

Partners in Support Limited

Partners in Support

Inspection report

11 Meadway Court
Rutherford Close
Stevenage
Hertfordshire
SG1 2EF

Tel: 01438746243

Date of inspection visit:

31 January 2019

12 February 2019

22 March 2019

07 May 2019

Date of publication:

18 June 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: The service provided care and support to adults with learning disabilities or autistic spectrum disorder in their own homes. At the time of the inspection 14 people were being supported by the service.

Rating at last inspection: Outstanding (report published 24 April 2016)

At this inspection we found the service continued to improve and maintained their outstanding rating.

People's experience of using this service:

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

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Positive risk taking continued to be a focus of the organisation to enable people to live the life they wanted and be part of the community. People, where possible, were supported to understand the risk involved in any activities they were doing and how to stay safe.

There was a strong ethos of learning from when things went wrong. Lessons were learned across the organisation to understand what changes were required from a provider's point of view and staff's point of view. Changes were implemented effectively ensuring staff and management understood what the changes were and how their practices had to change to benefit people.

People, relatives and professionals were very complimentary about the positive outcomes people achieved. The registered manager had personal experience of a close family member living with a learning disability for whom the service was originally set up. This had enabled the provider to have an invaluable understanding of the quality of support they wanted to provide to people. The provider's systems and processes enabled staff to place the person in the centre of the support they received. People were supported to gain confidence and important life skills which helped build their independence.

The service was flexible and adaptable to each person's needs to ensure people reached their full potential and could live independently in their own homes. People and, where appropriate, their relatives appreciated that they were involved in recruiting the staff team to support them.

The provider had a well-developed management system in place with clear responsibilities for every member of their staff team. This ensured that communication was effective and the decision-making

process for any actions needed to improve the service were taken promptly.

Without exception, people and relatives praised the staff for their caring attitude and their commitment to support people to overcome barriers and live life to the full.

People's care plans were personalised and reflected people's voice about how they wanted staff to support them. There were regular meetings with people, relatives and professionals to ensure their care and support needs were reviewed and they were happy with the support they received.

Relatives told us the service exceeded their expectations in supporting people to achieve better outcomes which had not been possible where they had lived previously.

People took part in a range of personal development programmes. Individual programmes were designed to offer both familiar and new experiences to people, and the opportunity to develop new skills. People who used the service accessed a range of community facilities and completed activities within the service.

The provider's governance was well-embedded and there were effective assurance systems that ensured ongoing compliance. Since our last inspection the provider improved how they monitored the quality of the service, the risk management plans, training for staff and other areas of the service. They effectively measured the impact the changes had on the quality of the service delivered.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The registered manager had a clear vision and strong values about how people were supported, and this was echoed by all the staff we spoke with. Staff were proud to work for the provider and felt they were an active part of an organisation where they mattered, and their voice was heard.

The provider positively influenced the care and support people with a learning disability and autism received in the community by sharing their experience and best practice with other providers of similar services across the county.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains Outstanding.

Details are in our Safe findings below.

Outstanding 

Is the service effective?

The service remains Outstanding.

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service remains Outstanding.

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service remains Outstanding.

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service remains Outstanding.

Details are in our Well-Led findings below.

Outstanding 

Partners in Support

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector.

Service and service type: Partners in Support is a supported living service. It provides personal care and support to people who live in their own houses or flats. It provides a service to adults. At the time of our inspection 14 were using the service.

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 visit because we asked them to arrange for us to meet some of the people they supported and staff. We visited the office and met with people and staff on 31 January 2019. On 12 February 2019 we received feedback from relatives of people using the service and 22 March 2019 we requested more evidence from the provider.

What we did: Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local authority about their most recent inspection. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with five staff members, the compliance and training manager and the registered manager, who was also the provider. We spoke with four people using the service and observed how staff supported and communicated with 11 people who attended a small gathering organised by the provider on the day of the inspection. Following the inspection, two relatives and a social care professional

gave us feedback about the service.

We looked at two care plans and reviewed records relating to the management of the service.

Is the service safe?

Our findings

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

Staff continued to ensure people were at the centre of developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives.

Systems and processes

- Some people who used the service had high risk behaviours and this presented a threat to themselves and others. Staff had a unique approach in how they involved people in safeguarding and aimed to understand what this meant for people. Staff adapted their communication to people's needs and involved them fully in developing methods to keep them safe. For example, a person had been assessed being at high risk due to their behaviour. Staff made sure they explained to the person what risks were involved with their behaviours. The person was legally required to have staff with them at all times. During a review of the person's safeguarding plan, they asked staff to 'trust them' and to support them to have some time on their own, without supervision. Staff talked to them about the risks and benefits of this and they listened to the person's ideas of how this could be facilitated. Due to the person's circumstances the change to their support needed to be approved by a multi-disciplinary team and done in careful phased approach which was closely monitored. At the time of the inspection the person had time on their own every day as well as some weekly activities which were supported from a distance.

- Staff supported people to understand risks and how to keep safe while still living a full and active life. One person said, "I know how to keep safe. We discuss everything (with staff)." A relative said, "I feel the service is very safe and tailored to [person's] needs. They [staff] care for [person] whilst still allowing them to make decisions about their life where they can."

The provider ensured people had a voice in relation to Safeguarding and that systems were used to enable people and not to infringe on their rights.

- Systems designed to minimise the risks to people in relation to avoidable harm and abuse were in place. Staff were provided with training in safeguarding and they understood their roles and responsibilities, including how to report concerns. Where concerns had been identified the service had raised safeguarding referrals appropriately.

Staffing and recruitment

- People remained fully involved in recruiting the staff team to support them. Their involvement started from developing staff roles as well as advertising for vacancies. For some people this has included consenting to using their photographs as part of the job advert to find the right candidates. Once a potential candidate was identified, people had the opportunity to meet them, ask them any relevant questions and make the final decision about their employment.

- The registered manager recognised that people's involvement in decisions about staff supporting them was a continuous process and that relationships could change in time. They worked with people if difficulties occurred and occasionally staff members had to change if people no longer wanted them to continue. This empowered people to feel more in control of their own life's and the support they received. For example, a person was experiencing a number of difficulties and incidents with staff, rejecting staff and

placing themselves in dangers with members of the public when out in the community. The registered manager met with them to discuss how to resolve these difficulties, as the person was at risk of being re-admitted to hospital. A different approach was agreed where an on-call manager called the person daily to discuss the staff members available to work with them in the morning or afternoon. It was the person's choice to accept the staff, and if they did the expectation was that they would engage more effectively with them. This agreement started in January 2019 and incidents have decreased significantly. Having control over the staff supporting them had a positive impact on the person who started new activities in the community.

- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.
- In recognition of the importance of people being supported by staff they knew well the provider had developed a response team of staff who were prepared to cover for other staff's planned annual leave and were flexible to cover short notice absences. This meant that people were only supported by a team of staff who they knew well and trusted.

Assessing risk, safety monitoring and management

- The provider continued to develop their commitment to balancing risk and rights to ensure good outcomes for the people who used the service. People were involved in developing their risk assessments which were put together following a thorough assessment of the person, their wishes and the situation.
- Each person had a team of staff allocated to offer consistent support and care to them. This led to people and staff building trusting relationships and people were confident in sharing their concerns with staff. People using the service were given information in a way that they could understand to help them make decisions about risks. This had a positive impact on people who were enabled, not just to take part in activities which presented a level of risk, but also to take decisions with regard to their health and the treatment they needed. For example, a person took the decision to accept treatment and stay in hospital after staff helped them to understand what was happening and they could share their fear of being in hospital. This had been resolved by staff committing to stay with them in the hospital. The person's health improved significantly, and they could enjoy life again.
- Since our last inspection the provider employed a specialist consultant company who helped them develop their risk management strategies, risk assessments and ensured all safety measures were considered without infringing people's right to freedom and to live the life they wanted. For example, staff who supported people to go swimming had their competencies assessed to ensure they were able to keep people safe.
- We saw that, due to effective risk management and planning, people had been enabled to live full lives despite the significant potential risks and challenges they faced. People were supported to live as they wished to including attend family events, holidays, and to enjoy active lives in the community. People also saw significant improvement in their health and wellbeing. This was confirmed by their relatives in the numerous examples of positive feedback they sent to the provider about the care people received.

Learning lessons when things go wrong

- The culture of constantly improving through learning remained a strong feature within the service. Where any issues, trends and patterns were identified lessons were learned, not just by the staff team where it happened, but across all provider's services. For example, in the past there had been errors identified in medicine management. A new system was introduced and responsibilities for medicine management and accountability were shared across the management and staff.
- There were regular staff meetings and meetings with people using the service. Any incidents and accidents were discussed, and the registered manager ensured lessons were learned.

Using medicines safely

- Staff administering medicines were trained and had their competencies checked. Medicine administration records were signed and regular checks of people`s medicines were done by staff and management.

Preventing and controlling infection

- People were protected against infections.
- Staff were trained in infection prevention and control and had access to personal protective equipment like disposable gloves and aprons.

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

People's outcomes continued to be consistently better than expected compared to similar services. People and relative's feedback described it as exceptional and distinctive.

Staff skills, knowledge and experience

- Staff told us, and records confirmed that they received appropriate training and support to carry out their roles effectively. Staff had an in-depth knowledge about current good practice for supporting people with a learning disability and they used their skills to ensure people achieved positive outcomes.
- Partners in Support teamed up with two other providers in May 2018 and Hertfordshire County Council, to commission the Tizard Centre, University of Kent, to provide a train the trainer course for their managers in Person Centred Active Support (PCAS). PCAS aims to enhance the involvement of people in the day to day running of their life's, utilising every opportunity for people to be involved.
- Following their PCAS training staff adopted different approach when supporting people and encouraged them to take the lead in setting out their support needs. Because of this approach we found numerous examples where this had a positive impact on people`s well-being. For example, a person had been able to return to swimming which they were not able to do in a long time, another person was involved in the training of the staff in PEG feeding.
- Staff told us they learned from their PCAS training that every moment had potential and explained how the moment when a person helped to mix a cake was significant for that person when previously they chose not to engage with staff, often sitting on their own, refusing human contact. Staff also used music to help communicate what was happening and reduce people`s anxiety. For example, before going out in the car staff played 'I've been driving in my car', to help a person to understand what was happening next without staff having to actively place any demands on them.
- New staff members were required to complete an induction programme during which they received training relevant to their role and achieved a nationally recognised `Care Certificate`. They worked alongside other experienced colleagues until they were competent in their duties.
- Staff received regular supervision and support to carry out their roles effectively.

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

- People continued to benefit from well-coordinated partnership working between staff and health care professionals and their health improved as a result. The provider had worked hard to maintain and develop these relationships make sure people had access to health professionals to help them live a healthier life.
- Relatives told us they felt the care and support people received to maintain good health was outstanding. One relative said, "I was absolutely amazed, elated and so happy that Partners in Support managed to get [person's] blood. It has been almost 40 years of trying and the only way has been to give a great deal of sedation. The way the team plus the nurse worked together is incredible. Not only on the day but the weeks of support beforehand. I am still stunned at the dedication and commitment they all showed. They all went

above and beyond."

- Staff working at the service used their in-depth knowledge of people to promptly identify when people's needs changed and sought timely professional advice. People had an annual health check which included appointments to the optician, dentist and GP.
- Staff worked in partnership with health and social care organisations to make sure that people's individual needs were understood, and information was appropriately shared to ensure the care and support provided was effective and in people's best interest.

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.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions.
- People were supported to gain control over their life, take decisions affecting their life and, because of this, their quality of life improved. For example, a person had been assessed as lacking capacity to understand why they needed treatment. However, staff used their in-depth knowledge of the person to challenge this as they felt the person had capacity and it was how the information was presented to the person that prevented them from making decisions. Staff worked with the person using pictures of medical procedures, to enable the person to understand why the procedure was important and to support them to make the decision. The person consented to have this treatment. Their relative said, "The team have helped [Person] take a far greater control over their own life. By encouraging them to express feelings, emotions and desires, they've enabled them to communicate their wishes and therefore enabling them to control their own life to a much greater extent. The team have been outstanding at managing [person's] change of lifestyle brought about by the introduction of [medical procedure]."
- Staff consistently maximised people's ability to make and communicate their decisions by trying various communication avenues like pictures and by building up of a certain routine to enable people to communicate their decisions or consent.
- Staff sought people's consent before they delivered any aspects of care. People were continually offered choices and encouraged to express their wishes. For example, they had monthly meetings with the team of staff supporting them where they discussed any aspect of their care to ensure they were involved and in agreement.

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

- Some people who used the service had previously lived in institutions where they were not fully involved in their care. When they started using the service staff worked with them to develop their confidence, awareness and give them a voice so that they felt included in their care.
- People's choices were respected, and this made people feel valued, included and their self-esteem and confidence grow, and they achieved goals they were not able to achieve before. One relative said, "[Person's] team are amazing and do an absolutely brilliant job in ensuring that their life is as good as it could possibly be. They achieve this by really concentrating on [person's] care being person centred and respecting their choices. It's all about [Name of the person]. I do believe [person] has absolute faith and confidence in the team respecting their wishes." The relative detailed how this trust and respect enabled their loved one to achieve things in their life they had never done before like attending family events and being active part of their community.
- Care plans were comprehensive and clearly centred around people's needs. They incorporated specific

risk assessments and guidance for staff, but also included people`s personal preferences, routines and how they wanted staff to support them.

- The Registering the Right support national best practice guidance when supporting people with a learning disability and autism was fully adhered to by the provider and staff. People were included in their care, their opinion mattered, and they were supported to live life being active part of their community.

Supporting people to eat and drink enough with choice in a balanced diet

- People were encouraged to have a healthy balanced diet. Staff spent time with people to explain what healthy eating meant. People who had been prescribed specialists diets were helped by staff to understand why they needed the diet. For example, a person had been diagnosed with diabetes and dysphagia which meant that the person had to change their diet. They found this really difficult to manage, become very confused and this led to them becoming agitated and at times aggressive. Staff supported them by developing laminated pictures of foods which they knew the person liked and was safe and healthy for them with instructions on the reverse on how to prepare them. The person remained in control of choosing what they ate, but with careful support and guidance they were enabled to make choices that did not place them at risk. This approach has led to a reduction in the person`s anxiety and kept them safe.
- People were involved in decisions about the menu and encouraged to take part in cooking meals.
- People were encouraged to live an active life and stay healthy. For example, people were encouraged to do outdoor activities.

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

The service continued to have systems and processes in place to ensure 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; equality and diversity. Respecting and promoting people's privacy, dignity and independence

- People continued to be supported by the manager and staff who were committed to a strong person-centred culture which put people in the centre of the care provided. Staff were committed to support people to live the life they wanted and be in control. Their efforts were praised by family members and professionals involved in people's care. One professional wrote, "In response to conversations we have had about person's progress, I just wanted to comment on the amazing support your staff have provided, particularly [name of staff members] who have been with them from the very beginning. Their enthusiasm and obvious care for [person] is a huge factor in their progress. It is a pleasure working with such a dedicated team who share information and are open and willing to ask for and accept support. [Person] is exceeding all expectations, and this is certainly at least in part due to the wonderful care staff provide."
- Kindness and respect were running through the core of the organisation where staff were expected to listen to people and find ways to overcome barriers in people achieving their goals. Staff found ways to help people cope with change of their routines and integrate in a community life where they worked, developed new relationships and enjoyed life. For example, a person found the changing of their routine very difficult. This prevented them from seeking employment or to enjoy any activities outside their normal day. Staff identified the person's favourite interest and found a job involving the equipment the person was passionate about. The person successfully made the transition with staff's support and now attended work independently and loved their job.
- People were supported to be independent, and their individuality was respected by staff. For example, a person who had a visual impairment found it challenging to try new activities. Staff knew how much the person liked singing so the team supported him to attend a music group run by a charity organisation. The group was formed by a collaboration of professional musicians and adults with learning disabilities; writing, experiencing and performing music at small pubs, big festivals and live radio. It took several weeks for the person to build up confidence needing two staff's support to attend. At first, the person had to have a staff member by their side, but this impeded their independence. With kindness and patience showed by staff they grown in confidence and had actively been involved in community-based productions standing on stage singing. They got used to the equipment used and they were happy for staff to watch them from a distance whilst they perform on stage.
- Staff understood how important was for people to maintain and develop relationships. Staff had a sensitive approach and supported people through understanding their sexuality but also dealing with happy and sad life events. People could rely on staff in happy and difficult times. For example, a person's close family member went through a period of ill health and sadly died. Staff supported the person sensitively throughout the process and the person was able to attend their family member's funeral. Another person

expressed their sexual needs inappropriately which placed them and others at danger. Staff worked closely with a consultant psychiatrist, community nurse, social worker and a behaviour support team to find the balance for keeping the person safe, supporting them to have a productive life and have their sexual needs met. There had been a significant reduction in the number of incidents as a result of this support.

- We observed how people communicated with staff. It was evident from people's smile and confidence when approaching staff that they felt equal to them. Staff were attentive and quick to notice if people needed support or prompting to wipe their hands or mouth after they have eaten. This was done in a dignifying way without drawing attention to the person.
- Relatives told us they felt the care people received was dignifying and showed respect toward them. One person told us, "Staff are so good to me. They are my friends. They ask me to think what I want, and they listen."
- Relatives told us they noticed positive change in people from very early days after people started using the service and this continued throughout the time people received support from the service. One relative said how they tried to move their loved ones from residential care to supported living and how happy they were now with the support person received. The said, "Early on we identified Partners in Support as the agency which we wanted to care for our [relatives]. So far, it has lived up to expectations. [Person] is now much happier, likes the staff, who all give them plenty of attention and find things for them to do which motivates them. [Person] is now more involved in taking care of themselves (helps with washing and cooking). The staff have listened to me about the best way to do aspects of the care. It is early days yet, and they are still tweaking the rotas to get the best fit of staff hours to the needs of the two young [relatives]. A really good staff team has been chosen, and we were able to vet them prior to them starting too."
- Staff were aware of people's likes and dislikes and ensured their preferences for support were respected.
- All people told us staff were nice and kind towards them. One relative said, "Staff are certainly kind and caring and are willing to listen to our concerns and suggestions." Another relative praised staff for helping their loved one, "To overcome past experiences, to understand their feelings and emotions, and to become less dependent on their parents."
- Staff were able to tell us in depth about people's needs, likes and dislikes without referring to care plans. They spoke about people with passion and enthusiasm and told us how proud they were for being part of people's lives.

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

- People were fully involved in making all decisions and choices about their care. They were included in monthly staff meetings so that they could give feedback to the whole team about what was working well and how they wanted staff to support them. The manager encouraged people to choose the right staff to support them by involving people in the recruitment process. People were able to express their choices and preferences on the candidate or in case they were not able to, somebody close to them acted on their behalf. This made sure people felt comfortable and safe with staff. One staff member said, "I have the same interest as [Name of person]. When we met first time we just clicked, and we are getting on well since then. I am fully aware of professional boundaries and how to respect those, but nothing stops us to be friends."
- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives.
- Relatives told us they were involved in people's care. One relative said, "They have always listened and been open to discussion. We will be having a review of [person's] care in the next couple of months once everything is settled. [Person] is involved in their regular team meetings."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

The service remained tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care

- Everyone we spoke with, people, relatives and professionals overwhelmingly told us the care and support people received was personalised and fully adapted to each person. This started from recruiting a staff team to support people as they were referred to the service, getting to know people and shaping the support in line with their individual choices and preference.
- People achieved great health outcomes and their health improved because staff took time to find the way to give them meaningful information in a way they could understand. They also developed routines which familiarised people with what they had to expect when they were going through health appointments. For example, a person needed full sedation in order to have a blood test done. This was detrimental to their health and caused the person fear from health services. Staff worked together with the person, showing them pictures of the procedure, then simulating on their arm what they could expect, and the person allowed a blood test without being anxious about it. This happened after all other attempts failed for the last 40 years.
- People were enabled to spend meaningful time together with their families when previously this was not possible because of their anxiety. One relative said, "There are so many examples of how [person`s] life is person centred but the most amazing event last year was the huge team effort in ensuring that they attended the wedding of their [relative]. There were many family tears on [person's arrival], the right ones..... of joy..... of course, that they had made it. This could not have happened without the meticulous planning of the team. [Person] was a little anxious at times and did not find the day easy but coped brilliantly with all their favourite people around them and had a wonderful time.... as we all did. Staff looked after them fantastically.... with professionalism and compassion. It was an amazing success and for us all to be together as a family for such an important occasion was absolutely priceless!"
- Providing excellent community-based opportunities for people was extremely important for staff and management at the service. These included opportunities for people with complex needs who in previous settings were not able to engage in life in the community. Staff were resourceful and flexible in how they helped people achieve their goals and pursue their interest. For example, a person enjoyed dancing, however due to their lack of coordination they were not pursuing this activity in the community. Staff identified a dance instructor who was willing to start a group of `free style` dance. The group had been running for nearly six months and had a number of clients, family members and friends from the local community that regularly attended. This provided the person with a real sense of achievement as well as regular exercise to keep healthy.
- People were fully supported by staff to engage in activities to stimulate and promote their overall wellbeing. The staff recognised and responded to people's social and recreational needs by enabling people to engage in various activities and meet other people in similar situations at events organised by the service.
- Relatives praised the staff team for their commitment to involve people and help them pursue their hobbies and interests. One relative said, "They [staff] make every effort to bolster [person's] self-esteem and

to maintain their dignity. They take them out for a coffee in town and to visit the bank. They take them for their regular weekly activities. [Person] goes on outings, to an evening social club and is involved in planning and shopping for the week. [Person] loves living in their new home and they are proud that they are able to be there and to live an adult life."

- People`s care plans were developed with personalised information about how people communicated and what their likes, dislikes and preferences were in terms of their routines, hobbies and favourite meals.

Improving care quality in response to complaints or concerns

- People told us their concerns were listened and acted on. One person said, "I had a team I didn't like at the beginning, but they changed it and I am so happy now."

- Relatives told us the registered manager was very responsive to their feedback or any concerns they reported. This meant that issues were resolved before they had to complain. One relative said, "Whenever I have needed to speak to the management they have been quick to respond and helpful. They have always listened and been open to discussion."

- The provider`s complaints procedure was appropriately shared with people and relatives to ensure they knew how to raise their concerns.

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

Service leadership continued to be exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- Since our last inspection Partners in Support have become members of two leading national organisations which provided services and support to disabled people. The provider aimed to remain at the cutting edge of developments in supporting people with a learning disability and they had access to the latest resources and information to be able to do this. All senior managers used regular networking events organised by leading organisations to hear from speakers, make contact and share best practice with others providing similar services to people nationally.
- Sharing their experience and knowledge about best practice in supporting people with a learning disability with other organisations was an important aspect of the service. The provider facilitated for a number of organisations to visit their services, including the Edmund Trust and Grace Eyre, both charities supporting people with learning disabilities. They also had a recent article in a health and social care magazine `Care Talk` where they shared their views about what it takes to be an outstanding provider, including how they involved people in leading the support they received. A participant from other organisations who visited Partners in Support wrote, "Just a quick note to say thank you for the visit that you facilitated brilliantly. They all (staff from other provider) came back really enthusiastic and felt they had learnt a lot from you, your staff and the service users."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager`s ethos and values were echoed by staff in including people in their own care. The whole organisations passion and commitment to provide people with excellent care and support was obvious to other professionals who visited their services. One professional wrote, "I wanted to say a massive thank you to you and your team for the welcome that you gave to [visiting professionals]. We were all very impressed with what Partners in Support provide to people. Your values, ethos, passion and drive to only provide services that are in line with your values and your commitment and dedication to provide high quality services was evident in how you all spoke and the services that we visited. We learnt a lot from our visit about the work you do and the major lesson I took away was to hold on to the values that run deep within the core of the organisation and not to compromise on these."
- Since the last inspection there was a drive from the whole staff team and management of the service to further improve on risk management, including and empowering people to lead their own support starting from the recruitment of their own staff team to managing and understanding the risks involved in their daily lives. Each and every person and staff we spoke with felt an active part of the organisation and told us their opinion mattered. One person said, "I just want to say I achieved so much since them helping me."
- Every person who came to the office on the day of the inspection knew the registered manager and

wanted to talk to them. One person asked for the registered manager to arrange for them to hold a speech on the day so that they could say how proud they were of their achievements. They said, "I want to thank everyone and say how proud and happy I am because I improved so much (since supported by Partners in Support)."

- People and relatives all spoke of how happy they were with how the registered manager ran the service. One relative told us, "The head of the business [registered manager] started it as a response to finding proper person-centred care for [family member], and then moved on to supporting others in a similar way. This is how care should be – working around the needs of the individuals, rather than around the needs of the staff team."

- Since the last inspection the registered manager was able to demonstrate how they developed the service further. They were constantly looking to find ways to ensure the service was safe, effective caring and responsive to people's needs. They evaluated their management structure and how were staff supported following some staff members leaving the service. As a result, they changed the management structure introducing more support for staff at service level. Locality managers were responsible for the team of staff who looked after six people. Each locality manager had a lead support worker in each team who was available to support staff on a daily basis. Staff told us this made a huge difference for them. One staff member said, "There is more consistency now and I always feel supported." This had a positive impact on people receiving care from a permanent staff team who were happy and well supported.

- Handover sessions between staff were more meaningful and included a count of people's medicines to reduce the likelihood of any errors occurring. In the past the service reported a number of medicine errors, however due to the new system these reduced significantly, and people received their medicines safely.

- The provider's systems and processes were developed further to support the registered manager to monitor and improve the quality of the care and support people received. The electronic governance monitoring system flagged up any gaps in audits or reviews. This meant that the registered manager was able to identify promptly any areas in need of improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Staff told us they felt valued and listened by their managers. We saw that staff had one to one support appropriate for their job roles.

- Since our last inspection the management of the service invested in more specialist training for staff. Staff were enrolled and completed SPELL training. SPELL is The National Autistic Society's framework for understanding and responding to the needs of people on the autism spectrum.

- The registered manager introduced the staff awards. Nominations came from families and people. They also had a competition for staff to find the right motto for the service to adopt. This was "Your Life, Your Way"

Staff were clear about their roles and responsibilities. They told us their values and behaviours were tested starting from the interview process. One staff member said, "I was tested to see if I had the right attitude and values before I joined Partners in Support. I think it's a great organisation to work for."

Engaging and involving people using the service, the public and staff

- People were directly involved in the management of the service. They took part in monthly staff meetings where they could give feedback on the service they received directly to staff. There were also quarterly meetings organised with external professionals, parents, staff and people to take part in so that best practice and latest guidance in supporting people effectively could be discussed.

- People were invited to regular workshops held by health and social care professionals to develop their understanding about healthy eating.

- The provider regularly organised events for people to get together and socialise like dance evenings, head

massage and other events people were looking forward to attending. One person told us, "I like getting together and have fun."

- People completed regular surveys with the aid of pictures of `happy and sad` faces to ensure their views on the service were captured and improvements made where needed. For example, a person indicated that they wanted to use the washing machine first thing in the morning before staff used it to wash the bed linen.