

Support'ed Limited

Support'ed Limited

Inspection report


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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Support'ed Limited (known locally as Support'ed) provides care and support to younger and older people living in their own homes who may have a mental health diagnosis, learning disability and/or autism. At the time of the inspection the service was providing personal care to seven people living in their own homes in and around the Plymouth area. Some of these people received care and support on a 24-hour, seven day per week basis. Others received support at particular times of the day when needed.

Not everyone who used the service received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene, medicines and diet. Where this support is provided, we also consider any wider social care provided.

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

Support'ed placed people at the heart of the service. People and relatives told us they had received outstanding care from staff who were extremely caring and compassionate. Relatives said that staff had gone the extra mile during the peak of the COVID-19 pandemic to ensure that people remained safe and continued to enjoy a good quality of life. Other agencies were very positive about the service. Comments included, "This is a company with a strong set of values and they clearly care about the people they support".

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People received a service that was exceptionally personalised and supported people to make choices and develop their independence. We saw people had been supported to move into their own homes and enjoy a meaningful and fulfilled lifestyle, with community involvement and contact with family and friends. People told us about their dreams and wishes for the future and the support in place to help them achieve them.

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 management team and staff were exceptional at understanding and responding to people's communication needs. Innovative methods had been used to help people communicate, make choices,

have control over their care and lifestyle and stay connected with their loved ones.

The positive, trusting and friendly interactions we observed between people and staff told us people felt safe and comfortable in their own home. Staff knew what to do if they believed people were at risk of harm and were confident the provider would act promptly to safeguard people.

Staff told us they felt very well supported by their colleagues and management. They said training was provided on a regular basis and was relevant to the needs of people they supported.

There was a positive, open and inclusive culture within the service. The management team provided strong leadership and led by example. There was a strong focus on continuous improvement and ensuring best practice. People, relatives and other agencies were very positive about the leadership of the service and how this benefitted the people supported.

Exceptionally good governance of the service, including regular oversight, audits and feedback ensured the quality of care was maintained and enhanced.

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 Outstanding (published 8 January 2020)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was exceptionally caring.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Outstanding ☆

Support'ed Limited

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

The service is registered as a domiciliary care agency and provides care and support to people living in their own homes.

Not everyone receiving a service received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where this support is provided, we also consider any wider social care provided. At the time of the inspection seven people were receiving personal care from 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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on the 08 September 2021 and ended on the 28 September 2021. We visited the

office location on the 28 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission services from the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps to support our inspection. We used all this information to plan our inspection.

During the inspection

We met and spoke with three people who used the service. When we met with people, we were also able to meet and observe the care staff supporting them. We spoke with 11 members of staff, which included a registered manager, one of the company directors and care staff.

We looked at the care and medicines records of three people who used the service. Care records included, care plans, daily monitoring reports and incident reports. We looked at the recruitment records of three staff members. A variety of records relating to the management of the service were reviewed. This included quality audits, health and safety checks and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives and five professionals who were involved with the service and people being supported. This included the local authority and specialist learning disability team.

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

- Systems and processes were in place to safeguard people from the risk of abuse. People told us they felt safe, comments included, "I feel safe because I totally trust the staff who support me".
- Relatives told us they believed their loved ones were safe. All the relatives we spoke with said the management and staff had worked hard to keep them, and their loved ones safe during the last 12 months. One relative said, "They have been tremendous, it has been difficult for everyone, but they are always there for [person's name] and have kept them safe from COVID".
- We observed people were relaxed and comfortable with staff supporting them in their homes.
- Professionals told us due to the complex needs of some people, support was needed from professionals to problem solve areas relating to safety. They said, "This support is appropriate, and the safety of staff and people is considered a priority by the service".
- Systems and processes were in place to protect people from the risk of abuse. Staff were trained and skilled in recognising and responding to abuse or poor practice. Staff knew how to escalate any concerns outside of the organisation if needed.
- Staff were confident any concerns raised would be acted on immediately by senior management to safeguard people.

Assessing risk, safety monitoring and management

- Risks to people in relation to their health, care and lifestyle were understood and managed well.
- People's support plans contained clear guidance for staff about how to keep people safe at home and in the community.
- People were supported to take positive risks to maximise their independence and choice.
- People who had known risks in relation to their behaviours had positive behaviour support (PBS) plans in place. A PBS plan is a document created to help understand behaviour and support behaviour change in adults and children who have a learning disability.
- The PBS plans we looked at included information about the person to help staff understand why certain behaviours might happen as well as strategies to prevent, and manage them safely and consistently. Staff were familiar with the information in people's PBS plans and described the training they had to help them manage people's behaviours safely.
- Other agencies were very positive about how the service supported people with risks associated with behaviour. One professional said, "They have done an incredible job, [person's name] has a complex and risky behavioural presentation, and what we have seen year on year since the hospital discharge is a reduction in incidents".
- Consideration had been given to supporting and managing risk in the least restrictive way possible. A relative said, "When [person's name] was in hospital they were regularly restrained, de-escalation is now

used, they understand [person's name] and have helped them regulate their own behaviour".

- Assistive technology was also used to support people to stay safe and perform daily living tasks safely. This included alarms to alert a person when the bath was full, cooker hobs that cooled down immediately after use and kettles that only held one cup of water.

Staffing and recruitment

- There were enough staff to meet people's needs and they were recruited safely.
- The provider used a value-based model of recruitment. Questions were asked during the interview process to determine if prospective employees had values that matched those held by the service. Staff were matched to individual people based on their needs and mutual interest.
- People had a dedicated staff team. Some people had staff supporting them on a 24-Hour basis, seven days a week, others had specific support times dependent on their individual needs and wishes. This was monitored and maintained from their staff team and senior management.
- Robust staff recruitment practices ensured the right staff were available to support people to stay safe. Checks such as disclosure and barring service checks (police checks) had been carried out before staff were employed. This made sure they were suitable to work with the people supported.
- Where possible people and relatives were involved in the recruitment and planning of their staff team.
- People were kept up to date with any changes to their staff support either verbally or through other forms of communication such as photo's.

Using medicines safely.

- People were supported in respect of their medicines to have as much control and independence as possible.
- Staff were trained and assessed as competent to administer medicines. This was supported further by regular reflection in supervision.
- People were supported to take their medicines safely, in a way that suited them.
- People were supported to order, store and dispose of their medicines safely.
- People's wishes and desires were central when working with healthcare professionals to review and reduce doses of medicines. This followed the principles of 'Stopping the overmedication of people with a learning disability and autistic people' (STOMP). STOMP is a national project involving many different organisations, and supported by NHS England, to help stop the overuse of medicines.
- Staff worked closely with the person to reduce the likelihood that medicines would be needed at times of distress and anxiety. If medicines were used this was a last resort, with the outcome monitored, recorded and learnt from.
- The provider had developed their own electronic medicines administration record (MAR). Staff recorded on the MAR when medicines were given to people. MARs were checked regularly to make sure they were accurate.
- Staff were encouraged to report medicines errors. This led to additional training if needed, or changes to systems and processes to improve safety.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were documented and escalated promptly to the senior management team. Incidents were analysed to identify any trends or patterns, so preventative action could be taken to prevent re-occurrence.
- Incidents involving some people were shared with other health and social care professionals as part of a multi-disciplinary team process. This helped ensure oversight by other agencies such as psychologists, speech and language therapists and behavioural advisors, so that practice, training and on-going care planning could be considered, and any improvements made.
- Meetings were held regularly with people's core staff team, relatives and other relevant professionals. These meetings allowed time to discuss practice and to reflect on what was going well and what could be improved.

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 before they started using the service. This helped ensure their expectations and needs could be met. Some of the people supported had previously been in a hospital setting for many years, away from their family and home. Support'ed worked closely with people and their families to support a smooth transition from hospital and back to the community where people had previously lived.
- Assessments and support plans included detail about people's full range of health and social care needs. Information about people's past was gathered, documented and used to help inform their care planning. Staff understood about how people's past experiences could impact on their current health and well-being and used this knowledge in the planning and delivery of care. One person who had spent many years in hospital had lacked trust in people and had become reliant of medicines to block past events and memories. They told us the relationships they had formed with staff had helped them regain trust and they were now enjoying life.
- The provider recognised the importance and benefits of technology to enhance and support people's independence and quality of life. For example, one person used wireless colour changing lights to help them process information and communicate with staff. Another person was supported by staff to use a handheld tablet device to explain daily routines, make choices and choose places to visit.

Staff support: induction, training, skills and experience

- Staff were competent in their roles, undertook regular and relevant training and had a very good understanding of people's needs.
- All new staff undertook a thorough induction programme, which included completion of mandatory training and shadowing of experienced staff before working on their own.
- Staff comments included, "I feel well trained and able to meet the specific needs of my clients" and, "It's been absolutely brilliant, I felt confident after shadowing and training".
- The service regularly liaised with professionals to support and give guidance about training and meeting people's specific care needs.
- The senior management team reviewed the quality and appropriateness of training and, made changes when required. The registered manager said during the past 12 months and periods of lockdown they had recognised the difficulty of accessing external training when it was needed. They had assessed the skills within the organisation and intended to train and register as an accredited training provider, so training could be delivered internally in the future.
- Staff said they felt well supported by their colleagues and management team. Comments included, "The staff here are lovely, I have never felt so supported in a job".
- Training and competency were seen as a continual process with staff meetings, hand-over meetings,

supervisions and de-briefs taking place. This meant staff received on-going support, discussed their role and reflected on practice.

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

- Staff supported some people with eating and drinking. Care records included detailed information about people's needs and, any risks associated with their diet.
- Where possible people were supported to plan their meals and went shopping with staff. Communication aids such as photo's, symbols and electronic communication aids were used to help people make choices and plan their meals.
- People were supported to make healthy choices in relation to their diet. One person told us about how they had been working hard to lose weight and how this was going to improve their health and quality of life. We saw how staff supported this person to make informed choices about their diet and shared the person's enthusiasm and positivity about their progress.
- When needed, people's nutritional risk and weight was monitored. Referrals were made promptly to healthcare professionals if concerns in relation to their diet/weight were identified.

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

- Management and staff had sought to improve people's healthcare, treatment and support by identifying their needs and ensuring their overall health greatly improved.
- Healthcare professionals were very positive about the service and the positive health impact they have on people. A health professional told us "One of the best services I have worked with. They get to know the people they work with so well. They are very supportive of medicines reductions, I wish there were more services like them".
- Three people who would not normally tolerate injections had been supported to have COVID-19 vaccinations. Staff had worked with these people and healthcare professionals to help them understand what would happen, to build trust and create a safe environment for the vaccine to be given.
- The service recognised people's changing health needs in relation to age and gender. For example, monitoring had identified patterns to one person's behaviours was not just about autism but also hormonal, and cyclical. Staff recognised how this could be very difficult and confusing for them. Staff liaised with the person's GP in respect of treatment, as well as signing up to receive appropriate information in relation to the person's age and gender so they could better understand what changes the person would be experiencing.
- The staff team supporting a person who had difficulty communicating their health needs, had a plan in place to undertake Restore 2 training. This training is designed to help care staff recognise when a person's health maybe deteriorating or at risk of deterioration.
- Hospital and COVID-19 passports had been developed to help ensure people's needs were understood should they require an admission to hospital or other healthcare facility.
- People were involved in decisions about their healthcare. One person told us how they were being supported to make plans for much needed dental treatment. When people lacked the capacity to understand needs relating to their health relatives and other agencies were involved in decisions about their care.

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

- People were supported to ensure their homes were maintained appropriately to meet their needs.
- When the provider had supported people to move from hospital or another placement into their own home they had worked closely with the local authority and housing department to ensure people's property was suitable for them.
- At the time of the inspection one person was having their home renovated as aspects of it had been

considered not suitable to meet their on-going needs. The person had been supported to move to an alternative placement whilst the renovation was being undertaken. Photos and social stories had been used as the work progressed so that the person could be involved and understand what was happening.

- We observed staff talking to people about ways of keeping their homes safe and comfortable. This advice was given in a way that enabled the person to make decisions, whilst still respecting their rights and independence.

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

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

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

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

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

- All staff undertook training in MCA and those we spoke with were knowledgeable about issues relating to people's rights and requirements of the legislation.
- We observed staff respecting people's choices and rights to make decisions for themselves. Some people were not able to give verbal consent to receiving care. Communication aids such as social stories were used to help people make choices about their care and lifestyle.
- When people had restrictions in place to keep them safe correct procedures had been followed. For example, one person had monitoring equipment in place to ensure staff could monitor them when behaviour became heightened. An 'Ethical consideration report' had been completed to demonstrate that this was the least restrictive way of keeping the person safe.
- Best interest discussions had also taken place for another person who needed safety measures in place due to risks of leaving their home unsupervised.
- Any restrictions had been regularly reviewed as part of a multi-disciplinary process. This helped ensure the restriction remained appropriate, safe and in line with legislation.

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 Outstanding. At this inspection this key question has now remained the same. 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

- The providers website stated, "All our services use a relationship-based model of support. Support'ed view the development of real and meaningful relationships as a strategic and powerful resource. People are kept safe by being in relationships with people who care deeply about them". We observed these values were very clearly evidenced in the practice we observed and within the feedback we received from people, family and professionals. A relative told us, "They recognise and value the importance of relationships between people, family and staff, this hasn't stopped during the COVID pandemic.
- People were provided with extremely sensitive and compassionate support by a kind, committed and caring staff team. We observed without exception staff treated people with the upmost patience and kindness. We observed staff allowing people time to undertake tasks at their own pace and listening to people with genuine interest when they shared their views and feelings.
- Staff spoke about people in a way that showed they understood the impact a trusting relationship had on people's abilities, life chances and qualities. For example, one person was being supported throughout the day and night with all aspects of their care. Staff understood this person needed to feel safe and cared for and told us it was their job to make this happen particularly as they were in the person's own home every-day.
- Staff recognised some people had experienced great difficulty during their lives and showed empathy and compassion to them. As staff talked with people, they praised them for their achievements and progress. One person told us they believed the care and support of their staff team had helped them deal with difficult past events, which had limited their life. In the past this person had experienced restrictions in their day to day life. They told us because of the staff support they were now able to enjoy life for the first time in their own home, making choices and having control over their lifestyle. The staff praised this person and shared their excitement and plans for a positive future.
- Management and staff recognised it had been a very difficult year for people and, had shown an unwavering commitment to ensure people continued to enjoy a great quality of life. For example, to keep people safe, and ensure continuity of care the provider rented a property during the peak of the COVID-19 pandemic for staff to stay in. Some staff members moved out of their family homes to form a bubble so they could reduce risks and maintain support to people. This level of care had continued as the restrictions during the pandemic had started to be lifted. For example, staff continued to work mainly with one person to reduce risks and explored ways of ensuring people re-established contacts with the community and people they loved. One person told us they were very happy being supported to meet up with friends and family again.
- In lockdown, staff had gone above and beyond to ensure people's care and routine remained as normal as

possible. A relative told us how their loved one had found it very stressful during lockdown as they had been used to visiting home twice a week. They said, "Two staff who knew them well stayed full time with [person's name] while things settled into a routine". They said when the restrictions started to be lifted, they had been able to safely start visiting their loved one again and meeting them when possible out in the community.

- One person found staff wearing PPE very confusing and caused them much anxiety. Staff supported the person with the use of photographs and visual stories to better understand the pandemic. This enabled the person to process and develop an understanding of why people looked different, and they are now used to seeing people with facemasks on and are no longer anxious.
- Staff were passionate about ensuring people were valued and not discriminated against in relation to their needs or disability. A staff member said, "It is really important that new staff see [person's name] as a whole person with experiences and views, not just a person with a disability".

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

- The management and staff worked exceptionally hard to really understand people. Wherever possible people had control over their lives and were fully involved in making decisions about their care.
- People who were able to understand and voice their views and feelings were supported to do so. One person was making decisions about contact with family members. Staff supported them by listening and offering guidance so the person could make their own decisions and move forward. The person said this support had helped them consider their own needs whilst maintaining relationships with people important to them.
- People were involved in planning their care. One person told us they were involved in all aspects of their care. They said, "There isn't anything I am not included in, I help recruit my staff team, plan my care and are part of all discussions".
- Staff were exceptionally skilled in supporting people with complex needs to have as much control as possible of the world around them. One person had historically had difficulty managing their feelings and anxiety and would rely on people to manage their distress until they calmed. Staff had supported this person to learn to manage their distress in a non-restrictive way. This has included supporting them to run their own bath, lie on their bed, as a way of calming themselves without interference from others. This ability to identify and use these strategies had helped to reduce the number of incidents and improve their quality and control over their life.
- The provider recognised the importance of family members and valued their views and contribution to the planning and delivery of care. Relatives said, "We talk to the team all the time, discuss different ways of supporting [person's name] communication. We share ideas, they value what we have to say". Another relative said, "They are brilliant, during COVID I was so worried, they put together a hospital passport in case I wasn't able to go to the hospital with them. It really reassured me their needs would be understood".
- People had access to advocacy support and other specialist input such as mental health services when needed.
- Staff signposted people and their relatives to sources of advice and support. Staff had supported people to manage their finances, complete forms and liaise with tenants and neighbours regarding their living arrangements.

Respecting and promoting people's privacy, dignity and independence

- Staff were passionate about respecting people's privacy, dignity and independence.
- Most people were supported on a one to one basis, which meant staff had to be with them or close by to support with personal care and other daily tasks. Staff recognised this level of support could be intrusive and difficult particularly in people's own homes. One person had been supported to use a colour coded card system to let staff know when they wanted privacy. As they had settled into their home and gained trust with staff, they had started to use their phone to text staff. They said staff respected their wishes and allowed them space and privacy when they needed it.

- Two professionals told us, "Support'ed work very hard to achieve positive, respectful relationships with the people they support and, to directly improve their quality of life" and " Very caring and respectful staff team who treat people with dignity and advocate regularly for people's rights".
- Staff were very sensitive and respectful when they spoke about people's support needs, and ensured people were able to voice their own views rather than speaking for them.
- Staff encouraged people to recognise they were being supported in their own home. A staff member said, "We ensure people's homes feel like their own by always asking their permission before we do things, respecting and looking after their belongings, and keeping their home as they prefer it".
- We observed staff supporting and encouraging people to make choices and develop their skills and independence. One person was being supported to form their own thoughts and views about relationships and planning for the future. Another person was encouraged to make their own cup of tea and get ready for their day. Staff used their skills and knowledge about people to allow them to take the lead and have control.

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 Outstanding. At this inspection this key question has remained the same. 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

- Staff and management understood and followed the principles of 'Right Support, right care, right culture'. This is new guidance for services supporting people with a learning disability and/or autism, and underpins the principles of choice, independence, and inclusion.
- The registered manager and senior management team were very clear that personalised care was of upmost importance. From the point of referral and through the transition stage staff really got to know people and their families to ensure they understood what people wanted and needed. One relative told us their loved one had previously had a number of placement breakdowns, which had been very difficult for them and the family, they said, "They literally saved us, they have provided consistency and put the person at the heart of everything they do, [Person's name] is now living a good life and doing things that other young people enjoy". The provider had specifically recruited a staff team who would be able to partake in the activities and lifestyle this person chose to enjoy.
- People supported by Support'ed had complex histories and some had previously needed hospital admissions away from their family and friends. Management and staff had worked closely with people, relatives and local authorities to support people to return to their community, secure more suitable accommodation and tenancy arrangements. One person who had spent most of their adult life in hospital, was now being supported to live in their own home near to family and friends, making choices and having control over their lifestyle.
- Professionals told us the service was very responsive to people's individual needs. Comments included, "Support'ed is always very responsive, they understand that some people need to live on their own with very personalised care. [Person's name] has been out of hospital for the longest period of their adult life, that says it all", and "They are very responsive to changing needs. They are flexible and will prioritise the person outside of what may be best for others or the service"
- Staff worked with people and their families to develop a care plan that was person-centred and worked towards achieving people's goals, dreams and aspirations. Care plans we looked at were detailed and provided clear information about the support needed to meet people's physical, emotional and social needs.
- We saw records of how people's lives, goals and experiences over the previous twelve months had been positively impacted by the support they had received. The information was presented in a way people could understand and share with staff and their families. For example, one person had achieved their wish of going on their first holiday. Staff said, "It was a challenge during COVID, but a huge success, and another one has been planned already". Another person had started to achieve their goal of losing weight and being healthier. They shared with us their delight in being able to plan for a more positive and independent future.

- Staff undertook training in equality and diversity and really spent time getting to know people to understand them and personal lifestyle choices. People benefitted from a staff team chosen to match their age, gender and interests. A relative said, "The staff are young, so they understand what [person's name] enjoys and have the energy and enthusiasm to share their interests".
- Staff promoted equality and diversity. They recognised that some people were exploring their sexuality and supported them sensitively and appropriately when required. People had been provided with advice and guidance in relation to sexuality so they could make informed choices and access the support they needed.

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.

- A range of innovative and individualised communication aids and methods were used to support people's communication and to help them make choices and understand what was going on around them. One person was supported by staff to use a wireless colour changing light bulb system to help them process information and communicate. The system linked to the person's IPAD and with support they were able to change the colours of the light bulbs to communicate choices. The colour changing system also helped with this person's sensory needs allowing them to use the settings and colours to help them relax.
- People's information and communication needs had been assessed and documented as part of a communication plan. This helped ensure information was provided to them in a format they could understand.
- Staff knew people well and were able to respond to their non-verbal cues about how they were feeling, such as body language, sounds, behaviours and general mood. One person we visited had very limited verbal communication. Staff understood this person was communicating that they wanted to leave. The staff were able to respond promptly and reduce any risk of the person becoming distressed. A relative confirmed staff used these skills all the time and said, "We discuss [person's name] communication all the time and try and introduce new and different ways of helping them communicate.
- We saw some people had communication tools in their homes to help them understand their care arrangements and perform tasks independently. This included photos and information about their staff team, and pictures and symbols to help them navigate around their home and perform tasks such as making a cup of tea. One person had a notice board with plans for the day. This helped reduce this person's anxiety by helping them understand what was happening and who would be supporting them
- Photographs had been used to put together social stories to help people understand and make choices about their care and lifestyle. For example, one person had a social story to help them understand COVID-19 and the need for a vaccine.

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

- One person told us, with support from staff their confidence had increased and they had enjoyed going out, had joined local activities and made new friends. They said they felt safe and part of their community.
- Staff said COVID-19 restrictions had been very difficult for some people, particularly those who were dependent on going out and having a routine. The provider had worked closely with the local authority and local police to ensure people who needed to could continue to go out safely. Staff carried a letter with them so they could reassure and inform the public if necessary.
- People had continued to go out regularly during lockdown, even if activities had to be slightly changed. People had gone out for local walks and drives out for ice-cream and trips on the local moor. As restrictions lifted people had started to enjoy their normal activities and daily routines again.
- Staff were creative in supporting people to keep active and busy at home, particularly during lockdown. For

example, staff had supported one person who was isolating to have company by linking up to an online gaming forum safely, so they could have company when not being supported.

- People were supported to develop and maintain important relationships. A relative said, "The staff recognise that [person's name] needs friends of their own age. They take them to the beach, surfing. Then they visit us at home, a quick visit, just as all young people do".
- Another relative said, "The staff team are amazing. They took [person's name] away on holiday last year, to their favourite place, with family, and [person's name] gets to choose the staff they want"
- One person had found it difficult not doing their normal activities and not seeing their grandparents who lived abroad. The provider had purchased a virtual reality headset so that the person could play games, ride a virtual rollercoaster, and enjoy a virtual trip of where their grandparents lived.
- One person was very happy to tell us about a new friendship they had formed. They said they had plans to go out on trips together, visit each other and enjoy celebrations such as Christmas together. The staff had helped the person make the arrangements to spend time with their friend and recognised the positive impact of this relationship and the progress the person had made.

Improving care quality in response to complaints or concerns

- People were very happy with the support they received and didn't feel the need to complain. They added if they needed to, they knew who to speak to and would trust any issue would be dealt with.
- Relatives knew how to raise any concerns and said they were always listened to by the staff and management team.
- We saw the provider had dealt with concerns raised by neighbours. The provider and staff had followed their complaints procedure and, had also liaised with other agencies to ensure the person being supported had their rights recognised and was not discriminated against.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.
- Consideration had been given to people's end of life wishes and when these were known they had been documented as part of the person's support plan.
- COVID passports had been developed for each person to ensure people's needs and wishes were understood should they require an admission to hospital.
- The provider told us, "We have a plan to undertake advanced planning with anyone we support with complex health conditions. This would be undertaken with the supported person, their family or significant people in their lives and appropriate professionals to ensure the best personalised plan can be produced.

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 Outstanding. At this inspection this key remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider had continued to ensure that people received outstanding care that reflected their mission statement and values, "Support'ed believe in 'community' and as an organisation is rooted in the key values of respect, trust, transparency, citizenship, and togetherness". We observed throughout the inspection staff's attitudes and behaviours continued to reflect this commitment in all the support they delivered.
- Since the last inspection people had continued to settle into their new homes and community. We heard how people had continued to progress and were leading more meaningful and fulfilled lives. One person told us how they were happier, healthier, more trusting and were hopeful for a very positive and independent future, thanks to the staff and management team.
- The management team and staff reflected daily on how their role had improved people's lives. There were a multitude of examples that showed exceptionally personalised commitment and attention to people. This ranged from ensuring daily high- quality care, to innovative ways of keeping people connected, and ensuring people continued to have their medical needs met, during the peak of the COVID-19 pandemic.
- The provider understood and was fully committed to complying with national policy and current best practice in relation to people they supported. This included maximising people's choice, control and independence as outlined in CQC's 'Right support, right care, right culture' report, and stopping the over medication of people with a learning disability and/or Autism (STOMP). One person told us how the reduction in medicines had totally changed their life and meant they could look forward to a happy and independent future.
- Relatives told us they thought the service was exceptionally well lead and placed people at the heart of all it did. A relative said, "100% they put people at the heart of all they do. When I sit in a room with them, I know we share the same values" and "They have a passionate set of values running through the service, they want the best for all the people they support".
- Staff spoke often about their work with commitment and compassion and used words such as 'Independence' and 'People's rights'. Staff were proud and celebrated people's achievements and personal journeys. This included, one person going on holiday for the first time and two people overcoming their fear of injections to receive the COVID-19 vaccination.
- Other agencies were very positive about the culture of the service and said this impacted positively on people supported. Comments included, "This is a company with a strong set of values and they clearly care about the people they support".
- The provider demonstrated a real commitment to ensuring staff felt valued and supported in their role. Well-being support was available and had been adjusted to ensure staff could access remotely during the

COVID-19 pandemic. Staff told us they felt valued and believed this impacted positively on the people they supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Working in partnership with others

- The directors had a very hands on approach to the service, working alongside people, staff and families to deliver the best quality care.
- There was a clear management structure in place, which people, relatives, staff and other agencies were aware of and could easily contact. Relatives said, "We talk to the staff and the managers all the time, sharing ideas".
- Other agencies were very positive about the management of the service. "The managers of the company are a real strength; they are always contactable and present" and "Communication and records are always spot on".
- Staff we spoke with were clear about their roles and said communication within people's dedicated teams, and with the provider, was excellent and ensured people's needs were met very effectively.
- The management team had a comprehensive understanding of regulatory requirements, and used national guidance to develop policies, procedures and processes. The registered manager was available throughout the inspection and provided clear, detailed and prompt information when requested.
- There was a robust governance framework, which helped identify where improvements were required. Regular audits were carried out including health and safety checks and audits of care records, staffing, training and medicines.
- Since the last inspection the provider has appointed a Service Development and Quality Assurance Lead to support the development and monitoring of the service. Quality monitoring reports we looked at demonstrated a very good quality assurance process with reflective engagement with people, staff, families and other agencies.
- The management team met and spoke regularly with people to check they were happy with the service provided. Spot checks were undertaken to ensure care being delivered was appropriate, safe and met people's needs.

Continuous learning and improving care

- The provider was passionate about creating a culture of greater understanding and support. The registered manager said the management team had been contacted by a senior advisor for the Government 'Building the Right Support (Transforming Lives) agenda. They were asked to share their experiences of developing small, bespoke services for people with a learning disability and/or autism. The registered manager said following these discussions they were asked to be part of a peer review team within a different local authority reviewing other similar services. This had helped them look at on-going improvements within their own service as well as across the care sector.
- The management team continuously looked at ways they could improve the service. For example, since the last inspection a website developer and administrator had been recruited to further improve records relating to people and the service.
- We saw clear and detailed records and audits of all accidents, incidents and near misses. Systems allowed for this information to be collated and analysed to allow the provider to see any patterns and address any shortfalls in the service.
- Regular meetings were held to allow staff to reflect and share good practice.

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

- People's, relatives, and other agencies views were sought in the planning and delivery of care and how the service was run. One person told us they were involved in every aspect of their care and felt the staff listened

to them and respected their views and choices.

- The provider was innovative in their thinking about how people could be involved and kept informed about matters concerning their care or the care of their loved one. Examples of this were particularly evident during the COVID-19 pandemic when people and their families had less opportunity to see each other. One relative said they were delighted to share a social media site to feel connected and even partake in activities and conversations with their loved one.
- Personalised communication tools were used to help people communicate their wishes and to understand what was going on around them.
- Health and social care professionals without exception were very positive about how the service worked with them to deliver effective, person centred care. A healthcare professional told us, "I have worked closely with Support'ed specifically around two individuals with complex needs who find accessing healthcare challenging, and who healthcare professionals find difficult to manage. The team have all been very helpful and professional, ensuring that information has been communicated and acted upon where necessary, maintaining a balance between advocating for the individuals and supplying accurate information to all concerned to promote the best possible health outcomes".

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 and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things went wrong.
- Other agencies said even when there had been difficult and complex situations to discuss there was always an openness by the provider to receive feedback.
- The management team spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice topics.