

Consummate Care Limited

# Consummate Care Ltd

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on the 22 and 23 August 2017. Consummate Care provides supported living to people with learning disabilities in their own homes in Northamptonshire. At the time of our inspection there were 12 people receiving care.

There was a manager in post who had applied to become the registered manager. There had been a restructuring process in place and the previous registered manager was still an active business manager with in the service, which ensured people received consistent care and support during the management changes. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service demonstrated an excellent commitment to providing outstanding care which was embedded into the practices of the staff and the management team. The service put people's views at the forefront of the service and designed the service around their needs.

Staff were encouraged and enabled to work creatively which achieved consistently outstanding outcomes for the people receiving care and support. There was a strong system of quality assurance led by the provider and manager that ensured people consistently received exceptional care and support.

The people receiving care from Consummate Care had an enhanced sense of well-being and quality of life because staff worked innovatively to enable people to have meaningful experiences and to become active members of the local community.

Staff were empowered to work creatively and to develop positive therapeutic relationships with people. Staff were proud of the support that they provided to people and the positive outcomes that they had observed. People had been supported to make their accommodation a home that they were comfortable living in.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals to the court of protection if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.

People were supported to use communication aids and information was provided to people in an accessible format to enable them to make decisions about their care and support. The people supported by Consummate Care had complex needs and people who demonstrated behaviour that may challenge services received care that was based upon best practice guidelines that met their individual needs and successfully reduced instances of incidents within people's home.

People were at the heart of the service and staff were committed to enabling people to live full, varied and fulfilled lives. People were supported in creative ways to continue to achieve their aspirations and have new experiences.

Staff demonstrated the provider's values of offering person centred care that respected people as individuals in all of their interactions with people. People, their relatives and the professionals involved in people's care consistently told us that the service achieved exceptional outcomes for people.

People could be assured that they would be supported by sufficient numbers of staff. A number of people within the service received care from staff on a one to one basis and records showed that people received their care in the way they needed to maintain their safety.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

People experienced caring relationships with staff and good interaction was evident.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

### Is the service effective?

Good ●

The service was effective

Staff received the supervision, support and training that they needed to provide effective care and support to people.

People were supported to maintain their nutrition and their health needs were monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

### Is the service caring?

Outstanding ☆

The service was very caring

The manager and staff were committed to a strong person centred culture.

People had positive relationships with staff that were based on respect and shared interests.

People benefitted from a service which put people at the heart of

everything they did within their own communities.

People and their relatives felt staff often went the extra mile to provide compassionate and enabling care.

### **Is the service responsive?**

**Outstanding** 

The service was very responsive.

Staff supported people to ensure they received extremely responsive care and support in accordance with their needs and preferences.

People were fully supported in innovative ways to remain part of the community, follow their interests and take part in social activities.

Care plans were regularly reviewed to ensure they reflected people's current needs.

The service was extremely flexible to make sure people received support that was person centred and met their changing needs and wishes.

Arrangements were in place to deal with people's concerns and complaints which were used as positive learning to improve the service.

### **Is the service well-led?**

**Outstanding** 

The service was very well-led.

The vision and values were imaginative, innovative and ensured that people were at the heart of the service.

The service worked in partnership with other agencies to make sure that they followed current best practice and provided a consistently high quality service.

There was an exceptional focus upon providing person centred care and support. The culture of the service was focussed upon providing consistently personalised care to people; this culture was understood and demonstrated by all of the staff at Consummate Care.

# Consummate Care Ltd

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 and 23 August 2017 and was announced. We gave the provider notice of our inspection because we need to ensure that someone would be available to help facilitate the inspection.

The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed information that we held about the service, including statutory notifications, serious incidents and safeguarding information that the provider had notified us of within the last 12 months.

We contacted the commissioners of the service and local authority safeguarding teams, to obtain their views about the care and support delivered by the service. We used the information that they provided us with to inform the planning of our inspection. We also sought feedback in advance of the inspection from people who used the service, relatives and friends and healthcare professionals via questionnaires, and we used their feedback to inform our judgements.

During our inspection we visited and spoke with five people who were supported by the service, five members of staff, the manager, deputy manager, business manager and the nominated individual.

We observed some care and support during visits to people's homes and we reviewed a range of records related to people's care and the management of the service. This included looking at five people's care records, four staff files (including recruitment, training and induction records), three people's medication administration records and other company based records related to quality

assurance and the general operation of the service.

Following our inspection we gathered further feedback about the service from four members of staff, three people's relatives and one healthcare professional who worked closely with the service.

# Is the service safe?

## Our findings

People felt safe with the staff that supported them. One person told us, "I feel so much safer than I've ever felt; that is because my staff know me so well and help me to make better decisions." A relative told us, "I am confident in the ability of all the staff to keep [my relative] safe; they really are focussed on what [my relative's] needs are and it gives me peace of mind."

People were protected from the risk of avoidable harm. The provider had procedures for ensuring that any concerns about people's safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of harm that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. One staff member said, "Keeping people safe is our number one priority; that also includes recognising signs of self - neglect and that puts people at risk as well." We viewed safeguarding investigations that the management team had completed and these were thorough with clear actions taken and if necessary how the whole team could learn from the incident. For example: When there had been a medicine error; new guidelines were introduced to the staff team to ensure there was a more effective system in place for checking medicines had been administered. Staff had received training on protecting people from abuse as part of their induction and they also continued to receive refresher training to ensure they were up to date with best practice procedures.

People were supported to keep themselves safe. The staff ensured that people who used social media knew how to keep themselves safe while accessing the internet and explained what to do if they didn't feel safe. People who were of a higher risk to access social media had risk assessments in place and part of the risk assessment detailed that new friend requests needed to be overseen by a staff member to ensure the new friend was known to the person and there wasn't a risk of abuse or harm. People who were in relationships were supported with information about how to keep themselves safe in a relationship and relationship support was accessed through the community team for people with learning disabilities.

People's risks of avoidable harm were reduced. Staff assessed people's risks and plans were in place to mitigate them. Staff ensured that risk management plans did not limit the range of activities people engaged in. A health and social care professional told us, "Consummate Care support some people with complex needs that other agencies have struggled to manage; their focus is on positive risk taking and having the right amount of skilled staff to support people." Staff we spoke with were knowledgeable about the risks associated with people's care and support and were able to give us examples of how they supported people to manage those risks. People's risk assessments were regularly reviewed and updated to meet changing needs.

People were supported to manage environmental risks within their own homes. Staff assisted people to carry out regular fire and health and safety checks, and to ensure their utility supplies were regularly serviced so that they remained safe for use. People had emergency evacuation plans in place which ensured staff had access to people's support requirements in an emergency situation. The management team had good relationships with people's landlords and this enabled timely repairs and maintenance to people's



homes. On the day of our inspection we saw that a member of staff had notified the management team of a plumbing issue in a person's house. This was followed up swiftly by a visit to the person's home to ensure there was no further risks, and a repair request to the landlord and the repair completed the same day.

Accidents and incidents were recorded by staff and reviewed by the manager. Staff discussed incidents to identify if any immediate action needed to be taken to prevent future incidents. In addition, a monthly log was maintained and the manager reviewed this to identify if there were any trends or repeated incidents. For example, where a person had increased incidents of self-harm, incidents were reviewed to ensure staff took appropriate action and gave consideration to the events that led up to the incident to reduce the risk of a repeated incident. Staff understood what could be potential triggers and there was a plan in place to reduce the possibility of a similar incident.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for new staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS). This helped ensure that only staff of a suitable character were employed to provide people's care.

There was enough staff to meet people's needs and this was kept under constant review. Staffing levels were determined by people's needs and any activities that they wanted to pursue in their lives such as employment, community activities and any other individual one to one based activities. Staff were recruited and allocated into specific designated teams, who supported a small number of two to three people who either lived on their own or in shared accommodation together. Each individual accommodation had their own team leader whom support staff reported to.

There were appropriate arrangements in place for the management of medicines. One person said, "It is a good job my staff know when I need to take medicine because I would forget." We observed that people received their medication from staff in a professional and encouraging way. People were told what their medicines were for and were given reassurance when they needed it. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People's medicines were securely stored and there were arrangements in place so that homely remedies such as paracetamol could be given when people required it. We saw that medication administration records (MAR) were completed accurately after each person had received their medicine.

## Is the service effective?

### Our findings

People felt supported by knowledgeable, skilled staff that had the right competencies to effectively meet their needs. The staff team supported some people with complex needs and behaviours that challenged others. One health professional said, "Consummate Care work with some very complex customers with high levels of needs, and I have found that these customers have thrived while being supported by Consummate Care and have experienced a good quality of life following quite a difficult time previously." People and their relatives repeatedly praised the way staff provided this specialist support. One person told us, "They have helped turn my life around; the staff know how to motivate me and know what to do when I have bad days." One relative told us "The staff have a lot of training and we have seen such a change in the way [my relative] behaves and responds; we have been amazed at the progress."

Following successful recruitment, each new staff member completed an induction programme that was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. The induction included both theoretical and practical training in addition to the shadowing of more experienced staff. Staff confirmed that they were required to complete the full induction course regardless of whether they had previously worked in care or not. The management team told us that this was because they wanted to ensure that all staff understood the organisational values and expectations from the beginning of their career with them. One staff member said, "I have just completed the Care Certificate, I had fantastic support and encouragement from [senior staff member]."

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. One member of staff said, "I had training in managing behaviour and it really helped me to pick up more quickly warning signs and triggers to people's behaviour and I learnt how to redirect and diffuse situations; it has really helped me in my role and it has helped our clients as well because I am able to intervene sooner which means a lot of the time they are not getting so distressed." Staff told us they felt the training was good and prepared them to perform their role well. Staff also had additional training specifically relevant to the people that they supported which included supporting people with mental health, self-harm, diabetes and epilepsy. A program was in place to ensure experienced staff regularly refreshed their training and knowledge about current practices including safeguarding and supporting people to move safely.

Staff had the guidance and support when they needed it. Staff told us they felt supported by the manager and management team and were able to talk with them and discuss any issues. A staff member said, "I feel supported 100%. If I have made a mistake it is a safe environment to say openly what happened; it is completely different from anywhere I have worked before." A second staff member said, "They are very supportive. I can pick the phone up at any time of day or night and always get good support." We saw that all staff received a regular face-to-face supervision meeting with their manager. Staff told us they valued these meetings and felt able to be open and honest. A staff member said, "We have supervision and I am able to say I think I need more training with something or that I don't think a certain way of how we approach something is working."

As part of this inspection, we checked whether the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The 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.

We observed staff asking for and obtaining people's consent before carrying out care tasks with them. One member of staff said, "It is so important we always seek people's consent; it also empowers people and gives them confidence that they are in control of their life." Staff were aware of the principles of the MCA and were able to describe how they applied them to their work. Staff also knew that they could not provide any care that people had not consented to unless appropriate action had been taken in line with the MCA Code of Practice to confirm that this was in their best interests. There were written procedures for staff to follow if people refused to take their medicines, for example. We saw that, where they were able to do so, people had signed their care and support documentation to indicate they agreed with them.

If staff had reason to suspect that people lacked the capacity to consent to decisions about their care, they carried out capacity assessments to confirm this. If people did not have capacity, they were still involved in the process as much as possible. For example, one person's care plan indicated that they could sometimes make unwise decisions. Guidance for staff stated they should record and report any changes in the person's behaviour to the office, we saw that this had taken place and advice was sought from various professional resources including the behavioural support team and the social work team.

People were supported to maintain a balanced diet and eat well. People we spoke with had support with shopping, cooking and meal preparation as part of their identified support needs. They told us they chose what they wanted to eat, and how this was prepared. One person said, "I plan my meals with my staff and we go and shop for everything we need; I don't have a menu because I change my mind often about what I want to eat so I choose each day from the food we have purchased." This person went on to say how staff listened to them, knew their preferences and they had meals they enjoyed. Relatives we spoke with said their family member was supported to make their own choices about what they ate. Staff knew people well because they supported them regularly; therefore they were aware of what level of support each person needed.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. People had health action plans. A health action plan is a document designed to help people with learning disabilities access the healthcare they need and to make choices about their healthcare. We saw examples of health action plans with information about people's health conditions, how they expressed that they were in pain and how staff should respond, their medicines and any anxieties or fears they had and how staff should support them with these. As part of health action planning, staff asked people what aspects of their healthcare they would like to maintain or improve, such as losing weight or maintaining a healthy exercise programme, and how they would like to do this. We saw that one person wanted to lose weight and an exercise programme had been developed with them to incorporate swimming and walking to support them to achieve their goal; which was proving to be successful.

People also had hospital passports, which contained information about their healthcare and support needs and preferences so staff in healthcare settings could quickly familiarise themselves with people's needs and support them in the ways they preferred.

## Is the service caring?

### Our findings

The service had a positive, vibrant and caring culture which people, relatives and staff supported and promoted. People told us they were consistently well supported and well cared for. One person said, "My support staff are absolute legends, honestly they help and guide me so much!" Another person told us, "I really like my staff."

All of the relatives we spoke with told us they trusted the staff and the service in general with the care of their loved ones. They commented that their family members had made significant progress whilst being supported by the service and their lives, as well as their family member's lives, had been transformed. One relative told us, "They have gone above and beyond my expectations and we now have a different relationship with [relative]; it is so much more positive and I can now sleep at night knowing we are all in safe hands."

One health professional gave some very positive feedback and commented "They [Consummate Care] deliver excellent care and they are a reliable and consistent service that I would recommend to others and would happily have a member of my own family supported by them."

Staff were highly motivated and reflected pride in their work. They talked about people in a way which demonstrated they were fully committed to supporting people in any way they could, in order for them to achieve as much independence as possible. Staff sought to provide the best standards of care for each individual. One member of staff said, "My role is to support people to have the best life they can; every day is a new day and if I can make just a small difference to a person's life then it is an achievement."

There was a very strong person-centred culture at all levels and staff understood that people were at the heart of the service. This was because the manager and staff promoted a consistently caring culture based on a range of clear policies and procedures they had in place. The manager and staff understood the importance of promoting equality and diversity. Through our discussions with people we noted that arrangements had been made to meet their personal wants and diverse needs, and from the information contained in their support records; we saw people were fully enabled to develop and maintain any religious beliefs they had and their personal relationships with their circle of support. One person who was supported by the service told us how their self-esteem had increased greatly through the care they had received saying, "Where I lived before I couldn't live the life I wanted, and now with all the fantastic support I get I am absolutely loving life and everything about me is different, they [support staff] have literally given me a new life."

When we visited people as part of our inspection we observed that they enjoyed excellent relationships with the staff that supported them. There were jovial exchanges and discussions about both historic and future events that they had enjoyed together. It was clear that staff and people had similar interests and this added to their commonality and helped develop their relationships and understanding of each other. Staff were extremely knowledgeable about people's needs and how to support them. What they told us about the needs of the people they supported tallied with information held within people's care records. All of the staff

we observed in their work, displayed an extremely kind, caring and respectful attitude towards people. One person who was becoming anxious throughout our visit was offered complete reassurance by the staff and was empowered and supported to ask the inspector to leave their living room to help reduce their anxieties.

People said staff supported them to make their own decisions about their daily lives. One person told us, "The staff are willing to do absolutely anything I ask, I like to go to lots of different exercise and keep fit classes and I am always supported to go." One member of staff told us that they supported this person in their own time to attend a specific exercise class because the person really benefitted from this support and not all staff were physically fit enough to complete the whole class. This member of staff said, "I meet the person and their support worker at the venue if I am not on shift with them, I do the keep fit session with them and then leave them to carry on whatever they have planned for the rest of the evening; I do it because I know how much the person appreciates the support." The management team demonstrated an understanding of people living with complex and sometimes challenging needs by ensuring staff were chosen who had experiences in common with the people they supported which enabled them to build a rapport with people.

Staff communicated effectively with every person using the service, no matter how complex their needs. For some people this meant using alternative or supportive communication methods such as computer apps and picture boards to assist them in speaking out. The manager had produced easy read information guides and policies for people to use. Staff had worked with the speech and language team to develop visual storyboards to help people with raised anxieties to understand a journey or a health appointment. The deputy manager showed us the story book that was used for a person's holiday and discussed how successful it was. This person's anxieties had previously prevented them from going on a holiday. The feedback from this person's relative was extremely positive and congratulated the staff team because the relative felt it was a milestone reached for the person and for the staff team.

People were actively encouraged to maintain relationships with their families and friends. Staff were passionate about supporting them in any way possible in order to remain connected to important people in their lives. One person told us how they had made friends with a neighbour and they now took the neighbour's dog for a walk in the evenings. This person's relative told us, "It's a 'win win' situation, [my relative] is getting more confident with the help from the staff and they are showing a real caring side which is lovely to see by wanting to help a neighbour and they get some exercise at the same time."

The same relative also told us about how the support staff [with the person's permission] sent photographs via e-mail while they were on holiday to them and how that made them feel involved in their family members life. Also how it prompted a more focussed telephone conversation because the relatives were able to ask about the places the person had visited. Another two people were in a long term relationship and overnight stays were facilitated by the staff to enable the relationship to continue. It was clear in these people's care plans that staff were required to be mindful of their privacy and provide support in a respectful and sensitive manner.

People told us staff respected their privacy. One person said, "They always knock on my front door, no-one ever just walks in." Staff gave examples of how they made sure they maintained people's privacy when supporting them with personal care. People told us they had access to private space when they needed it. One person told us "Sometimes it can be difficult for me having staff here all of the time, I know I need staff all of the time but sometimes I need my own space; the staff know me so well now that they just ask 'do you want some space for a bit' and I give them the thumbs up." Staff told us they never spoke about people's health, finances or other private affairs in front of other people who used the service or anybody who did not

need to know the information.

People were supported to ensure their voice was heard by the use of independent advocates. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. The service promoted advocates especially when people needed to make bigger decisions. For example: if they wanted to live somewhere else. One person was currently using advocacy services and the advocate was a positive and stable professional in this person's life.

## Is the service responsive?

### Our findings

People described how their care was delivered and what they told us demonstrated the service was extremely person-centred. Relatives and staff echoed that the service was person-centred in their feedback and our own observations and evidence gathered supported this.

A healthcare professional who worked with the service told us the provider and staff were totally focused on providing individualised care, of the highest standard. They told us, "All staff follow a very person centred approach for the customers and strive to meet their needs and promote their independence; they clearly work in the best interests of the clients and seek advice from relevant professionals.

Every element of the approach of the providers and staff was centred around the people who used the service, their abilities, feelings, wishes and goals. There was nothing that the staff or providers themselves did not strive to overcome in supporting people to achieving and realising their aims. The manager told us, "Our main focus is to enable people to live the lives they choose and to help them in any way we can to achieve that." People were treated as individuals and what they had managed to achieve in their lives was testament to the individual person-centred care that they received.

People consistently commented on the positive impact the service had made on their lives and how they had changed for the better. One person said, "My life just gets better and better; I now look forward to the future." Another person told us "I am really happy, they [Consummate Care staff] helped me to move house because I wasn't happy where I was before. I was in a flat and felt shut in, but look at me now, own house and nice garden, king of the manor!"

People were supported with detailed assessments prior to receiving a service. This was to ensure that Consummate Care was able to meet people's needs effectively. For each identified need the staff developed care and support plans with people. Care plans were often innovative in how they guided staff to meet people's needs. For example, one person became extremely anxious before going out in to the community. Care records guided staff to use a game that the person played on a gaming device which captured virtual animated characters in various parts of the local town centre which the person was very eager to catch and earn gaming points. This strategy was used very effectively to reassure and orientate the person in a place where they were anxious. This person was able to enjoy a wide range of new experiences because of the creative way in which their needs were supported.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. Each person's care and support plan contained details about who and what was important to the person, what they wanted support to do, what they found difficult and what they wanted to achieve in the future. There was detailed information about what support people needed and how staff should provide it to meet the person's preferences and avoid things they disliked. For example, one person's support plan contained information about a specific route they liked to follow when out in the community, any variance of this route caused high anxieties and had the potential to lead to behaviours that may cause harm to themselves.



People and their relatives had full involvement in developing their care and support plans. There was a section in all parts of the plan titled 'how you would like us to support you' which put the person at the heart of their own support plan. People's relatives also felt involved in planning their loved one's care and support. One relative told us, "What I like best about Consummate Care is we are listened to, our voice and experience as parents is respected and valued; what we say matters and that has been where all the other agencies have failed."

People's care and support plans were reviewed regularly and there was evidence that they were involved in this process. To help ensure support plans remained up to date with people's needs, staff recorded in daily logs how much support people required for each personal care task (for example, whether they supported the person physically or prompted them) and these were taken into account during reviews. We viewed one person's review record and noted that there was a reduction in the amount of care hours that this person needed due to the consistent support from the staff, this person had gained more independence skills. A healthcare professional who worked with the service told us, "Client reviews are always person centred, it is great to see what clients have achieved and what plans they have for the future. My support as a health professional is always encouraged and welcomed."

Each person had a keyworker, a member of staff who took the lead on ensuring they received the care and support they needed. Keyworkers helped people to review their progress against their goals at agreed intervals and we saw examples of records from these reviews indicating that people were moving towards achieving goals.

People told us they received personalised care that was responsive to their needs. We heard many accounts of people making progress towards their goals, developing new skills and trying new activities all of which contributed to improving their quality of life. One person told us, "It's just a matter of me telling staff what it is I want to do and then we get on and plan it." One person had been supported to attend a 'vaping' event in Birmingham and many people had been supported to go on holidays of their choice.

Staff made every effort to make sure people felt part of their local community. People were involved in local groups and clubs which were inclusive of people with learning disabilities. One person was involved in a community trust and was supported by staff to attend trustee meetings, some people were members of local gyms and libraries. Some people had their own adapted cars that staff were able to drive to support them to access the community. We saw how staff supported people to develop their confidence in accessing the community by introducing activities gradually, supporting people to try out activities they thought they might like and either continuing or stopping them depending on whether people enjoyed them.

Staff worked creatively to enable people to access the community and to engage positively in community activities which continued to increase their skills, well-being and independence. People and staff told us about activities people had been doing recently, including a disco, fitness classes, walking, cinema and other activities to suit their individual interests and abilities. One person told us, "I love having my nails painted", another person said, "We went to the carnival at the weekend and then had a picnic in the park." The staff team also supported people to pursue their interest in innovative ways. For example: one person liked to walk but often used to walk too fast and too far and would injure themselves. The staff supported them to pace themselves by listening to specific pieces of music and the person chose an agreed route before they set off; this person was still able to actively enjoy their walking but in a safe manner. Another person who loved wildlife was also very socially anxious and didn't like to visit open spaces; the support staff worked together to support the person to build a pond and a wildlife haven in their garden which they could view from their lounge. We also saw photographs in people's houses of events they had been involved in including BBQ's and celebrations.



People knew how to make complaints and told us staff were responsive to their concerns. One person said, "[Staff] help me; they talk to me when I'm nervous and panicky." Another person told us, "I talk to the manager. He gets it sorted; we can call in the office at any time to speak with him." A third person said, "If I'm upset, I'd go to the staff." There was a written and pictorial complaints procedure and staff discussed people's satisfaction with the service at regular meetings with them and the key members of their team. In addition to the formal complaints procedure, the management team visited people monthly and asked if they were happy with the service as part of their quality monitoring checks. Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. Relatives told us that they felt confident they would be listened to if they made a complaint.

## Is the service well-led?

### Our findings

The management team demonstrated an open, transparent and reflective leadership style. They provided visible direction and a person centred approach to their staff teams. They exhibited a passion for providing a high quality service, which continually developed in order to meet people's needs in a holistic manner. The team was led in a way which consistently focussed on ensuring people had fantastic life experiences and were able to live the life they chose with the support they required.

Without exception there was a person centred approach to everything the service offered and how the service was run. The culture and direction of the service put people and their choices at the forefront of the service and people were able to have a say about matters that could have an impact on them and the support they received. The manager understood and valued the contributions people made and took these into account when making decisions, for example when recruiting new staff or considering accepting new people into the service.

The registered provider had a clear vision and values that were person centred and focussed on recognising and celebrating the uniqueness of every individual and people having the opportunity to be active citizens in their local communities. These values were owned by people and staff and underpinned practice. The provider, manager, business manager and deputy manager provided clear leadership and used systems effectively to monitor the culture of the service. This included a regular presence of managers working in the service alongside staff to role model. Observation of practice was used, along with reflective logs to help staff develop their practice. Staff spoke highly of their managers and said that they were accessible and approachable. Managers at all levels had meetings within the organisation to share good practice ideas and problem solve. The open and progressive culture of the service meant that people received continually improving support.

The culture of the service was relaxed, open and transparent and staff consistently told us they felt extremely valued and supported in their roles. One member of staff told us, "The whole company has often bent over backwards for me; they have been so supportive of me." Another member of staff said, "All of the management team are awesome; brilliant, amazing and supportive; we really do have a great team around us." People using the service and staff said they always felt very welcomed in the office and regularly stopped by for support or for a chat. We observed people and staff visiting the office during our inspection and saw this to be the case. The deputy manager explained, "You can tell when someone walks in if they are okay or not. We'll make them tea and have a chat if there's a problem." The deputy manager went on to tell us, "There is an open door policy here. People and staff are in and out all day; it is like a community hub and it is great that people and staff know that we are here for them."

The manager actively monitored staffing levels and ensured that people were supported by a consistent and stable staff team and recognised that this stability was key to the impact of the support that people received. The manager had created small teams of staff to work with each individual receiving care and matched staff and people by personality and shared interest to aid the creation of positive therapeutic relationships. One member of staff told us, "I have supported [person] for about six months and we just got

on from day one; we have such a positive working relationship and [the person] makes progress every day because we are all consistent in our approach."

The manager worked closely with the Intensive support team (IST). The intensive support team provide specialist support, advice and assessments to support people who may present some behaviours that challenge themselves and others. to develop the strategies and intervention support plans for people with behaviours that may challenge services and focussed on positive behavioural support to minimise the need for restrictive care interventions. The manager was able to share with us some examples of how effective these strategies had been in reducing the occurrences of behaviour and subsequently improving the quality of life for the person. All behaviours that had the potential to challenge the service were recorded in minute detail and were reviewed by the staff team and the IST to reflect on best practice, identify new triggers and adapt a new approach to supporting the person if previous strategies hadn't been successful. One member of staff told us, "There is always something to learn from reviewing each incident, and it is so important that we share the learning so we can support the person more effectively and consistently."

The openness and transparency within the service, resulting in a 'no blame' culture, where staff were confident to question practice, and report concerns. A member of staff told us, "It is the best company I have ever worked for; to be able to say when things are not great, to suggest ideas and improvements and be listened to and at all levels in the company; we celebrate our service users and staff's progress. To say I love my job is an understatement!" One relative commented, "I would thoroughly recommend it. We are valued as important people in [relative's] life, our concerns are listened to and all of the staff team feel like our extended family."

Staff told us they attended staff meetings where they were encouraged to share ideas and any concerns about any aspect of the service. A senior member of staff said "We discuss ideas between us. We have different backgrounds, different skills." Another staff member confirmed this and said "[The manager] will listen to all of our idea's, we bounce ideas, talk about what we're going to do." Staff told us they felt listened to and involved in the development of the service. They were kept up to date with information or any changes through staff meetings, e-mails and memos or when they came into the office to collect rotas or to have a chat.

Communication between people who used the service, their families and staff was always open and transparent and this leant itself to forming positive open relationships where trust was upheld. The manager and the care staff talked positively about people's relatives and how important it was to maintain a good relationship with them. One relative told us, "It wasn't plain sailing at the beginning because of the complex needs [my relative] has, but I learnt to trust the management team because they have always been transparent in everything they do. I am always updated with everything; good or bad they never delay in telling me and they are always open and honest and I really appreciate that, it goes a long way in my book."

There was a strong system of quality assurance led by the provider to ensure that the care and support received by people was of a consistently high standard. We saw that regular audits had been completed and actions had been identified and completed by the manager at Consummate Care. For example, previously it had been recognised that there had been an issue with medicine errors within the service and the manager had focussed on supporting staff to administer people's medicines safely. Increased training and observation of staff were completed to ensure that they were administering people's medicines safely and we saw that this had been effective at minimising instances of medicine errors. People could be assured that they were receiving support to have their prescribed medicines in a safe way.

Other quality assurance audits included audits of medication practices and records and full audits of care

plans. Where audits identified shortfalls an action plan with dates was put in place. For example, updated information from a person's recent medical review was required to be added to an emergency grab sheet. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys. People's recent comments included, "Amazing staff" and "Thank you for everything you have done for me". The questionnaire asked how the service could be made better and an action plan was formed from any comments such as adding tasks to a care plan. Care staff told us they felt the emphasis on listening to the wishes of people was important to them and management.

We looked at how the manager and staff worked with other agencies. A strong ethos around effective partnership working was in place and it was clear excellent working relationships had been forged with community professionals from the local authority and NHS. A community social care professional told us, "Consummate Care is committed to providing excellent person centred care for people with learning disabilities." The management team attended health and social care events to keep up to date with best practice and they had also recently completed a 'train the trainer' course to enable them to deliver more bespoke in-house training specific to the needs of people using the service.

The registration requirements of this service were met. The provider was fully aware of the responsibilities they had taken on in establishing and running their organisation and they understood the legal requirements of meeting relevant regulations. Information relating to the registration of the location was displayed at the service and was prominent on their external website.