.
- People received training to understand risks such as around fire and manual handling. We saw pictures of people attending fire training where they learnt about fire safety and did practical training such as using equipment and putting out fires themselves. We tested people's knowledge on fire and they were knowledgeable. People regularly completed fire safety checks at their houses to embed and affirm their knowledge, whilst keeping them safe.

Staffing and recruitment

- Staff deployment was entirely based on people's wishes, plans and aspirations. People frequently chose who supported them and when, to ensure they received a personalised experience.
- People described using their funded hours in ways they wanted. One person said, "I went to Thorpe Park and have been on holiday." A relative said, "They let [person] use their hours and where there were some left, [the person]'s actually going on two holidays this year."
- People had genuine control over when and who delivered their support. The provider allowed people to use their funded hours flexibly, with no separate rates or limits on times people could use their support

hours. This enabled people to do activities when they wished and go on holidays.

- One person enjoyed going out to night clubs and was supported to go out with staff until the early hours of the morning, using their support hours at the times they wanted to. The person and staff joked about singing in the car on the way back from a night club and it was clear the person had been matched with staff who enjoyed this activity and could support at these times.
- People could choose which staff supported them and the provider facilitated people's wishes in most cases. We met a person and staff on their way to see a film and both had an interest in this and clearly got along well as we observed them joking together.
- People were integral to the recruitment of new staff and routinely took part in interviews. Each house had developed additional interview questions which people had chosen. One person we met told lots of jokes and made staff laugh. The interview question they had selected for potential staff was 'can you take a joke?' as this was important to them. Other questions chosen by people related to their interests and practicing their faiths.
- Appropriate checks had been carried out on staff to ensure they were suitable for working in social care. Applications and interviews were assessed in line with the provider's values.

Learning lessons when things go wrong

- People were supported by staff who responded to incidents openly and the service had systems to learn from incidents.
- There was a system to record all accidents and incidents and these showed action was always taken promptly.
- Where people had shown changes in behaviour or risk, action was taken to ensure their safety and reviews took place swiftly. The actions taken were focussed on involving people in understanding risk, as well as their own rights where accidents or incidents had occurred.

Preventing and controlling infection

- People were supported to take actions that reduced the risk of infection.
- People had attended training in infection control and food hygiene and they were routinely supported to carry out cleaning tasks, their personal care and food preparation in a way that promoted good hygiene.
- Staff were knowledgeable about how to maintain cleanliness and hygiene because they had also received training in this area. Staff understood how and when to use personal protective equipment, such as gloves, and worked alongside people to encourage and enable them to clean their home environments.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People, staff and relatives had access to a wide variety of training specific to people's needs. Training was for people and staff to develop knowledge, as well as an opportunity for people to influence the training and skills of the staff who supported them.
- People told us that staff were confident and said they found training courses useful. We also heard examples of these achieving independence for people. One person said, "Manual handling training was brilliant." A relative said, "With traveling its been really good because [person] can now go out on their own."
- There were numerous training courses which were attended by both people and staff in areas where we saw particularly positive practice. People had been involved in developing and delivering training to staff and external organisations. Each year, people selected courses they would like to receive, as well as courses staff attended.
- People and staff were trained in areas such as diversity, relationships and sexuality where we noted particularly positive outcomes for people. People also received training in recognising their own skills and experiences and we identified consistency for people in developing their skills. The provider had a selection of courses for people which were 'confidence boosters' which had encouraged positive thinking. This was apparent in people we spoke with and the multiple examples of people achieving goals alongside staff who had the same focus.
- One person had risks associated with alcohol but had the mental capacity to make their own decisions in this area. The person and staff had attended alcohol awareness training together and a plan was drawn up based on the learning from the training. This approach had led to the person being more aware of risks and reducing their alcohol intake, which a relative told us had provided them with reassurance.
- People and staff were trained in areas such as medicines, manual handling, infection control and food hygiene. We observed one person preparing drinks and they understood good hygiene practices, wiping down surfaces and washing up items. People we spoke with also demonstrated good knowledge of medicines and fire safety, where they had also received training.

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

- People were routinely put at the centre of planning around their healthcare needs and were supported to achieve independence and positive health outcomes. Staff worked with external health organisations and had an exceptional understanding of best practice, which enabled them to work creatively.
- People described their health to us and had a good understanding of how to stay healthy. A relative praised staff knowledge of a person's medical history. They said, "[Person] cut themselves and was bleeding,

the staff obviously knew about [condition] and got them to hospital straight away."

- A high level of planning went into ensuring people's health needs were met and staff worked alongside healthcare professionals to achieve positive outcomes for people.
- One person was diagnosed with cancer and required radiotherapy. However, the person was anxious about the treatment and would not have been able to remain still for long enough during the radiotherapy procedure for it to be effective. Staff developed easy read guides on the process and helped the person to build a radiotherapy machine out of Lego to familiarise them with it. Staff also worked with a learning disability nurse to plan the environment for the treatment, including visits before the treatment took place and music while they were treated. This personalised approach had put the person at ease and presented information to them in a way they understood. By the time of inspection, the person had received their treatment as planned and was free of cancer.
- People regularly received training about how to stay healthy. The service had developed training, easy read guides and social stories about routine health matters such as smear tests and sexual health. We saw examples of people who had once required significant support from staff in these areas developing knowledge and skills to manage and attend appointments themselves, as well as understanding potential risks and symptoms to be aware of.
- People had health action plans in place and these were reviewed annually, ensuring all health check-ups were up to date. One person had recently planned and attended their eye check-up independently for the first time, after requiring support with it for their whole life. A photograph showed them smiling proudly about this achievement.
- People were encouraged to think about their health and any goals they wished to achieve. For example, one person had wanted to lose weight and was supported to attend slimming groups with staff, as well as being supported to cook healthy meals and to take part in exercise. This had caused a significant improvement in their health and overall wellbeing.
- The service routinely worked with a variety of agencies involved in people's care and monitored and chased referrals where there were delays. Staff also provided support in a way that advocated for people's rights where access to services was limited. For example, changes to one person's social care funding had impacted on their ability to attend a weekly activity. Staff supported the person to write to the local authority, with accompanying letters from others and staff, which resulted in the funding being reinstated and the person continuing to follow their activity.

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.

- People's legal rights were protected because they were supported by staff who were knowledgeable about the MCA and focused on upholding their rights in line with its' principles.

- The principals of the MCA were followed consistently. As reported, staff had worked with a person to support their right to make an unwise decision around alcohol, in line with the principles of the MCA. Their relative described to us how staff had referred to the MCA in supporting them to understand the approach they took with this.
- The examples listed throughout this report also demonstrate a clear focus on ensuring the least restrictive approach was taken where people lacked mental capacity. We saw multiple examples of the service supporting people to take risks and ensuring the least restrictive approach was taken where people lacked capacity.
- Staff were knowledgeable about the MCA and wherever required, they carried out decision specific mental capacity assessments and involved relatives and professionals in best interest decisions.

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

- People were supported to understand their nutrition and staff ensured their dietary needs were met in personalised ways.
- People were consistently supported to develop their cooking skills as well as understanding of food and healthy choices. At a recent meeting people had discussed their favourite meals and healthy options.
- People attended training in this area and we saw photos of people attending courses and taking part in practical tests, such as counting the numbers of sugar cubes for certain foods to educate them on sugar levels.
- People regularly prepared meals individually and as a group in line with their documented preferences. People also ordered takeaways and attended restaurants, whilst being informed about healthy meal choices. Staff struck a balance between enabling people to make their own choices and educating them about how to maintain healthy lifestyles.
- For example, one person was being supported to lose weight and care was planned around this and staff were knowledgeable about it. Where another person lived with diabetes, care plans provided detailed guidance and the person had received training and support to understand healthy diets.

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

- Assessments focussed on people's abilities and the support they needed to achieve their aims and goals.
- Assessments focussed on people's abilities, for example people had undergone assessments of their abilities to manage their own medicines, attend to their own care and identify activities and employment opportunities. Where people required support in these areas, care plans were written which identified ways people could develop skills in these areas.

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 now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff knew people well and were committed to improving people's lives and advocating for their rights. Staff took an approach which focussed on planning around people's personal histories in a creative way.
- People told us they liked the staff they worked with and records showed they were supported by a consistent staff team. People told us about instances of staff exceeding expectation to make them feel good. One person said, "They [staff] are gorgeous." A relative said, "Everyone is so caring, they [staff] are so good to everyone."
- We saw multiple examples of staff working with people on things which were important to them. When people told staff about things they wanted to do to improve their lives, they were routinely supported to fulfil them.
- One person had an interest in planes and battles and told staff their wish was to be a pilot in a war. Despite this being a difficult wish to fulfil, staff supported the person to attend air shows and war re-enactments. Staff were aware of this passion and supported them to visit the cockpit of a plane on holiday, during which the pilot gave them their hat, which they showed us when we visited them.
- Another person had told staff they wanted to ask a person out on a date but they were too nervous. Staff supported the person, identifying ideas for dates and meals they could support the person to cook. By the time of inspection, the person had been on a number of dates and had developed the confidence to ask without staff support. This showed a sensitivity and understanding from staff about what mattered to the person, with a commitment to improve this area of their life.
- Other people had been surprised by staff with tickets to go and see their favourite musical artists, driving lessons and attending local events. People were regularly supported to raise money for charity. One person had recently been supported by staff to give blood and take part in a 'Big Sleep Out' event where they slept on the street to raise money for homelessness.
- People's rights were championed and where staff found discrimination, they ensured people's rights were respected. Staff routinely recognised and challenged discrimination to uphold people's rights. Staff identified one person had faced discrimination from their employer and supported them to challenge a situation where they nearly lost their job. Another person was supported to challenge an agency involved in their care when they faced discrimination based on their disability. Staff worked with the person and achieved a change that meant they had more control over their family life.
- People had received training in diversity and the Equality Act and staff described how people knew their rights and would regularly discuss them with them. One person with mobility needs found they were unable to get into their local supermarket when it rained due to the path becoming flooded, staff supported them to write to the manager of the supermarket which prompted works to the access route which improved the

accessibility of the area for others and meant the person was able to get to the supermarket in all weathers.

- People had been supported to express their sexuality and gender identity by trained staff who knew people's rights to dress as they wished and form relationships. People had received training in sexuality as well as attended Pride events and an LGBT cultural performance. One person showed us pictures from the event which showed them dancing and posing with performers as well as the public.
- People were supported to practice their religion and engage with their faiths. We saw multiple examples of staff taking people to their places of worship, including one person who was very involved in their faith and supported them by providing sign language of readings to the congregation.
- People were encouraged to learn about other cultures and houses frequently held culture nights or parties, where people had food and drinks from cultures around the world. People told us about Russian and German culture nights and the foods and drinks they tried.

Respecting and promoting people's privacy, dignity and independence

- Staff focused on people's abilities routinely identified ways to enable people to develop their skills. Receiving support from a consistent and committed staff team meant people were supported in a way that anticipated what was important to them and consistently met their needs in a dignified and personalised way.
- People had frequently entered employment or education and gained an insight into their needs and risks which enabled them to decrease the amount of support they required. People had access to training and learning was a focus of reviews and planning of people's care. One person was learning languages and spoke to us in German. They said, "The training's brilliant."
- One person told staff they wanted to spend time alone at their house, when people and staff were out. This simple request required planning because the person had complex mobility needs and was reliant on staff support for many care tasks. The person was able to make this decision themselves, so staff worked with the person to prepare a plan to enable this to happen. We saw evidence of care planning and communication with relatives and professionals, so the person could regularly spend time alone at home without staff. As well as this, the person's room was adapted so they could receive guests through an alternative entrance and staff described how the person would often have visitors at any time of day or night independently.
- Another person had come to live in a supported living house and through planning had developed skills and independence in care tasks as well as daily living. With a transitioned approach, they then moved into an annex flat before finally being supported to find and move into their own local authority flat and by the time of this inspection had become completely independent.
- Another person shared a written statement for us describing how they had required support with daily care tasks and nutrition and they had been supported to live independently, which had significantly improved their wellbeing. They described how the service had supported them to develop skills, enter employment and get their own house. In their statement they said, "I have gone from being miserably depressed and suicidal to happy and content, I no longer have any mental health problems and now value my life and everything I have to offer, I look forward to a long and happy life where I can discover the true me and to forge my way towards my goal of becoming fully independent on my path to greatness."
- Staff were highly knowledgeable about how to support people in a way that enabled them to achieve goals. One staff member described their approach to us. They said, "It's about educating people as much as possible and enabling them to take risks, we enable them to experiment and that's how we all learn."

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

- People were at the heart of every decision about their care.
- People had been consulted on how they would be referred to and had chosen to be called 'the guys' and this was the language people, staff and management used throughout the inspection and in records.

- People told us they were involved in care planning and we saw a consistent approach to changing things when people requested to do so. As reported, people had control over their hours and which staff they worked with.
- Every element of the service involved people. The governance framework was shaped by people and every new idea went through consultation or co-production with them.

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 Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Developing new relationships and maintaining existing ones was a core focus of the service people received. Staff worked with people in an innovative way to identify and achieve goals, which widened their social circles and exceeded expectation.
- People told us they were able to build relationships with those important to them. One person said, "I go out with my girlfriend." A relative said, "They got out individually but also as a group. They've planned the activities so they have shared experiences together and build relationships, which has been really important."
- People's relatives praised the level of communication with the service and technology was used to enable them to keep up to date with what their loved ones were doing. The provider's electronic care system allowed relatives to log in remotely and view records and look at photos. People had consented to this and where they did not want photos shared, this was respected.
- Every person's care records contained multiple photos of them taking part in activities every day so relatives could stay up to date when they were not able to visit. Positive feedback from relatives about this included, 'Very reassuring to have this daily feedback at the moment' and, 'Very impressed with the extremely detailed daily notes written by staff. Thank you.'
- One person showed us through their photos and these showed a very wide variety of activities over the last year, including parties, theatre trips, concerts and music festivals as well as day to day activities such as bowling and art groups.
- Another person loved the outdoors and had been supported to find work with a local authority team maintaining outdoor spaces. In their own time, the person had been out collecting litter and a member of the public had posted a photo of them on social media expressing thanks. The person was tracked down and confirmed they were happy to be identified and staff supported them to produce a statement in response thanking them and describing their passion for the outdoors.
- People told us about holidays they went on and we heard multiple examples of people choosing destinations and staff facilitating these wishes.
- A group had a recent trip to Tenerife on a 'lads holiday'. Two people had conditions which meant travel could sometimes be difficult but photos showed both enjoying the holiday alongside staff. The experience had gone well and in line with their request, a road trip to Amsterdam had been arranged with a member of staff who had driven that route before. Another person had a planned holiday and staff had worked with another service to ensure their partner could join them on a romantic getaway.
- Photographs showed people in a variety of destinations with staff support, including beach holidays and Lapland. Staff and management worked to ensure people's care hours could be planned to enable holidays

to take place. People's feedback on this was particularly positive.

- People frequently threw parties at their houses. Staff described how people would express a desire to dance or socialise and they would plan parties which were well attended by their friends. People showed us photographs of parties which showed lively events at their houses and reflected the personalities of the people who lived there. Photos showed people dancing eating and playing beer pong or dancing. At one party people celebrated Down Syndrome day and photos showed people and staff wearing stripy socks to mark the occasion.
- People were supported to identify employment opportunities and take action to achieve them. One person had a love of animals and volunteered at a dog centre as well as being supported to set up their own local dog walking service. Another person wanted to get into radio and had been supported to find opportunities and was interviewed for a role at a local station.
- Where people were new to employment, staff sought out work experience opportunities. For example, staff found work experience for someone at a local theme park they liked and people also worked at the provider's offices. We met one person who was working in administration and told us they enjoyed being in the office and found their work fulfilling.
- A relative said, "[Person] has paid employment and a number of activities. [Service manager] is really good at finding ways to be more independent."

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

- People had the support of highly skilled staff to plan and deliver their care in a personalised way.
- Care plans consistently contained a high level of detail, including people's backgrounds, interests, routines and what was important to them. Frequent reviews were used to set and measure goals which were regularly achieved in a way that improved people's lives.
- Relatives described a responsive approach to us where changes were actioned quickly. A relative said, "We just had a review, I wanted to discuss something and they arranged a meeting and review within days."
- One person had been assessed as at risk due to being unable to manage their personal care and perceive risks around their behaviour. There were detailed guidelines about prompts to encourage the person as well as comprehensive guidelines for staff about the person's behaviour. Records showed the person's behaviour and ability to communicate had improved significantly over time. Through regular reviews, the person required less support with personal care and staff were planning ways they could visit places on their own safely.
- Another person had taken ownership over much of their personal care, found work and pursued their interests. They had detailed care plans in place for each aspect of their care and regular reviews showed they were able to do more for themselves and had entered work and joined fitness groups.
- When two people became parents, staff worked with them to plan their care around their parenting responsibilities. Support of skilled staff and training and support, they were able to care for their child and achieve independence in this area.
- Another person liked to get up late but required support in the mornings. The person did not like any noise in the morning that could wake them up so wanted staff not to knock on their door or speak to them. The person and staff agreed a system whereby notes would be left under the person's door to check if they were awake and if they wanted support yet.

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.

- People's communication needs were met in a personalised way.
- Care plans contained a high level of detail about how people communicated. Care plans were extensive in outlining words or phrases people used and staff were knowledgeable about these. For example one person spoke in a certain way about their relatives and public figures and staff knew what the person was expressing. Staff were observed consistently communicating with people in ways that matched care plans.
- Where people used specific formats, care plans provided staff with detail information about these. One person had a visual impairment and used easy read. Their care plan documented this and went into detail about the font size they used and the support they required to review documents with staff. We saw this person had documentation available to them in this format.

Improving care quality in response to complaints or concerns

- People were aware of how to raise any concerns and any issues were dealt with promptly.
- A relative said, "They respond to anything and they are never defensive."
- The service kept a record of complaints and any issues had been responded to openly and promptly. People and relatives were regularly asked for feedback on individual care as well as the service itself through surveys and reviews.

End of life care and support

- The service took steps to support people to think about end of life care and deal with loss when it had occurred.
- People had attended training in death and dying after expressing a wish to learn more about this. Where a person had passed away people and staff had celebrated their memory, releasing balloons on their favourite beach in line with their wishes.
- People using the service were of young age but had documented their wishes about end of life care where they wanted to. For example, one person had particular photographs and music which was important to them at this time and this had been documented after a conversation with staff.

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 Outstanding. At this inspection this key question has now remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported by a service which had developed a high standing in the local community and ensured people were integral to developing the service and implementing new systems and policies. This meant people received a highly personalised service and had a stake in the organisation and their local communities.
- Staff, management and people regularly sought to reach out to the local community and wider public.
- The service was an integral part of the Horley Carnival each year where people and staff made a float and dressed up in line with the themes. One person showed us photographs of them dressed up as Boy George for a Live Aid themed carnival float. People and staff prepared for these events; both volunteering and enjoying the festivities. As well as this, people had taken part in local events such as Ride London.
- People were highly engaged with their local communities because the service encouraged an outward focus from people and staff.
- We saw examples of people doing gardening work and dog walking for the local community and being an integral part of local church groups. People were recognised and valued by members of the public, with one person recently being given cash by a neighbour because of their voluntary work protecting the local environment. People and the service had received praise and compliments from their neighbours which showed they had a strong standing in the local community. A compliment from the local authority praised the service and the contribution from the people who volunteered with them. The compliment said, 'We are very grateful for the excellent work they do and the positive impact on the public rights of way in Surrey.'
- People were central to the governance systems at the service. People had developed their own characteristics of ratings which mirrored the CQC rating system and houses were inspected against these.
- People carried out audits and checks where they wished to do so. We met two people who took part in fire and health and safety checks. These helped to keep their home environments safe and helped to embed knowledge they had learned on training. The registered manager told us all of their audits were open to people's participation and people were offered these opportunities.
- We observed people interact with staff of all levels of the service in a way that showed people were familiar with the chairman, registered manager, service managers and care staff. People shared jokes and hugs with all staff in a way that demonstrated familiarity and mutual respect. Photographs and people's feedback showed the chairman, nominated individual and registered manager attended people's houses regularly and always attended events and took an interest in people. The chairman described their approach to us, developing organisational leadership with an open door.

- People, staff and management all played a role in shaping and embodying the values of the organisation.

Continuous learning and improving care; Working in partnership with others

- People were involved at all stages of planning to change and improve the service.
- Meetings routinely involved people and any feedback people gave was taken seriously and used to design changes which would improve their lives.
- People were involved in plans to drive improvements at the service. At the time of our inspection, the provider was developing 'The Big Life Adventure'. This project was developing a framework to enable people to achieve their aspirations with a planned approach. People had been involved throughout the process and records showed people had shared their aspirations such as getting married, moving or taking ownership over their health. As well as involving people in a major project, the plans to create a framework that would also use technology and reinforce best practice, showing a commitment to continue to drive improvement and build upon best practice. We will review the impact of this project at our next inspection.
- The service reached out to the wider sector. Best practice described in this report was routinely shared with other services and statutory bodies to drive improvement within the sector. Staff from the service regularly delivered training to community health and social care teams as well as reaching out to other care services.
- Staff frequently attended local networks and the chairman was chair of the Surrey Care Association. We saw examples of best practice being shared through these forums, as well as staff engaging with other services to seek out best practice. For example, the registered manager was engaging with a similar service about best practice around sexuality and relationships.

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

- Management, staff and people created a service where everyone worked together to achieve common goals and continuously improve the quality of care delivery.
- There was strong leadership throughout the service and staff were supported to enter leadership roles. We saw multiple examples of staff developing into leadership positions which meant they felt valued and had increased skills to meet people's needs.
- The registered manager delegated to service managers and staff who took on champions roles.
- People in each house benefitted from strong leadership; we met two service managers and noted their knowledge of people's needs was high and they interacted with people in a way that demonstrated kindness, compassion and good humour.
- The service and staff had received recognition for the work they did. There had been multiple nominations to the Surrey Care Awards and a service manager had won a recent award for 'Frontline Leader of the Year'. The nomination described creative practice to encourage people to live independently and develop skills. It also praised the support provided to staff to develop saying, 'staff have taken on roles of managing health and safety and medication. [Service manager] has a natural ability to empower the staff to take risks, push boundaries and grow into being their own leaders. Photos of the award ceremony showed these were attended by people as well as staff, which was not common practice. This showed a parity across staff and people who used the service, with all celebrating successes together.
- Staff took on lead champion roles in areas such as bereavement and sexuality, where they became experts and delivered support to colleagues. The focus of champions roles was shaped by learning and people's experiences.
- Staff were made to feel valued in their roles. There was a very high level of staff retention which meant people were supported by a consistent staff team who felt supported and engaged in the service they delivered.
- There was an annual dinner and party for all staff who had been working for the provider for over 10 years.

Photos showed these were well attended and staff reported how these events grew in size every year.

- There was an employee of the month scheme where staff were nominated and all staff who won the prize were taken out for a lavish meal each year. We also saw management frequently complimented staff in memos and newsletters and staff told us they felt valued and involved in the service by management.
- Staff described working for a supportive employer. As well as having received a platinum award for Investors in People, the service helped staff where they encountered financial difficulties, had an employee assistance programme and owned a garage which supported staff with discounted repairs where they had issues with their vehicles.

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

- Any incidents were responded to openly.
- Relatives said they were kept informed of any issues where appropriate, such as incidents or concerns. Records confirmed incidents were checked to ensure appropriate people, such as relatives and professionals had been informed.
- Records showed that where required, the provider had notified CQC of events they were required by law to do so.