

Guinness Care and Support Limited

Guinness Supported Living Devon

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?

Good 

Summary of findings

Overall summary

About the service

Guinness Supported Living Devon is a supported living service providing personal care to 45 people at the time of the inspection. People lived in shared houses in towns across Devon. The service supports adults with learning disabilities, physical and sensory disabilities and mental illness. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Most of the people who used Guinness Supported Living Devon had, until a few years ago, lived in residential care homes. Since moving into supported living settings their lives have been enriched in many ways. Since the last inspection staff have supported people to learn new skills, become more independent, and, where possible, work towards moving into their own individual accommodation. People had become more integrated into their local communities, with some having jobs or voluntary work, and others were involved in local projects. People had gained confidence and greater control over their lives. People were supported to lead fulfilling and active lives.

Staff were exceptionally caring and responsive to each person's needs and wishes. They demonstrated empathy and sensitivity and were passionate about helping people achieve positive changes in their lives. A member of staff said, "I am passionate about my job. I like things done right. It is about them first and foremost". Staff demonstrated understanding and respect for each person. People were supported to maintain and develop friendships and relationships. A person told us, "They give me space and allow me to

lead my life as I want". They went on to say, "The staff are lovely here. They are always lovely here."

People told us they felt safe. They were supported by staff who had been carefully recruited, well trained and well supported. Staff knew people well and understood the risks to people's health and safety and how to help them stay safe. People received support tailored to their individual needs to help them manage their medicines safely. There were sufficient staff to enable people to receive individual support at times to suit them.

The service was effective in meeting people's needs. Care needs were carefully assessed, and support plans drawn up to ensure staff understood all aspects of each person's needs and how they wanted to be supported. Staff understood people's dietary needs. People planned the meals they wanted and were supported to shop for ingredients and prepare meals. People enjoyed a varied and healthy range of meals.

The service was well-led. People and staff were involved and consulted, and their views were listened to and acted upon. Staff told us they felt valued. The provider had systems in place to continuously review and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Report published 25 April 2017)

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Guinness Supported Living Devon

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector

Service and service type

This service provides care and support to people living in 'supported living' setting[s], so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

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

What we did before the inspection

Before the inspection we looked at the information we received since the last inspection. This included notifications from the provider about incidents and accidents. We also looked at any information we had received from people who use the service, relatives and staff.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We visited five shared houses accompanied by the registered manager. We met a group of people who were working on a gardening project. In these locations we met 20 people who received support from the service. We also spoke with ten staff and one relative. During the inspection we also met with the Nominated Individual and spoke with a trainer on the telephone. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included staff rotas, four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including audits and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us they would speak out if they saw or heard any form of abuse and knew who to tell. They also said they would notice if other people who used the service were upset, including those people who were unable to speak out for themselves, and would be confident to speak out on their behalf.
- A relative told us, "I have never worried about what is going on here". Their family member had no verbal communication skills, but the relative said, "Staff understand him. They are excellent. He would let you know if he didn't want to do something. They are absolutely marvellous with them all".
- All new members of staff received safeguarding training at the start of their employment, and regular updates. Staff told us they were confident they knew how to recognise abuse and report it. Safeguarding was regularly covered in supervision sessions.
- There were robust procedures in place to reduce the risk of financial abuse. Detailed records were maintained of all financial transactions carried out on behalf of those people who needed support to manage cash for their day to day needs.
- Where safeguarding concerns had arisen the provider and registered manager had worked closely with the local authority safeguarding team to ensure concerns were investigated carefully and thoroughly. Actions were taken when necessary to prevent recurrence.

Assessing risk, safety monitoring and management

- The provider told us in their PIR - "We don't restrict customers from taking risks and through individual care planning promote their choices and support customers to feel safe".
- Robust risk assessments had been carried out on all anticipated risks and these were reviewed regularly. Support plans set out any preventative measures necessary. Where risks were identified the provider looked at the actions that were needed to support the person and staff to stay safe. This including providing additional training for staff on specific risks.

Staffing and recruitment

- The provider took care when recruiting new staff to ensure the applicants were entirely suitable for the job. Satisfactory references were obtained, Disclosure and Barring Service checks were carried out to ensure people did not have a criminal record that meant they were unsuitable for the job. Interviews were held before applicants were offered a job.
- There were sufficient staff to meet people's support needs. Staff were flexible and willing to work when people wanted their support. For example, if people wanted to go out for the evening and needed individual support from staff this could be organised with sufficient notice. A person told us about their one-to-one hours and said "I always get these. If I don't feel well the staff will change the hours to suit me".

- The number of permanently employed staff was increasing and the number of agency staff covering vacant shifts was decreasing. Where the service had insufficient permanent staff available to fill shifts they aimed to use only agency staff who were already known to people who used the service.
- People were encouraged and supported to participate fully in the recruitment of new staff. In one shared house the provider was in the process of recruiting new staff. A member of staff told us people had said they wanted to help with staff recruitment. They told us people enjoyed meeting new staff and chatting to them, and their views on the applicants would be listened to and taken into consideration.
- The registered manager understood the importance of a consistent staff team who knew people well and understood their needs and risks. They were aiming to achieve greater consistency through improved recruitment procedures. They took care to ensure applicants fully understood the work they would be expected to carry out before being offered a job.

Using medicines safely

- People held their medicines in a secure cabinet in their rooms. Staff supported people with their medicines according to each person's individual needs. People were supported and enabled to take as much control over their medicines as possible. A member of staff told us, "Every person is different in the way they take their medicines".
- All staff received training in medicine administration. They were not allowed to administer medicines until their competence was checked and they were confident they could carry out the task safely.
- Records of medicines administered were accurate. The amount of each medicine held was counted and recorded after administration to give a running balance. There were regular audits carried out to ensure stocks held were correct. This enabled senior staff to identify any errors quickly and ensure appropriate actions were taken.

Preventing and controlling infection

- People were supported to live in clean and hygienic surroundings. All staff received training on infection control.
- An infection control policy was in place. Cleaning routines were followed.
- Equipment including protective gloves and aprons was provided to reduce the risk of cross infection.

Learning lessons when things go wrong

- Staff told us they were confident they could speak up and admit if mistakes had been made. They knew issues would be investigated and actions taken to prevent problems occurring again. A member of staff said, "Staff feel they can reflect and learn from issues. Staff no longer feel they will be pounced on if they make the wrong decisions".
- The provider had learnt from problems in the past and taken positive actions to ensure people had the right level of support at all times.
- The provider told us in their PIR, "We have a critical incident process whereby any incidents that are identified as a critical incident including safeguarding concerns, are escalated up through from the manager to the director. This ensures that we are looking at our governance and looking at any trends across services so that plans can be put in place to learn from these".

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed carefully before they started to receive a service. Information was gathered from the person and other people important in their lives to find out as much as possible about them and to agree the support they needed.
- Support plans were drawn up and agreed with people. They were reviewed regularly to make sure they accurately reflected the person's needs and wishes. For example, a person who had previously lived in a secure environment was referred to the service. Staff had sought guidance from specialist health professionals to help them develop effective strategies to support the person. This support had helped the person to make significant positive changes in their life. The person said they could not have done this without the support of staff.
- People received care and support that fully met their needs and was in line with current good practice. People were supported to gain confidence, develop new skills, and achieve as much independence as possible. Staff recognised people's potential and understood the things people enjoyed and wanted to do.

Staff support: induction, training, skills and experience

- People, relatives and staff told us the staff were well trained. For example, a person said, "Yes they are very well trained". A member of staff said, "The training is excellent. All of it. You get your refreshers, which is good. It's spot-on. I think it's really good."
- Staff received a thorough induction programme at the start of their employment. The induction lasted for seven days and was classroom-based with a trainer. New staff also spent time working alongside an experienced member of staff until they were confident and competent to work on their own with people.
- New staff were expected to gain a nationally recognised qualification known as the Care Certificate within the first few weeks of their employment. A member of staff told us, "Doing the Care Certificate was absolutely brilliant – we were given two solid weeks to do this. We go through absolutely everything - classroom and then practical. It was quite hard".
- A high ratio of staff held nationally recognised qualifications relevant to their jobs. A member of staff told us, "I am doing a level two diploma. I got 'learner of the month'. I think the supervisions helped with that. It has helped me understand where my strengths are".
- All staff were expected to complete regular updated training on topics the provider had identified as essential. This included manual handling, infection control, equality and diversity and safeguarding. Staff were also given training related to people's health and support needs such as dementia, epilepsy awareness, autism and dysphagia. Where people had specific health or support needs staff were given training relevant to the person.
- A trainer told us, "Guinness are constantly evolving and improving the training". They gave examples of

bespoke training for groups of staff such as supporting people with mental health. They explained how staff had implemented the training and said this had given, "Amazing results. Staff have tried the suggestions made by professionals and analysed the results. Lots of small improvements but these amount to big things".

- Staff told us they were well supported. They received regular one-to-one supervision with their line manager and an annual appraisal. Regular staff meetings were held. Comments from staff included, "[Senior carer] has been brilliant. [Team manager] has been very good too - they do listen to you. I have regular one-to-one supervision".

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

- People were able to choose the foods they wanted to eat. Staff knew the foods people liked and disliked. People's dietary needs were set out in their support plan.

- In each shared house people had agreed how they wanted to plan their weekly menus. For example, in one shared house people wanted to be independent with their meals. Some people were able to make their own meals while others needed some support from staff. Meals were discussed at house meetings. People drew up shopping lists and staff supported people to buy the ingredients they needed. People told us they enjoyed their meals.

- Staff supported people to eat a varied and healthy range of foods. Where people's weight had been identified as a concern, staff gave encouragement and advice to help people to adapt their eating patterns to help them maintain a healthy weight. For example, one person was overweight and suffered health problems as a result. With support from staff the person lost a significant amount of weight which had a big positive effect on their health, happiness and self-confidence.

Staff working with other agencies to provide consistent, effective, timely care

- Staff sought advice and guidance from other agencies and professionals to ensure people received the best possible care and support. Where people were experiencing problems that could be overcome with the right support, staff worked with them and with professionals to gain positive outcomes. For example, staff worked with mental health professionals to put in place strategies to support a person during specific periods when the person became upset. This resulted in a positive outcome for the person.

Adapting service, design, decoration to meet people's needs

- People were supported to adapt their accommodation to suit their individual needs. For example, a person who used a wheelchair to move around had a very low bed which enabled them to get in and out of bed independently. Their sink had also been lowered so they could access it independently from the floor.

- The service worked with the housing provider to ensure people lived in accommodation that was well maintained and suited to their individual needs. One house was in the process of significant refurbishment at the time of this inspection, including the installation of a new bathroom equipped to meet the needs of people with limited mobility. There were plans for improvements to be made to other houses in the future.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services promptly when needed. People attended appointments with support from staff if needed and staff requested home visits by health professionals where necessary. For example, a person had experienced some falls recently. Staff requested the doctor visit the person. They also requested an occupational therapist visit to assess their walking and consider further aids or equipment that may help prevent further falls.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of

people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- At the time of this inspection there were no people whose liberty had been deprived and no applications to the Court of Protection had been made. However, where people had been unable to make important decisions the service had ensured any decisions reached were entirely in their best interest. Relatives and professionals involved in the person's care were consulted and involved in any decisions. For example, when a person needed essential dental treatment the service worked with the person, their family, and health professionals to reach an agreement about the treatment they needed and the most suitable way of carrying out the treatment.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People received support from staff who were exceptionally caring. Staff demonstrated empathy and sensitivity to people's feelings and wishes.
- Staff understood each person's abilities and interests and were passionate about helping people achieve positive changes in their lives. A member of staff said, "I am passionate about my job. I like things done right. It is about them first and foremost". Other staff comments included, "I just love doing this" and "All of the staff are really caring. We all have (people's) best interests at heart." Where staff supported people to gain new social skills and lead more active lives, this in turn had many positive health benefits to people. People became calmer and happier, and gained self-confidence. Where people had previously displayed anxieties and anger that may have caused upset to other people around them, these incidents had decreased significantly.
- Staff demonstrated exceptional understanding and respect for each person. Where people were unable to express themselves verbally, staff took great care to help people speak out in other ways. For example, staff knew that a person who was blind, unable to speak, and had physical disabilities loved going out, listening to music, and socialising. We saw photographs and heard about events they had attended such as dances, historic vehicle gatherings, and music concerts. They had made new friends at these events, and these friends took care to include them and welcome them. Staff had supported the person to achieve new challenges, including a sponsored tricycle ride around Exeter's Roman city wall. They raised a significant amount of money for a local charity. At the ceremony to hand the money over to the charity they met an internationally famous personality. Photographs of this and other events showed the happiness on the person's face.
- A member of staff expressed great pride and admiration for the people they supported. They told us, "It is great working and supporting four ladies that genuinely get on well together". They described how the people in the shared house they worked in wanted to spend time with each other, for example playing musical instruments, going out, or participating in activities such as cooking. Staff had helped two people with visual impairments purchase footballs with bells, and they loved to go to a nearby football pitch to play football with staff. One person liked to make sure everyone was cared for and loved to prepare the tea table for everyone. People shared in household tasks, and each person's strengths and abilities were recognised and encouraged in these tasks. The member of staff gave an example of how one person expressed themselves, saying, "She loves the feeling of being in control of an idea".
- Staff knew that a person with visual impairment loved listening to music. They helped the person organise their record collection by putting them into categories to suit the person's different moods. The categories were labelled to enable staff to easily find the music or stories the person would prefer. The person had

recently bought a Bluetooth speaker which was placed inside a cuddly rabbit. The person was able to listen to their favourite stories quietly in bed while they cuddled the rabbit. Staff had found the person really enjoyed this.

- People were supported to lead active lives within the community. Where people were able to go out independently this was encouraged and supported by staff. On the rare occasions when people were the victims of unprovoked abuse from other people in the community, staff used exceptional compassion and sensitivity to support people and help them regain their confidence and independence. This included working with the police and other professionals, friends and families to make sure abusers were dealt with appropriately through the courts. We heard how one person had overcome huge challenges following an attack to regain confidence and to gain voluntary work doing a job they loved.
- Staff received training on equality and diversity. People and staff were respected by the service as valued individuals regardless of their backgrounds, beliefs or disabilities.
- Staff ensured people had privacy to pursue personal and sexual relationships whilst offering support and advice. Where people had same-sex loving relationships staff supported them and ensured their rights to privacy and respect were upheld. People expressed pride and happiness about their relationships. For example, a person told us about their relationship with another person who used the service. They told us the staff team supported them in their relationship, and said, "They give me space and allow me to lead my life as I want". They went on to say, "The staff are lovely here. They are always lovely here." We also met two people who were clearly very much in love who proudly announced, "We are engaged!" They were surrounded by people and staff who shared in their happiness.

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

- People were supported to make decisions about all aspects of their lives. Staff listened, and helped people find solutions to problems or challenges. For example, a person who often became upset or angry was supported to gain increased funding for one-to-one staff hours. This enabled staff to spend time with the person. Staff offered 'pamper' sessions which gave the person an opportunity to talk things over in a calm and safe way.

Respecting and promoting people's privacy, dignity and independence

- People were supported to gain greater independence. Staff helped people identify their aims and ambitions and identify the steps needed to achieve these. For example, a person who used a wheelchair wanted to work towards living in their own flat or house. The person showed us how they could do many things for themselves, such as boiling an egg for their lunch. The registered manager told us they were considering installing new kitchen facilities that would give the person, and others who shared the house, even greater independence. They were also planning to speak with housing providers to ensure any accommodation the person moves into in the future has similar adaptations to ensure the person is able to maintain their independence.
- A member of staff explained how staff supported people to be as independent as possible and said, "There is nothing so rewarding as seeing someone cook a meal when they wouldn't have done that before".
- Staff understood how to support people in a respectful and dignified manner. For example, staff recognised the things that may cause a person anxiety and knew this caused the person to sweat a lot. They gently prompted the person to take a shower regularly when this happened.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were supported to make choices about every aspect of their daily lives. A member of staff said, "It's down to people here to choose what they want. Staff are here to help and support. It's rewarding". A person told us about the things they liked doing such as singing, dancing and going to the pub. They told us about the choices they made about their daily routines. They liked all the staff and said, "We have a laugh in the mornings, don't we?"
- Staff recognised people's capabilities and gave us examples of how they supported and encouraged people to gain independence and learn new skills. For example, a person with health problems that affected their mobility had lost their independence. Staff helped the person obtain a Motability vehicle, working with the Court of Protection to agree funding. Staff carried out research and supported the person to test some vehicles and choose the one they wanted, including the colour. Staff worked closely with a local garage to make sure the vehicle had the adaptations the person needed. The vehicle had made a huge positive difference to the person. Staff were able to take the person out when they wanted. They attended a local day centre, weekly swimming classes, shopping trips out, attended hospital appointments, and visited a relative in Bristol. The person had become much happier and gained confidence and social skills as a result of their new-found independence
- Each person led active and fulfilling lives. They were supported by staff who knew them well and understood the things they wanted to do. Staff understood the things that mattered to people, their likes and dislikes, and the things that made them happy. For example, a person who was unable to communicate verbally showed us their room. Staff knew the person loved their room and they had helped the person choose new decorations and furnishings. When the room was finished staff organised an 'opening ceremony' with a ribbon on the door for the person to cut. We saw photographs of the person smiling with joy and amazement when they saw the finished room.
- A person wanted to make changes to their lifestyle, and staff worked alongside them to help them achieve this. They helped the person lose weight and as a result they gained health, happiness and the confidence to try new opportunities. They had achieved many goals since changing their lifestyle including getting a bicycle and going for cycle rides, going to a shooting range, volunteering at local equestrian show and numerous other outdoor activities. They regularly attended a gardening project in the grounds of a local agricultural college where they helped to maintain the grounds, grow vegetables and look after chickens and small animals. The person was very keen to show visitors the work that they did there. We also saw photographs of the person, supported by staff, completing a gruelling challenge run by the Royal Marines. The photographs clearly showed the person's pride in their achievement.
- We visited the gardening project that had been set up by the provider through negotiation with the local

agricultural college. We met a group of people who clearly loved working there. They enthusiastically showed us the vegetables they had grown, the animals they looked after, and talked about their plans to expand the gardening, the range of plants, and the new areas they were responsible for maintaining. The project gave people meaningful nature-based activities and created a sense of achievement, personal responsibility and self-confidence.

- People had learnt new skills and clearly loved being part of a successful and expanding enterprise. For example, one person's self-confidence had increased significantly by independently taking eggs to the college reception to be sold. People took vegetable orders and learnt to handle money confidently.
- People had also learnt to assess each other's strengths and supported those less able to be included in the task in hand. We saw a group of people tackling heavy gardening tasks that required strength and stamina. They all worked together, the stronger members of the group supporting those who were less strong. There was a sense of determination to get the job done, and a sense of fun and friendship.
- Staff understood that some people were much more capable and had greater understanding than they may have been given credit in the past. They had learnt to understand and listen to people, whatever the person's communication method may be. For example, a person with disabilities including blindness was supported by staff and other professionals to learn to swim. The staff worked with a physiotherapist to help the person gain confidence in the water, beginning with arm bands, until they were able to swim independently and unaided.
- People were involved and consulted in drawing up and reviewing their support plans. Support plans had been improved since the last inspection to ensure they provided good information about all aspects of each person's support needs and wishes. Staff told us they felt the support plans provide them with sufficient information about each person.
- Staff knew people well and were responsive to changes in their needs. For example, daily records showed a person sometimes refused lunch. Staff kept a daily log of the food the person ate to make sure they encouraged them to maintain a healthy diet. The person was weighed regularly, and their weight had been stable.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was given to people in formats they understood. For example, tenancy agreements had been drawn up in easy to read formats. Weekly menus were displayed in houses using picture formats.
- The registered manager told us they had recently obtained a 'widget' programme for their computers to help them further improve the accessibility of their information. However, they were aware that not every person understood documents produced using the 'widget' programme, so they were looking at other ways of improving documents to ensure they meet each person's individual communication needs.
- Staff explained how they understood and communicated with people, including those people who were unable to communicate verbally. A member of staff told us "Body language is crucial". They told us how they observed people's actions, and this helped them to understand people's choices, likes and dislikes. They said, "Staff help each other to understand". They gave examples of tools they used to help people express themselves, such as picture cards.

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

- A person with capacity to leave the service had sometimes stayed out overnight when they had become upset. It was the staff's natural instinct to worry about the person's safety initially, but through agreement

with the person and discussion with other professionals the staff developed strategies to support the person and help them stay safe. They developed positive links with the community, including people in shops, pubs and guest houses who came to know the person and cared about their safety and well-being. People in the community kept an eye out for the person when unaccompanied and contacted the service to let them know the person was safe. This gave the person the ability to access the community without staff and gave staff the re-assurance that the person was safe. Staff were always willing to provide transport to and from the community or accompany the person if the person wished. The person had freedom to develop their own friendships in the local community, with assurances of staff support if needed.

- Staff had focussed on people's interests and helped them find activities they enjoyed. For example, a person was supported to join a local women's football team. With staff support the person had been able to form new friendships and enter tournaments with some success. When there was a risk the person may not have been able to continue in the team staff worked with the person, and with organisers of the team to agree strategies to enable them to carry on. Staff stayed in the background ready to offer support if needed. This had made a significant positive impact on the person.

- A person who had previously lived in a large residential home had been supported by staff to become much more independent. The person was previously agoraphobic. Staff had gradually encouraged the person to go out, initially for short distances with staff. The person told us about the many things they now loved to do. They went out on their own walking and cycling, and they were thinking about doing a charity walk in the future. They loved gardening and had a job in a local garden centre. They were proud to show us their garden and the things they had planted. They had recently started to go out on deliveries with the garden centre staff.

- People were supported to follow their chosen faith and attend church services if they wished. For example, one person attended the local Methodist church on Sundays, and other church activities and groups during the week with staff. A member of staff told us "People in the church love her".

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they were confident they knew who to speak with.

- The provider told us in their PIR, "Concerns and complaints are taken seriously. We aim to address concerns immediately to rectify issues raised with the customer. Written complaints are managed through our formal procedures and we work hard to resolve these within 28 days. We learn from complaints and take actions to improve the service we provide". We were given examples of complaints and how the service had taken the matters seriously, investigated and made sure the matters were addressed.

End of life care and support

- There were no people close to the end of their lives at the time of this inspection.
- Staff had received training on end of life care and knew how to support people if they became seriously ill.
- People were given kind and compassionate support when people close to them died or were close to death. People were supported to visit relatives in hospital, and to attend funerals. Staff gave people reassurance and support. They let people talk and helped them understand it was 'ok' to be upset. People were given a booklet that was written for people with learning disabilities to help them understand the process of losing someone.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us the service was well-managed. A member of staff told us, "Over the last couple of years things have come together. We have made good progress. I feel quite confident with [registered manager] and [team manager]."
- Staff were positive about their jobs. Staff who had worked for the service for several years had seen significant improvements since the last inspection. A member of staff told us, "Guinness are a good organisation to work for. Any issues have been dealt with quickly. I feel staff are more valued now by Guinness. Staff are regularly praised for the work they are doing. Staff have a sense of pride. We get lots of feedback from head office. It feels much more personal". Further comments from staff included, "We are now on-track. I feel proud to work for Guinness especially with [registered manager] on board. People have built up trust" and "I enjoy it. Guinness is a good organisation to work for. I feel they value their staff. We get thanked, for instance, if we do extra shifts or extra tasks".
- The provider had recognised the importance of recruiting the right staff and retaining and supporting good staff. Staff morale had increased as a result. Staff had received pay rises in April of this year and a further one percent on their wages in June as a 'thank you'. New staff received £100 when they completed their probation. Staff told us they felt valued and rewarded. A member of staff told us, "We have had a couple of bonuses for staff. We are also given £30 at Christmas – we are having a nice Christmas meal". Another member of staff told us, "We have a good HR (human resources) team who are involved when they need to be".
- The provider told us in their PIR, "We celebrate and recognise good practice of individual staff members through a written letter of commendation and have recently started awarding these in team meetings. Guinness Care has a monthly 'Thank You Award' that carers can use to nominate their colleagues for going above and beyond".
- Staff were well supported, regularly supervised, and kept well informed of any changes in the organisation or their service. Team meetings were held regularly.

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

- The provider notified the Commission of all incidents and events that adversely affected the service or people who used the service. They worked with other agencies where necessary to ensure incidents were investigated, and actions taken to reduce the risk of recurrence. There were effective governance processes in place to ensure that significant issues were escalated up to the managing director. Issues and lessons

learnt were taken into consideration when the provider reviewed their policies and procedures.

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

- The registered manager was visible and accessible. They told us they made sure they knew every person. They wanted to be certain people knew they could approach them if they had any concerns. They shared the 'on call' service with other members of their management team to enable them to understand day to day problems within the service.
- There was a clear management structure and staff understood their roles and responsibilities.
- Regular internal audits were carried out by the provider's compliance team. These identified areas for improvement. The provider had a quality development plan in place covering all aspects of the service which set out how and when improvements would be carried out.

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

- People's views were sought through surveys, and through house meetings. The results of the surveys were analysed, and actions were taken where necessary to improve the service. People were given the results of the survey and information about the actions the provider was taking to address any issues raised.
- People were supported to participate fully in their local communities. People had developed friendships and become valued members of their community.
- Staff told us they felt the provider and senior management team kept them fully involved and consulted. They had regular team meetings. A member of staff told us, "Guinness are encouraging staff to think about ways of improving the service". The provider told us they planned to encourage staff to take part in the staff forum to ensure their opinions are shared and help to influence the Guinness Care strategy.

Continuous learning and improving care

- The provider recognised the importance of a well-trained staff team. Training for all staff was given a high priority. Staff were encouraged to become a Dementia Friend and Guinness provided group sessions to support this.
- The provider told us in their PIR, "Policies and procedures are regularly reviewed and updated by the research and policy manager in line with legislation. These are cascaded during team meetings. Operational Meetings are held monthly for managers, chaired by the nominated individual. This is an opportunity to share with managers from other services in Guinness, what is going well, what is not going well and what we are doing to improve. Updates in legislation are cascaded through Guinness Newsletters. Signing up to receive Email Alerts on updates in legislation and good practice guidance via the skills for care and CQC website. We also attend provider meetings where good practise is further shared. The Registered Manager ensures their own knowledge is up to date by reading numerous articles and speaking with other colleagues in the sector"

Working in partnership with others

- The service worked with a range of other organisations and professionals to ensure people received the care and support they needed. Professionals involved in people's care included physiotherapists, occupational therapists, social workers, the mental health team and doctors. District nurses carried out regular health reviews and gave advice on health care issues.
- A professional had praised the service following a review of two people's needs. They had commented, "I am struck by the dedication of staff and their focus on giving [people] as much control as possible over their day-to-day lives".