Ryde House Homes Ltd

Ryde House Outreach Service

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?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

Ryde House Outreach provides support to people living with a learning disability, to access the community and provide respite for their main carer. Not everyone using Ryde House Outreach Service received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

Our inspection was based on the care and support provided to fourteen people receiving personal care, with three of these being young people. Each person received a variety of care hours from the agency depending on their level of need. Some people had a learning disability or autism and were living in individual supported living flats; they required support to enable them to retain a level of independence. Other people were receiving support in their own home or to access activities in the community.

This inspection was conducted on 30 and 31 August 2018 and was announced. We gave the provider two working days' notice of our inspection as we needed to be sure key staff members would be available.

We last inspected the service in March 2017 when we did not identify any breaches of regulation, but rated the service as 'Requires improvement'. At this inspection, we found improvements had been made.

There was a registered manager in place. A registered manager is a person who has registered with the CQC 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 home is run.

There was a genuine person-centred culture, where staff displayed empathy and worked with people and their family members to understand how best to support them. People were put at the centre of everything staff did, to help ensure their needs, wishes and hopes were understood and to help them to live fulfilled lives. The attitude and knowledge of staff and management clearly had a positive impact on people and their families.

There was a strong emphasis on continuity of care and learning, to maximise the opportunities for people. Training and guidance for families was provided free of charge to assist with their understanding and to support their relative to have continuity of care. People were provided with core staff teams to help provide them with continuity of care and develop trusting relationships.

Family members, staff and professionals described the service as being exceptionally well led. Staff felt well supported and valued by the management team. They were confident in the management team's abilities and felt that their views would be listened to and actions taken where required.

The management team and staff had developed exceptionally positive and supportive relationships with

family members. The service went above and beyond to support families and people when in crisis.

There was a strong emphasis on continually striving to improve the service. The provider was fully engaged with the running of the service. The registered manager was proactive to support effective joint working with professionals and remain up to date on best practice guidance.

People, their families, professionals and staff were engaged in the running of the service and encouraged to regularly feedback views on service delivery, and share ideas and suggestions on how the service could be improved. Quality assurance questionnaires were sent to people, their families, staff and professionals annually. Feedback gathered was reviewed to support the registered manager and staff to ensure improvements could be made.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. There was overwhelming evidence that the core values of choice, promotion of independence and community inclusion; were at the centre of people's day to day support. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service took a key role in the local community and were actively involved in building further links. Ryde House Outreach service supported a scheme run by the local hospice, which provided an entertainment event for young adults living in the community with complex needs and life limiting conditions. The service also undertook fundraising events for the local hospice. The service offered autism training to the police and other public-sector employees, who may come in to contact with people with additional needs.

Staff were clear about their safeguarding responsibilities and knew how to recognise and report potential abuse. Staff carried out their roles and responsibilities effectively. Staff had an excellent understanding of managing risks and supported people to reach their full potential through consistent, personalised care.

People were supported by staff who were highly skilled, and knowledgeable in caring for people with additional needs. Staff were skilled in helping people to express their views and communicated with them in ways they could understand.

Risks to people were robustly explored and recorded. The registered manager and staff had assessed individual risks to people and acted to minimise the likelihood of harm. People were supported with their medicines by staff who had been trained and assessed as competent.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and were aware of people's rights to refuse care. The management team and staff worked to ensure that people's choices and wishes were respected.

Technology was used proactively to both support people's safety and communication needs.

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 and their families felt the service was safe. Staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Risks to people were robustly explored and recorded. The registered manager and staff had assessed individual risks to people and taken action to minimise the likelihood of harm.

People were supported with their medicines by staff who had been trained and assessed as competent.

People were protected from the risk of infection.

Is the service effective?

Good

The service was effective.

People received effective care from staff who were competent, suitably trained and supported in their roles.

Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and were aware of people's rights to refuse care.

People were supported to have enough to eat and drink.

Technology was used proactively to both support people's safety and communication needs.

Staff understood people's health needs and people had access to health professionals and other specialists if they needed them.

Procedures were in place to help ensure that people received consistent support if they were admitted to hospital.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

The management team and staff worked hard to ensure that people's choices and wishes were respected.

Staff had an in-depth understanding of people's unique communication styles and supported people to communicate their views and wishes effectively.

Staff understood the importance of respecting people's privacy.

Is the service responsive?

Outstanding

Ryde House Outreach service was outstandingly responsive to the needs of the people and their families.

The attitude and knowledge of staff and management clearly had a positive impact on people and their families.

There was a strong emphasis on continuity of care and learning, to maximising the opportunities for people.

The service encouraged people to take part in new experiences which promoted their health and wellbeing, and enhanced their quality of life.

Staff showed they had an excellent understanding of the people they cared for and people received exceptionally person-centred care.

Support was planned proactively and in partnership with people, their families and professionals where appropriate.

There was a robust complaints policy and compliments were recorded.

Is the service well-led?

Outstanding

Ryde House Outreach Service was outstandingly well led.

People, their families, staff and professionals described the

service as being exceptionally well led.

The service was well organised. Management had clear objectives and were committed to providing person-centred care and demonstrated these leadership values to the staff.

There was a strong emphasis on continually striving to improve the service and the quality of care provided to people. There were robust auditing and quality assurance processes to place to allow ongoing learning and development.

The service took an active role in the local community and had offered training to police and other public sector employees who may come in to contact with people who had complex needs, to help ensure that people could be better supported and understood.

Ryde House Outreach Service

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.

The inspection was announced. We gave the provider two working days' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available. The inspection was conducted by one inspector. The inspector visited the service's office on 30 and 31 August 2018 to meet office staff and to review care records, policies and procedures. The registered manager was unavailable in person, but we spoke to them through face to face video calls.

Before the inspection, the registered manager 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. Notifications are information about specific important events the service is legally required to tell us about. We used the information to help focus the inspection.

During the inspection we spoke with and visited four people who used the service and spoke to their family members. We also received written feedback from three family members following the inspection. We spoke with a director of the provider's company, the registered manager, two service co-ordinators, and four care workers. We looked at care records for five people. We also reviewed records about how the service was managed, including safeguarding records and staff training and recruitment records. We received feedback from three social care professionals and one healthcare professional.

We last inspected the service in May 2017 when we did not identify any breaches of regulation, but rated the

service as 'Requires improvement'.

Good

Is the service safe?

Our findings

The service was safe. People and their family members told us that the service provided safe care.

There were appropriate policies in place to protect people from abuse and staff had received effective training in safeguarding adults and children. Staff were able to describe the actions they would take if they suspected or observed abuse. Contact numbers for the registered manager, the co-ordinators, the local authority safeguarding team and Care Quality Commission were also readily available to staff. The co-ordinators and registered manager told us there was always a manager on call outside of the core hours of work, in case of emergencies. The registered manager was aware of the action they should take if they had any concerns or if safeguarding issues were passed to them. Records confirmed that the registered manager had reported incidents appropriately and promptly when required.

There were sufficient numbers of staff available to complete all support visits to people. Staffing levels and rotas were led by each person and their level of need. People received full comprehensive assessments often in conjunction with social services and their families prior to acceptance by the service. People had core teams of staff that supported them, which allowed staff to better understand the person and meet their needs in a more consistent way. A social care professional said, "They put a consistent team around the person." People also received a rota detailing which staff members were allocated to support them each day. Short term absences of staff were managed through the use of overtime and cover from the co-ordinators, in negotiation with people's families.

Recruitment procedures were robust to help ensure only suitable staff were employed. Staff files included full employment histories and records of interviews held with applicants, together with confirmation that pre-employment checks had been completed before the staff member started working at the service. These included Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. DBS checked were renewed every three years to help ensure that staff continued to be suitable for employment. References had also been sought from relevant people to check applicants were of good character.

Risks to people were robustly explored and recorded. We reviewed people's risk assessments and found them to be effective to keep people safe. Risk assessments contained clear, detailed information about individual risks to people and how these risks should be managed and mitigated. Risk assessments and guidelines had been reviewed and updated regularly. Risk assessments in place included; guidelines around managing behaviour that may challenge, the use of safety equipment to help people to move, risks around eating and drinking, risks about accessing the community and travelling in a vehicle, and risks in relation to people's home environment. Staff confirmed they understood the risks for each person and we observed staff following guidance detailed in the risk assessment when supporting a person who could have behaviour that may present a risk to themselves and others.

People were supported to take positive risks where possible. For example, one person who often showed risk taking behaviours that could be seen as challenging had been supported to attend an activity that they

had particularly expressed an interest in on the mainland. The registered manager said that this trip had been successful and had resulted in amendments to the person's behaviour support plan and an on-call system being set up on the mainland. This demonstrated that the service was proactive towards positive risk taking and supporting people to have the opportunity to take part in activities and experiences. The registered manager told us, "We enable people to live in the community regardless of there being risks. We learn from incidents and move forward with the person, family and professionals and we keep people safe."

Where an incident or accident had occurred, there was a clear record of this, which was recorded on the provider's electronic system. This enabled the registered manager to review all incidents, accidents and 'near misses'. The human resources (HR) manager also carried out analysis on this information and provided a report to the provider, senior managers and the registered manager, enabling learning and risk identification across all of the provider's services.

People's medicines were recorded, stored and administered safely. Staff had received appropriate training and medicines administration records (MAR) were completed accurately. There were audit processes in place to ensure medicines were correctly administered to people. There were secure systems in place for staff to transport, administer and return people's medicines if they went out for the day. For example, locked medicine boxes were used to transport medicines. These were clearly labelled with the person's photograph and details of the medicines held within. When people required 'as and when' (PRN) medicines such as for pain relief, staff had clear guidance to follow. The guidance detailed how staff would asses someone who could not verbally communicate, to identify if they were in pain. This meant that staff would only administer medicine when they had assessed that it was needed.

The provider had an infection control policy in place and staff undertook training in this area. Protective equipment such as gloves and aprons were provided to staff to minimise the spread of infection. There were plans in place to deal with foreseeable emergencies, such as an adverse weather plan. This was linked to the 'People Planner' system where people had been assessed as a high or medium priority risk based on their needs and their family support structures. There was also a paperwork back up of key information, in case the electronic system failed.

Good

Is the service effective?

Our findings

People's families we spoke with were unanimous in their feedback that the provider gave their relative effective care. One family member said, "Each experience was a learning point for all involved and the team around [my relative] has grown into a rock of support around them." A staff member said, "If you try getting into their world, instead of making them fit yours, it is a much better way of supporting people."

Staff received comprehensive training that gave them the skills to support people with their needs. People's families and healthcare and social care professionals described the staff as being well trained. A family member told us, "Every member of staff has been professional and competent." Another family member described how training sessions for staff had helped the service to create "a brilliant behaviour plan that shows a real insight into [my relative's] high anxiety levels and the resulting behaviours."

There was an electronic system to record the training that staff had completed and to identify when training needed to be repeated. The training available included essential training, such as medicines awareness, safeguarding adults, moving and handling and infection control. Additional training was also readily available to staff to support people's specific needs, such as epilepsy, Makaton, autism awareness, dementia awareness, Mental Capacity Act and PROACT SCIP training; which provides staff with a positive range of options for crisis intervention and prevention when supporting people who occasionally displayed behaviour that staff or other people may find distressing.

Staff were offered training in a variety of formats to meet their individual learning styles and subject matter. These included practical face to face workshops and individualised e-learning. Staff told us they were happy with the training they received. A staff member said, "The training we get is 'on point', if we have any questions about what we are learning, the trainers are always available to discuss it with us." Another staff member told us, "We have loads of training and sometimes there can be too much, as we get texts to remind us when we need to update out of date training."

The service offered free training to the families of people who use the service. This helped to support consistency of approaches; to enable people to remain living at home and for them and their families to be safe. A family member told us, "It's great that they offer training to us family members too."

People were supported by staff who had received a robust induction into their role. All new staff were provided with a detailed induction checklist and workbook, which outlined the expectations of the induction and their role. Staff completed mandatory training and 'shadow shifts' with experienced staff before being allowed to work unsupervised. Staff new to care were also required to complete the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

Staff had regular supervisions both on a one to one basis with a more senior member of staff and as part of team meetings. Supervisions provided an opportunity for the management team to meet with staff, feedback on their performance, identify any concerns, offer support and assurances, and identify learning

opportunities to help them develop. Two supervision records were viewed which demonstrated that a clear and formalised structure was followed to allow concerns and ideas to be shared. Where concerns were raised during one to one supervisions, detailed information of how these issues were to be addressed was recorded. Staff who had been at the service for longer than 12 months also received an annual appraisal. Staff said they felt supported by the management team. One member of staff told us, "If I didn't know what to do or wanted advice, there is always someone on call and available to talk things through with."

Staff followed the principles 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. We found assessments of people's capacity had been completed, where needed. Records showed that where people lacked capacity, decisions made on their behalf were completed in their best interests and people who knew the person well had been involved in making these decisions, such as professionals and family members.

People's families told us that staff sought their relative's consent before providing care or support. Consent forms in place were accessible in picture and written format to support people to make informed choices about their care.

Where people required support with their nutrition and hydration, this was well detailed in their care plans and supported by clear and robust risk assessments where required. Staff were also aware of people's special dietary requirements; like and dislikes and encouraged people to maintain a healthy, balanced diet, based on their individual needs. Within Willow Village (supported living setting) and when people went out in the community, staff sat and ate with people to demonstrate equality and help provide people with a calm and relaxed atmosphere. All staff had received food hygiene training to ensure that food was prepared appropriately.

Technology was used proactively to support people's safety and communication needs and to ensure management processes were completed effectively. For example, one person had a pendant in place which automatically alerted staff if they were experiencing seizure activity when out in the community. This allowed staff to respond to the person's need for assistance in a timely way, and also provided the person with increased freedom and independence. Another person liked their own space, however due to their seizure activity they required some monitoring support. To overcome this, a telecommunication system was used to allow this person to be monitored from a distance. Electronic devices were also used to aid effective communication with people who were unable to communicate verbally.

Some people who used the service had complex health needs and life limiting conditions. Information in relation to people's health needs and how these should be managed was clearly documented within people's care plans. For example, we looked at a care plan for a person who had severe epilepsy; the care plan provided staff with detailed information in relation to pre- seizure signs; types of seizures and actions for staff to take. Clear records were kept of any visits or correspondence with healthcare professionals, which documented the reasons for the visit; the actions and the outcome. This helped to ensure that medical advice was followed.

The 'Red Bag Pathway' was used to help ensure that people received consistent support when they moved between services. The Red Bag Pathway helps ensure that all standardised paperwork, medication and personal belongings are kept together throughout a person's hospital stay and is returned home with them. The standardised paperwork ensured that everyone involved in the person's care had the necessary

information about their general health, current concerns, social information, abilities and level of assistance required. This allowed person centred care to be provided consistently.

Good

Is the service caring?

Our findings

Family members and professionals praised the caring nature of the management team and the staff; describing them as kind, caring and supportive. A family member said, "Staff are always positive, professional and above all they genuinely care about [my relative's] welfare." Another family member told us, "I'm really pleased with the service, they go above and beyond and are really good with [my relative]." A third family member said, "I find all the team friendly, presentable, outgoing and caring; I know [my relative] loves spending time with them."

The management team and staff worked tirelessly to ensure that people's choices and wishes were respected. A family member said, "[My relative] can choose what he wants to do and staff support him to make choices every day and involve him in his life." A staff member was able to describe how they offered choice to one person they supported. This staff member told us, "[Person] is offered choice; they do struggle with making choices so we only offer two at a time. [Person] will indicate what they want by touching; if they show any distress we will leave for a while then try again." During a home visit, we heard a staff member say to a person, "[Person's name] do you want this? There we go, is that nice?" This person was also observed being able to move around and choose what they wanted to do." Another staff member said, "It's their service so they have choice about who supports them, it's what is right for them that matters." Where people verbally declined or indicated through behaviours or body language that they did not want to do something, this was respected by staff and clearly recorded within the person's daily care records.

Potential barriers to communication were addressed through staff's in depth understanding of people's unique communication styles, which were detailed in people's care records. People were listened to by staff, who gave them the time they needed to communicate their views and wishes. One care plan stated; '[Person] can communicate verbally but it can take time for [person] to express what he wants to. [Person's] vocal expressions can appear to be drawn out; staff should give him time to process information and then to articulate his wants and needs.' In addition to how people verbally communicated, information was provided to support staff to interpret the needs and behaviours of people who had limited or impaired ability to communicate. This included describing people's body language and signs to look for in relation to changing moods and behaviours. This information provided staff with increased awareness of the person, to allow risks to be prevented and managed more effectively, and to enable people to make informed choices. A staff member said, "You have to get to know people really well and learn their communication needs, so you can help them make choices."

People's privacy and dignity was respected by staff. People's care plans contained information as to how people's privacy and dignity should be maintained by staff. A comment in one person's care plan stated; 'staff to gently knock on [person's] door' and also commented on how staff could help ensure people's privacy was maintained while they used the bathroom. A person told us, "They respect me the same way that I respect them."

Information regarding confidentiality formed a key part of staff induction training. Confidential information, such as care records, was kept securely within the office and electronically, and could only accessed by staff

authorised to view it. Staff use their own mobile phones to securely access the electronic care record system and had their own unique log in. The management team completed spot checks on staff mobile phones to check that all the security safeguards are set up correctly.

Outstanding ☆

Is the service responsive?

Our findings

The attitude and knowledge of staff and management clearly had a positive impact on people and their families. This was evident in the feedback received from people's family members and professionals. A family member said, "From our very first contact, [name of registered manager] and her team have been an invaluable support to our family." This family member also described the positive impact that the support from the staff has had on their relative's mood, behaviours and confidence. They attributed this to "the registered manager and her team's unwavering commitment." Another comment from a family member was, "I cannot express how much of a positive impact their [staff] input has had." Written feedback to the service received from a family member described how one staff member alleviated a person's worries and concerns by getting off public transport early and 'without hesitation', when the person became anxious about getting to their home alone. A social care professional said, "What I have heard is praise for the staff and how they help the family; they 'go over and above'. An example of this is one staff member who helped a family member book tickets for [the person] to a theme park, as they were not confident with computers and also advised the family member about free fast track (using a DLA letter). They pointed them in the right direction for getting a disabled toilet key." A staff member told us, "I love working here, staff really care; I love making a difference."

There was a genuine person-centred culture, where staff displayed empathy and worked with people and their family members to understand how best to support them. People were put at the centre of everything staff did, to help ensure their needs, wishes and hopes were understood and to help them to live fulfilled lives. One family member said, "Staff use their skills and strategies to work with [my relative]. They really know what they are doing and come up with new ideas to help [my relative] learn new skills and experience new things." Another said, "The service has set up a visual schedule using pictures and symbols for [my relative] to follow and this has really helped him. He also has a daily one, so he doesn't get overwhelmed with too much information." A third family member described the staff team as a, "rock of support" to their relative and gave them the understanding they needed to, "begin to thrive." They added, "Despite several incidents of behaviour, I never felt judged or that this was held against [person]. It was always dealt with appropriately and never left [my relative] feeling like he had been naughty." A health care professional said, "I feel that the service has worked well with a very complex and at times challenging person and are achieving positive outcomes."

The management team and staff had developed exceptionally positive and supportive relationships with family members. Training and guidance for families was provided free of charge to assist with their understanding and to support their relative to have continuity of care. People were provided with core staff teams to help provide them with continuity of care and develop trusting relationships. A family member told us, "We always know which staff member is coming and they make sure it is staff that know [my relative]." Another family member said, "Before the service started working with [my relative], they sent profiles of the staff that fitted with what we had asked for." The registered manager told us that, "Core teams of staff have been essential in building positive rapports with individuals and often their extended support networks. With trust, consistency and being person led, this has assisted in supporting many individuals to display behavioural anxieties less frequently and being able to access the community and the things they want to

achieve without restriction." For example, one person supported by the service had a history of displaying sexualised behaviours and aggression when in the community. The continuity of care, support and guidance provided by staff and the trusting relationships that had been developed, resulted in a reduction of care support being required. Over a one-year period, the person's care support hours were reduced from 90 hours per week to 20 hours per week. This reduction in hours had resulted in increased independence and freedom to the person, allowing them to live a more fulfilled life without restrictions. Where a person wished to amend a core team, this was immediately accepted and the service worked hard to ensure that the person was supported to choose another staff member with the right experience and training to support them effectively.

The service went above and beyond to support families and people when in crisis. This was done by providing 'on-call' assistance for families and people to contact in an emergency. The registered manager told us of three occasions when this was used within the past 12 months. These included; supporting a person in an emergency situation who was living in a supported living complex run by another provider; providing emergency support to a person and their family when a person went into crisis and supporting a family out of hours to prevent police involvement.

Staff ensured care plans contained person-centred information, and focused on people's individual needs and how these could be met. Each person had a section within their care plan which detailed what was important to them and how they wanted to be supported. The service ensured that people's wishes and preferences were clearly documented, to ensure that the support provided was person centred and person led. Where individuals wanted to and were able to, they were encouraged to write parts of the care plan specifically around their choices and planning of support. A family member said, "Staff seem passionate about supporting the person to achieve."

It was clear staff and management understood the importance of maximising opportunities for people, to enable them to take part in new experiences. People were given the opportunity to build relationships with their core team and work towards goals. For example, one person had a fear of swimming and staff had worked with them over a period of time to slowly build the person's confidence and swimming ability. We were told they now love swimming and enjoy getting out in the community more. Another person who had high anxiety and had body dysmorphic disorder, was unable to use public toilets due to anxieties, which therefore prevented the person from going out. We were advised this person recently went out in the community with their support staff and was able to use a public toilet due to the trust they had built up with their core staff team. Another person had recently been on holiday, despite been very anxious about going away. Staff worked with them over time, talking to them about what they might see and do. A professional told us, "It was apparent that there are clear improvements for the adult they have been supporting for a number of years. He has just been on his first holiday, as previously he would decline due to anxieties about leaving his home and possessions. However, they have worked with him regarding this and delivered a consistent staff team to enable him to develop his confidence."

People using the service were given the opportunity to engage in new learning and development, as the service had registered as an education provider. This had resulted in people being supported to undertake courses that would provide them with a qualification.

Activities were offered as a result of consultation with people and their relatives about their interests. There was a variety of group activities available and people had ample opportunities to participate in activities that were of particulate interest to them. A family member said, "There's nothing that staff won't support [my relative] with." The service provided a weekly disco which is inclusive to all individuals in the community who wished to access this. The registered manager said, "This has become a real social hub for individuals

and many people from the outreach, the local area, families and homes use this." Ryde House Outreach also provided a staffed IT club once a week for young people to access.

The service worked with the PRIDE event in 2018 to raise awareness of equality and diversity within the learning disability community. All staff were expected to complete training in equality and diversity to ensure that there is a culture of inclusion and empowerment for people to be themselves. Staff supported people to follow their specific cultural or religious beliefs where required.

The provider had a complaints policy and procedure in place. As with all other documentation we looked at, the complaints procedure was also displayed in an easy read and picture format. A family member said, "When there have been things that have gone wrong or things that I haven't been happy with, the registered manager and her team are always keen to help and solve any issues as quickly as possible." Complaints received by the service were fully investigated and appropriate actions were taken when required.

At the time of the inspection, no one using the service were receiving end of life care, however some people had life limiting conditions. The registered manager worked closely with the local hospice, healthcare professionals and family members to help ensure that people's needs could be met and receive appropriate support at the end of their lives.

Outstanding ☆

Is the service well-led?

Our findings

We were informed by family members, staff and professionals that the service was exceptionally well led. They told us this was due to the management who had clear objectives and were committed to providing person-centred care and demonstrating these leadership values to staff. We were told by the registered manager that the aim of the service was to support people to be independent and to lead a full and active life, whilst being in full control of their daily choices. Comments from family members and staff included; "The management team are incredible, they want to help and really care"; "[Registered manager] is the best manager I've ever worked for"; "I was shocked at how good the service was, I really feel this service is the best in the area"; "[Registered manager] is brilliant, she goes above and beyond"; "I can't fault the service or support; I have a good and honest relationship with the registered manager" and "I would give them 10 out of 10 for service."

A registered manager was in post. 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. There was a clear management structure in place, which consisted of the chief executive officer (CEO) who was the provider's representative, the registered manager, the co-ordinators and senior care staff. Staff were confident in their role and understood the part each person played in delivering the provider's vision of high quality care. The provider was fully engaged in running the service through the CEO and their vision and values were built around providing dynamic support to people with learning and physical disabilities, by promoting their personal growth, independence and enhancing their wellbeing.

There was a strong emphasis on continually striving to improve the service. The registered manager regularly met with the CEO for supervision and to discuss the current issues of the service and future planning. This also provided the opportunity to enhance and drive forward a culture where choice, promotion of independence and community inclusion; were at the centre of people's day to day support. Managers' meetings reviewed the quality of the service and considered what could be improved upon. In addition, the registered manager had shadowed a local service rated 'outstanding', to observe good leadership practices and to help further improve the quality of the care provided. The registered manager was a member of the quality oversight group for the company, which helped them to utilise good practices across the company and share this where relevant. They were also the deputy officer for the learning disability sector of the Isle of Wight care partnership, which provided a network to share good practice; support effective joint working with professionals and remain up to date on best practice guidance.

Staff felt well supported and valued by the management team. They were confident in the management team's abilities and felt that their views would be listened to and actions taken where required. One staff member said that the registered manager, "is very knowledgeable and is supportive. She gets to know the people we support so that she can guide us." Another staff member told us, "They [the management team] are always there." A third staff member said, "The manager is so supportive and she has made really positive changes since she has been here. She has pushed me to do more training and develop my skills further. I

find this a great company to work for as we are listened to and supported so we are happy. If we feel happy and supported then the people using our service feel happy." The service had an 'outreach employee of the month' scheme in place, which demonstrated that staff were valued. Staff could vote for a colleague due to something positive they had done to support a person or other staff member, and the the winner received a gift voucher. The registered manager said that staff were awarded with this as "recognition of hard work or exceptional practice they have completed." Staff also had access to a company counsellor and were supported to access this if required. A dedicated employee intranet website was available to staff to provide them with important information about changes to the organisation and advice around where to get particular personal support. This also provided staff with useful information and guidance to promote staff wellbeing and safety.

The provider engaged people, their families, professionals and staff in the running of the service and invited feedback through informal chats, regular meetings and specific focus groups. Staff were also encouraged to regularly feedback via a staff online portal about the service delivery, and share ideas and suggestions on how the service could be improved. Quality assurance questionnaires were sent to people, their families, staff and professionals annually. Feedback gathered was formulated by an external representative who created an anonymous report, and shared this with the CEO and management team. The feedback also generated qualitative and quantitative data to support the registered manager and staff to ensure improvements could be made.

The provision of a personalised approach to care and the quality of the care and support provided was continually monitored through quality assurance procedures, which included; daily recording audits, medicine audits, care records audits and analysing complaints, accidents and incidents. Furthermore, safeguarding concerns were reviewed for trends, to ensure that there were not repeated failings within the care and support being delivered. The registered manager completed spot check supervisions on a monthly basis to observe that staff were supporting people appropriately and as identified within their care plan. Six monthly peer audits were completed for each area of the service, which involved another manager in the company auditing the service and providing feedback for on-going learning and development. The CEO carried out three audits per year of the service, produced feedback of their findings and developed an action plan which they monitored for development.

The service took a key role in the local community and were actively involved in building further links. The registered manager told us, "The service has started to expand their assistance and support beyond the services that we deliver, as being caring isn't about supporting one person, it's about an ethos and encouraging and embracing a caring and proactive approach for everyone." Ryde House Outreach service supported a scheme run by the local hospice, which provided an entertainment event for young adults living in the community with complex needs and life limiting conditions. The service also undertook fundraising events for the local hospice. The service offered autism training to the police and other public sector employees, who may come in to contact with people with additional needs.

Ryde House Outreach Service had up to date and appropriate policies in place to aid with the running of the service. For example, there was a whistle-blowing policy in place which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. A duty of candour policy was in place; this required staff to act in an open and transparent way when accidents occurred. The registered manager understood their responsibilities and was aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration. The rating from the previous inspection report was displayed prominently in the service and on the provider's website.