

# Garland Support and Training Limited

# Garland Support Exeter

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Garland Support Exeter provides care and support to people living in their own homes, so that they can live as independently as possible. 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. There were currently six people receiving a service.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right care, Right culture.

Right support: Model of care and setting maximises people's choice, control and Independence;

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person commented, "It's lovely here, I love the staff. I'm going to a healthy eating workshop now so I'm happy." People's body language while interacting with staff was relaxed and positive, which indicated they felt safe. Relatives commented, ""[Person's name] has a dedicated team of carers and it's about getting the balance right, they (carers) keep her safe, but they want to make sure she has choice over her life too" and "They, (staff) do a brilliant job at keeping her safe."

People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. There were comprehensive risk assessments in place covering all aspects of the service and support provided.

Medicines were managed as necessary. Infection control measures were in place.

Care files were personalised to reflect people's personal preferences, needs and goals. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received

the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights;

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate and they clearly focussed on ensuring people led the best life they could. Relatives commented, "Garland staff are very kind and sensitive, they're willing to go the extra mile. Communication is good, they always keep me informed" and "Garland staff are really good, we're pleased with them and hope that our other [child] can use them in the future."

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives;

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The vision statement was shared with staff and displayed in the office and community Hub run by the provider. This stated their vision statement was, "To enable the people we support to achieve their maximum potential and lead fulfilling lives within education, employment, independent living skills and relationships." Our inspection found that the organisation's philosophy was embedded in Garland Support Exeter. For example, people were constantly encouraged to lead rich and meaningful lives, try new activities and skills and enjoy quality time with friends and family.

People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support.

The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff felt respected, supported and valued by the provider which supported a positive and improvement-driven culture. The provider directors were very involved in the day to day running of the service, including providing care and support for people on a regular basis. This meant they understood the environment their staff were working in and were available for support, pro-actively encouraging staff and promoting their wellbeing.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

Rating at last inspection

This service was registered with us on 2 July 2019 and this is their first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

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?

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?

Good ●

The service was 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Garland Support Exeter

## 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 an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Garland Support Exeter provides care and support to people living in their own homes, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because the service is small in relation to personal care provision 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 had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and ten members of staff, including the registered manager, management team and two directors. We reviewed a range of records. This included two people's care

records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

After our visit we sought feedback from relatives, staff and health and social care professionals to obtain their views of the service provided to people. We received feedback from five relatives, ten further staff via email and one health and social care professionals. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One person commented, "Yes of course I'm safe. All the staff are lovely, and they listen to me."
- Relatives commented, "[Person's name] has a dedicated team of carers and it's about getting the balance right, they (carers) keep her safe, but they want to make sure she has choice over her life too" and "They, (staff) do a brilliant job at keeping her safe."
- Peoples' body language while interacting with staff was relaxed and positive, which indicated they felt safe.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Staff had access to the provider's policies on safeguarding and whistleblowing. Safeguarding was a regular topic in staff supervision to ensure staff had the opportunity to discuss any concerns. The provider was proud that they had never had any safeguarding issues raised against the service.
- Staff knew people very well and could recognise if a person was worried or unhappy. This meant any concerns about people's wellbeing could be identified and followed up.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- There were comprehensive risk assessments in place covering all aspects of the service and support provided.
- The service worked in partnership with people to understand and manage risks. Information was provided in an accessible format according to their individual communication needs. This meant people could participate meaningfully in assessing risks and developing support plans. It created a positive culture where people could participate safely. For example, choose from a range of activities, such as swimming, Garland Community Hub events and outings, shopping and meeting friends.
- Staff were trained to monitor, anticipate and observe changes in behaviour. This helped them identify if people were unwell or upset and provide the support they needed. For example, one staff member told us how a reduction in a person's skill level in sport often showed they needed some one to one time.
- Support plans contained clear guidance for staff about how to recognise and manage risks, for example when people were experiencing emotional distress.
- People's support and records were monitored and reviewed frequently. This meant any issues or improvements needed were identified and communicated to staff promptly. The new electronic care planning system allowed alerts to be sent across the staff team.
- People were referred for support from external health professionals when this need was identified. This



included speech and language therapists to develop person centred approaches to communication. The Intensive Assessment and Treatment Team (IATT) supported the development of approaches for working with people experiencing high levels of distress. IATT is an external agency offering specialist support for people with a learning disability, their families and carers.

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated as soon as any changes were noted. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

#### Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- The numbers and skills of staff matched the needs of people using the service. People were involved as much as possible in the interview and selection process. The registered manager said they would further formalise this involvement within the records.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the police national computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff made sure people received information about medicines in a way they could understand.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. An electronic medicines system included alerts to remind staff that medicines were due and was linked to the office.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

#### Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff were following good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.
- Garland Support Exeter circulated regular updates to staff on preventing infection and COVID-19 along with any new legislation/guidelines that would affect the way they worked to ensure they followed best practice in order to keep people safe.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs. People, those important to them and staff reviewed plans regularly together. One relative said, "We are invited to all reviews and multi-disciplinary team meetings. We are always kept up to date, we have a good relationship with Garland". Another relative said, "There's a review coming up, I have a lot of conversations with staff, they take it on board, they are very respectful".
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. We heard from staff how people's hobbies were explored and enhanced.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools and positive behaviour support as well as specific medical conditions.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training and supervision.
- People benefitted from reasonable adjustments to their care to meet their needs, and their human rights were respected. This was because staff put their learning into practice.
- Updated training and refresher courses helped staff continuously apply best practice
- The service checked staff's competency to ensure they understood and applied training and best practice.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A staff member commented, "I have utilised these sessions to the maximum, this has proven extremely worthwhile and I have built some very positive working relationships by being open and honest (and feeling safe to do this). With management support, things have been put into place to help me manage. I have found my voice and feel valued."
- Staff could describe how their training and personal development related to the people they supported.
- The service had clear procedures for team working and peer support that promoted good quality care and

support. This was further enhanced by the provider directors also working with people and staff in the office and community.

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

- People received support to eat and drink enough to maintain a balanced diet.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.

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

- Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical health.
- Multi- disciplinary team professionals were involved in and made aware of support plans to improve people's care.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives.
- People had easy access information they could take to hospital so that their needs could be met. This meant the service could provide important information to hospital staff about a person living with a learning disability, if the person is admitted to hospital.
- People were supported to attend annual health checks, screening and primary care services.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. They particularly acted as advocates for people in the first instance when discussing issues with families and health professionals. For example, the registered manager said, "We are working with a newly assigned social worker and [person's name] is undertaking a capacity assessment with the social worker and hopefully will get an advocate involved to help tip the balance more towards their own voice and choices."
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best

interest decision-making.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff saw people as their equal and created a warm and inclusive atmosphere. One staff member said, "Garland make a difference and whether that be something as simple as accessing a cafe for fried eggs, a journey on a steam train, attending a college or simply having somebody to talk with; it all matters and for me, that is one of the major reasons I work for Garland Support."
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person told us, "It's lovely here thank you. I'm happy, I'm going to the healthy eating session today." Relatives commented, "Garland staff are very kind and sensitive, they're willing to go the extra mile. Communication is good, they always keep me informed" and "Garland staff are really good, we're pleased with them and hope that our other [child] can use them in the future." Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focused and attentive to people's emotions and support needs such as sensory sensitivities and interactions with house sharers.
- Staff were mindful of individual's sensory perception and processing difficulties. For example, it was important for one person to have their home exactly how they wanted it to promote their independence.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One staff member told us how many people were involved in the drama group at the Hub. They were rehearsing for a performance of Grease. They said, "I found it incredibly positive and uplifting that [people] have developed so much in themselves, through involvement with Garland they are now able to take this step."
- Staff members showed warmth and respect when interacting with people.

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. They were particularly caring and understood when people were known to generally agree with a suggestion. They made sure the person was truly making a choice themselves as much as possible.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Staff routinely sought paid and voluntary work, leisure activities and widening of social circles.
- Staff knew when people needed their space and privacy and respected this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people. For example, people new to the service had personalised transition and phased introductions. One relative said, "[Person's name] had a phased transition to Garland staff and that had worked very well."
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. One relative said, "My son has a team of regular carers. They all bring different strengths to [person's name]'s care. For example, one is very thoughtful and caring, another one is really good with technology. The staff are very responsive, they do their best for [person's name]."
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. One staff member said of the new electronic care planning system, "The introduction of PASS for Care has made evidencing much more specific and each person has personalised and detailed 'actions' which allow staff to document how their support is provided, with option for photographic evidence also which can be seen by management and professionals upon review."
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people.
- People were supported to understand their rights and explore meaningful relationships.
- People were supported with their sexual orientation, religious, ethnic and gender identity without feeling discriminated against.
- Staff offered choices tailored to individual people using a communication method appropriate to that person
- Staff spoke knowledgeably about tailoring the level of support to individual's needs.
- The service met the needs of people using the service, including those with needs related to protected characteristics.

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.

- Staff ensured people had access to information in formats they could understand. For example, easy read documents were updated regularly.
- There were visual structures, including objects, photographs, use of gestures and symbols which helped people know what was likely to happen during the day and who would be supporting them. People chose where they wanted their information to be displayed. Clear information also enabled people to live in harmony with others and understand what was expected of them in a shared setting.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. For example, staff told us how they ensured people living with visual limitations were able to control their environment to promote independence.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of communication aids.
- There was individualised support such as tailored visual schedules to support people's understanding. These were kept up to date and one person proudly showed us their timetable with staff confirming the events that week were happening as displayed.
- Staff were trained and skilled in using personalised communication systems.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and motivated by staff to reach their goals and aspirations. Staff told us how no idea was too much, and they worked hard to enable people to 'dream big'. People had been on many trips and holidays which focussed on their interests. One person had enjoyed a pop concert and visits to theme parks. People were also supported to care for their pets.
- People were supported to participate in their chosen social and leisure interests on a regular basis. One relative said, "[Person's name] has got a good routine, walking, table tennis, long walks and one afternoon they go and help do some gardening". Staff bring them to me on Saturday and we have lunch, they take him for golf too".
- Staff provided person-centred support with self-care and everyday living skills for people. There were many examples of people being enabled to cook meals from scratch, show their sports skills, achievements and creative flair.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. Staff were organising a 'quiet time' session for people who preferred a less stimulating environment to socialise in.
- People were supported by staff to try new things and to develop their skills. For example, there was lots of 'travel training' for people to practice travelling as independently as possible.
- Staff helped people to have freedom of choice and control over what they did.
- Staff enabled people to broaden their horizons and develop new interests and friends. Garland Support Exeter had set up a successful and busy Hub community which enabled people to choose to get together, for fun and education in a safe space. There was also Garland Active where people could choose to engage in sports activities. The Hub had also worked to enable family and friends to meet in a positive space whilst enjoying activities and gaining support from each other.
- One staff member said of the Hub, "This is a great open space for all but also offers a safe and encouraging environment with activities and workshops to help develop independent living skills. We build confidence, prevent isolation and work on relationships, encouraging appropriate behaviour and always laughter and fun, not forgetting coffees and cakes and milkshakes - with a slice of healthy living too."



Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through discussions with them by staff on a regular basis and knowing people's behaviours when unhappy. People and relatives were made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The registered manager said they would also record smaller or verbal 'grumbles' for the future to show that actions were taken and to identify any trends and minimise the potential need for formal complaint.
- The service had not received any formal complaints in relation to people receiving a regulated service. However, the registered manager showed us how a formal complaint from a person receiving an unregulated service had been managed comprehensively with respect.

End of life care and support

- People currently receiving a service were young people where end of life care was not a priority, but the registered manager said they would be supported at the end of their life. In the event of this type of support being needed, the service would work closely with the community nursing team; GPs and family to ensure people's needs and wishes were met in a timely way.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The provider was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say. The two directors often worked in the office and took co-ordinator and support role shifts. This meant they understood people's needs and the environment that staff worked in.
- The provider was alert to the culture within the service and spent time with staff, people and family discussing behaviours and values.
- Staff felt respected, supported and valued by the provider which supported a positive and improvement-driven culture. One staff member said, "I find the management team very helpful and always there to give assistance, they listen when you have any problems." All staff were positive about the support they received.
- Wellbeing of staff was very important, and a staff member managed the wellbeing board in the office inviting staff to offer ideas for inclusion. Staff felt able to raise concerns with the provider without fear of what might happen as a result. Staff had been supported throughout the COVID-19 pandemic and were valued. A wellbeing voucher was offered regularly to staff, and they were encouraged to use it in a way that promoted their wellbeing.
- The provider set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- The provider and staff put people's needs and wishes at the heart of everything they did.
- People's equality, diversity and human rights were respected. The provider worked directly with people and led by example. They felt it was important for people to grow and have opportunities. For example, they had employed an equality and diversity consultant who worked with people and the staff and management team. People had created an equality and diversity awareness board for the Hub focussing on topics chosen by people. For example, 'trans rights', 'racist behaviour' and 'one world, one love'. This work of promoting inclusion had been further embedded with a stall and a spoken word performance by people at a local Respect festival.
- The service's vision and values centred around the people they supported. The organisation's statement of purpose and service user guide documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in Garland Support Exeter. For example, people were constantly encouraged by

everyone at Garland Support Exeter to lead rich and meaningful lives. During a healthy eating session, one staff member told a person how good they were at chopping vegetables which made the person visibly happy.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The provider had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. One staff member said, "The management are easy to approach and have a great deal of knowledge and are prepared to participate in the activities and also to do shifts to ensure they keep in touch."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Systems were in place to monitor the quality and safety of the service.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. This included giving staff time to complete the training.
- The provider understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation and showed they knew people very well. The registered manager was ensuring verbal handover and care plan discussions were also well documented within the new system.
- Staff delivered good quality support consistently and mostly worked within a team of staff supporting named people.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. There were regular reviews and families were able to access the care planning system if they wanted to. One family recorded information on the care system when the person was staying at home so staff could see how the visit had gone.
- Staff confirmed they were kept up to date with things affecting the overall service through conversations with the provider and management team on an on-going basis. Their views were heard, for example relating to a new employee buddy system and ensuring staff received their rota well in advance. A recent quality assurance survey for staff stated, "After taking on board the feedback we have had a major restructure of the office management structure and telephone system. We have created two distinct management teams, one to cater for the specific needs of service users and one to support staff members."
- The provider and their staff team were in regular contact with families, via phone calls, technologies and visits. The service recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided. Findings were analysed and used to implement action plans.

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements. For example, the new electronic care planning system enabled all staff, management team and provider to access clear information at all times and to ensure actions were completed appropriately.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

#### Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. One health professional told us, "The support workers are always punctual, polite and professional and have a good rapport with the people they assist and others at the centre. I have never had any negative experiences with any of Garland staff." Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs. Regular reviews took place to ensure people's current and changing needs were being met.