The Brandon Trust

Brandon Trust Supported Living - Oxfordshire

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Brandon Trust Supported Living Oxfordshire is a supported living service providing personal and nursing care to people with a learning disability in their own houses and flats. At the time of inspection there were 134 people using the service in 47 separate supported living settings. Some people lived on their own, whilst other people lived in shared accommodation. People received a variable number of care hours per week, depending on their assessed needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Right support- People had choice and control around their care arrangements. Care focussed on people's abilities and promoted their independence. Right care- staff were respectful of people's dignity, privacy and treated them as individuals with their own beliefs, thoughts and aspirations. Right Culture- the provider's management displayed caring and person-centred values. They modelled this behaviour to staff and set expectations that these values should be integral to staff's working practice.

Care enhanced people's lives by helping them to develop their skills and seek opportunities to have useful, fulfilling lives. People were supported to maintain relationships that were important to them and care was arranged so people could access the services and activities which they wished. People's care plans identified how they would like to be supported and what they would like to achieve with the help of care and support. People's communication needs were identified and met to help ensure they could give meaningful feedback or raise concerns around their care.

People received safe care focussed on minimising restrictions related to their care to promote their safety. People were supported to take positive risk to promote their independence whilst still receiving support to help keep them safe. There were enough staff in place, who had received the right training and support in

their role.

People were supported to lead healthy lives and access healthcare services when required. Staff had worked with many people to overcome their anxieties around accessing healthcare services. Where appropriate, healthcare professionals were involved in planning and reviewing people's care. Staff were proactive in maintaining these relationships and effective in implementing healthcare professional's advice.

There were effective systems to oversee the quality of the service. There were registered managers in place who were responsible for organising and overseeing people's care. The registered managers were knowledgeable, approachable and professional in their role. They had a good understanding of people's needs and how they wished to be supported.

Staff were caring and kind. People and relatives told us that staff were patient and understanding. Staff were motivated in their role and understood the principles of promoting people's privacy, dignity by treating them with respect.

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

Rating at last inspection
The last rating for this service was good (published 1 April 2020)

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was exceptionally well-led.

Details are in our well-led findings below.

CareQuality Commission

Brandon Trust Supported Living - Oxfordshire

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 Health and Social Care Act 2008.

Inspection team
This inspection was carried out by three inspectors and three Expert's by Experience.
An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to 134 people living in 47 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service has five managers registered with the Care Quality Commission. Each registered manager was responsible for overseeing an allocated number of supported living settings. 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 seven days notice of the inspection. This was because the service was large and the supported living settings were located over a large geographical area.

Inspection activity started on 16 June and ended on 15 July 2022. We visited the office location on 16 July

2022.

What we did before inspection
The provider sent copies of policies, care plans, care records and quality assurance records prior to the inspection visit, which we reviewed remotely. We also sent the provider a set of additional questions related to providing care in supported living settings. These questions helped us to understand people's experience of receiving care and identify examples of good quality care. We contacted professionals with recent experience of working with the service to gain feedback about the quality of care. We received feedback from two commissioners, two housing providers, two health professionals and two GP practices. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We visited 40 people in 15 supported living settings over 4 separate days. We spoke with 25 relatives via telephone to give feedback about their family members care. We spoke with 21 members of staff including the five registered managers, the area manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eleven people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse
● People told us they were happy with the care and support they received and were comfortable raising issues with staff if they had concerns. People interacted with staff warmly, reflecting the trusting relationships they shared.
● Relatives told us their family members received safe care. Comments included, "[My relative] is well looked after and in a safe environment", and, "[My relative] is safe. The difference is amazing to where he was before. It is the best place possible."
● Staff had received training in safeguarding. Staff we spoke to were confident in recognising and reporting concerns about people's safety and welfare.
● Restriction reduction plans were in place, which identified where certain restrictions were needed to help promote people's safety, how these restrictions were agreed and what staff needed to do to minimise them. These assessments were regularly reviewed to help ensure all agreed restrictions were proportionate and people were being supported to stay safe.
● The registered managers had reported safeguarding concerns to local safeguarding teams. They had worked with safeguarding authorities to put actions in place to promote people's safety when concerns had been raised.

Assessing risk, safety monitoring and management/ Learning lessons when things go wrong
● People's care plans contained detailed, individualised risk assessments around anxiety and behaviour. Care plans followed positive behavioural support principles, which focused on what people may be trying to communicate through their behaviours and how staff could help people to develop their skills. One relative told us, "[My relative] suffers from anxiety and can be quite demanding and obsessive, I think they know how to calm her down, she has been a lot better."
● Staff had a good understanding of how to provide effective support around people's anxiety and behaviour. Incidents were responded to in line with people's care plans and the registered managers held reflective meetings after incidents with staff to help promote a consistent approach.
● Environmental risk assessments were in place to reduce any risks related to people's homes. Where concerns were identified around people's home environment, staff supported them to raise concerns to relevant bodies, such as housing providers to resolve issues. This helped ensure there was a safe environment for people and staff.
● Staff had a good understanding of managing risks related to people's health conditions. For example, where people had complex epilepsy, staff monitored their epilepsy and responded effectively if people experienced seizures. This helped to keep them safe.
● There was a business continuity plan in place. This detailed the measures to keep the service running

safely in the event of exceptional circumstances, such as, staffing shortages or extreme weather.

Staffing and recruitment
● People told us they were happy with the staffing levels. They said staff were always available to support them both inside their homes and when out in the community. Where people were unable to give feedback about their staff, we observed staffing levels were in line with their assessed needs.
● Overall, relatives were happy with staffing levels. However, five relatives felt the use of high levels of agency staff was an issue. Feedback included, "They have consistent staffing, so you speak to the same people", and, "They use a lot of agency staff. Recruitment [of permanent staff] is now a really big problem."
● The area manager and registered managers told us recruitment of permanent staff was currently very challenging. However, they had put measures in place to ensure agency staff had appropriate training and were deployed consistently where possible.
● The provider had an 'out of hours on call service'. This was a telephone-based system operated by senior staff outside of office hours. This enabled people, relatives and staff to contact the provider in an emergency.
● The provider's recruitment processes helped to ensure suitable staff were employed. This included checks into staff's background, employment history and past working performance.

Using medicines safely
● People's medicines needs were identified within their care plans. This included the level of independence people wished to have around their medicine's management. Where people wished to be more independent in this area, staff gave the appropriate level of support to balance people's wish to take more control and their safety.
● Staff had a good understanding of picking up non- verbal cues where people were unable to vocally express they were in pain or anxious and required medicines. Relatives gave positive feedback around staff's knowledge of their family members needs in this area. One relative told us, "Staff are reliable and careful [around medicines management]. [My relative] will not voluntarily say he is in pain; staff pick up cues and ask him."
● Where people were prescribed PRN (as required) medicines, additional guidance was in place for staff about when and why these should be given. This guidance had been developed in partnership with health professionals involved in people's care.

Preventing and controlling infection
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for staff, people and visitors to people's homes.
● We were assured that the provider's infection prevention and control policy was up to date.

Good

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
● Professionals told us the provider was effective in implementing their advice and recommendations into people's care plans. There were systems in place to monitor and assess people's health, mood and behaviour. There were very clear protocols in place to refer concerns back to professionals when required.
● Staff supported people to ensure they had the right equipment in place to live safely in their own homes. This included wheelchairs, hoists, hospital beds and mobility aids. Staff were pro-active to ensure equipment was suitable and safe for people's use.

Staff support: induction, training, skills and experience
● People and relatives told us staff had the right skills to meet their needs. Comments included, "Staff are very good with [my relative]. [Staff are] professional, sensitive, calm and on the ball with the right training."
● Staff received training in line with people's needs. This included training around people's specific medical conditions such as epilepsy. This helped ensure staff had the knowledge and skills to help people manage these conditions.
● The registered managers monitored staff's working performance through supervision meetings, competency assessments and observations of staff whilst working. This helped to promote staff's ongoing learning and development.
● The provider had a mentoring programme in place. Mentors were available to work alongside new or existing staff to give advice, support and help staff understand the requirements of their role.

Supporting people to eat and drink enough to maintain a balanced diet
● People's dietary requirements and preferences were identified within their care plans. This included any specific dietary needs such as allergies or intolerances. One relative told us, "[My relative] has a dairy free diet and staff are very good about getting the right kinds of food that he enjoys."
● People were supported to be as independent as they wished in preparing and eating their meals and drinking. Some people were able to plan, cook and eat their meals without assistance, whilst other people needed full support to maintain a healthy balanced diet. One relative told us, "[My relative] helps with meal preparation now which he never did before."
● Some people had received specialist input around their nutrition by speech and language therapists or dieticians. The provider had incorporated this guidance into people's care plans. Where people had identified they wished to lose weight to promote their health, staff provided support in line with professional's recommendations to ensure this was done safely. One relative said, "Staff have supported [my relative] to lose weight. So far she has lost three stone."

Staff working with other agencies to provide consistent, effective, timely care
● People's individual needs and circumstances were fully considered when planning and coordinating moves between services. This included working to ensure that people moving into shared accommodation were compatible with existing tenants. People told us they were consulted when prospective new tenants were identified. This helped to ensure their views were considered as part of the decision whether new tenants could move in.
● People were supported with gradual transitions into supported living settings when placements were agreed. One relative told us, "[The provider] was careful how they arranged the settling in period and the transfer was done in a way that was best for [my relative]. I valued how staff kept me informed and ensured continuity."
● The provider worked with people to find alternative accommodation when their needs changed, and existing arrangements were no longer suitable. In one example, one person's health condition significantly progressed to the extent it was no longer safe for them to stay at their supported living placement. The provider worked with the person and professionals to identify a new placement which was more suitable to meet their needs.

Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare services, including regular health checks with GP's and ongoing appointments in relation to their medical conditions. Where professionals made recommendations around healthcare, these were implemented in people's care plans.
● Information about healthcare services was presented to people in a way which they could understand. This helped them make choices and informed decisions about which services they accessed. For example, staff could explain information to people verbally, using simplified language, which they supplemented with pictures or through social stories. Social stories are a tool which can be used to help people understand events or situations.
● Staff helped people to overcome their anxieties around accessing healthcare services. In one example, staff worked with health professionals to help a person overcome their anxieties about a planned medical procedure. By familiarising the person with the procedure and what would happen, the person was able to access these services they would otherwise have been reluctant to use.
● The provider had fostered positive relationships with health professionals to help facilitate people's access to healthcare services. In one example, the provider had liaised with the learning disability nurse at the local hospital when planning and coordinating healthcare appointments. This helped minimise wait times for people, which may have escalated their anxieties around appointments.

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

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

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

met. We found that the provider had a good understanding of the MCA and had applied its principles when organising people's care.

● Staff worked with people to gain appropriate consent to care. Each person had an individualised assessment in place which documented the support they needed to help them make informed decisions about their care. The provider understood people had the right to make unwise choices if they had the capacity to understand the risks involved. They were supportive of people's choices and worked with them to minimise any identified risks.
● Where people were unable to consent to decisions about their care. The provider followed a best interests process, which was in line with the MCA.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People had positive and trusting relationships with staff. Staff we spoke to had a good understanding of people's needs, preferences and aspirations.
- Staff valued people's wellbeing, supported them emotionally when they required reassurance and listened to them to work through any problems or concerns they had. One person told us how they had been supported by staff emotionally during a recent situation involving a family member. They told us staff had listened to them which helped them decide about what was best.
- Staff were conscious they were supporting people in their own home and respected the fact they were guests. One registered manager told us about the steps they had taken to reduce the 'care imprint' in a person's home by removing any care related signage and rearranging the storage of people's care documentation. This helped to ensure the house looked like a home, not a care setting.
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristic identified in The Equality Act (2010).

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

- People and relatives told us they were involved in developing and reviewing their care plans. Comments included, "A support plan is set up. I can see it if I want," and, "We talk about my care plan with staff."
- People were given a choice between staff where possible. In one example, a person told the provider they only wished to be supported with their personal care by female staff. This preference was respected, and only female staff were assigned for this support. Some people were able to meet new staff before starting work to assess how compatible they were with them. One person told us they thought the provider would 'always listen' if they did not want certain staff working with them.
- People were supported in 'positive risk taking' to help them achieve goals which they identified as desired outcomes from their care. In one example, staff were working with a person to help enable them to access their local community without staff support. They had worked with the person to design a plan with gradual steps to achieve this whilst still keeping safe.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were respectful of their need for privacy and private space. Staff understood when people wished to have company and when they preferred to be alone. Comments included, "If I want to be by myself, I can tell staff."
- People were supported to understand everyday concepts and challenges related to their tenancy. The

provider had developed people's tenancy agreements into a simplified adapted form. This helped people to understand their responsibilities and rights as tenants.

● People were supported to raise issues around their homes with landlords or housing providers. Two people told us how staff had helped them raise issues around a fire alarm in their house. They felt staff had played a vital role in helping them raise these concerns.

● People were encouraged to develop their everyday life skills to promote their independence. Staff recognised people's abilities and supported them to utilise these in their everyday lives. For example, people were encouraged to do their shopping, cleaning and use public transport, which decreased people's reliance on staff support.

● People were supported to maintain a good standard of dress and personal grooming, which was in line with their preference. People required a varied level of support in this area, with some requiring full support with clothes shopping, dressing and personal grooming.

● People were asked how and to whom they wished their personal information to be shared with. Staff respected the boundaries people set.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People and relatives told us they received individualised care which promoted positive outcomes and development of people's skills. Comments included, "I get support with the things I want support with," and, "You can see that the care is organised to help [my relative] do the very best they can in life."
● People's care was commissioned through assessments of their care and support needs. The provider had worked with people so care arrangements fitted round their everyday life, planned activities and changing care needs. This helped people have flexibility and control about how their care was arranged.
● People's care plans focused on their abilities, what they were able to do and how staff should encourage them to build their skills.
● People's care plans detailed their preferred routines around their personal care. This helped to ensure staff could provide care in line with these preferences.

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.
● People's communication needs were identified within their care plans. This included their preferred communication methods, strategies to encourage people to express their feelings and how people processed and retained information.
● Staff provided information to people in an adapted form to help them understand everyday events, routines and appointments. This included developing, visual daily planners, easy read tenancy agreements and social stories for upcoming events. This helped to ensure there were individualised arrangements in place to meet each person's communication needs.

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
● People were supported to develop and maintain relationships with their families, partners and friends. Staff gave people the freedom to explore these relationships whilst ensuring people were safe and supported.
● People were supported to attend important family events and keep connected with loved ones. This included staff facilitating family visits, reconnecting with relatives who people had lost touch with and paying their respects to loved ones at funerals. Where important events were planned, staffing

arrangements were adjusted accordingly to ensure people had appropriate support to attend.
● People and relatives told us they were supported to keep busy and follow their interests. Each person had developed a routine of activities individual to their interests. This could include; leisure and sport, religious and spirituality, social clubs, meeting friends, pursuing hobbies and attending events in the local community. Comments included, "Staff are very good, they mix with [other providers] in town. Therefore, [my relative] sees his friends. They meet out and about. Staff are brilliant at [helping my relative] keep in contact with people."
● People were supported to develop and personalise their home environment. Staff had supported people to decorate their home, develop their gardens and care for their pets where they wished.

Improving care quality in response to complaints or concerns
● People told us they would be happy to raise a complaint to staff and felt confident their concerns would be listened too. Relatives also told us when they raised issues, the provider worked with them to find resolutions. One relative said, "I had concerns that I raised at one point. I logged a complaint and since things are moving in the right direction."
● Staff regularly spoke with people to identify whether they had any worries, concerns or complaints about their care. Staff were intuitive to people's behavioural and non-verbal cues when seeking feedback about their care. This helped to ensure the provider was able to act upon people's feelings and concerns.
● The provider had a complaints policy which detailed how and to whom a complaint could be made to. This policy was available in an adapted form in line with people's communication needs to aid their understanding.
● The registered managers documented all formal and informal complaints which were then reviewed by the provider's senior management. This helped to ensure complaints were handled in line with the provider's policy.

End of life care and support
● The service was not providing end of life care at this inspection.
● However, the provider had worked with people and relatives to identify their preferences and wishes around their care at the end of their life, should this be required.

Good

Is the service well-led?

Our findings

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

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

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

● People and relatives told us the support they received was person centred and promoted good outcomes. Comments included, "I am happy with support," and, "Overall, I cannot praise them enough. [my relative] is a different character since he has been there. [They are] less anxious, socially better. We couldn't be happier with the service."

● People and relatives told us management staff regularly visited them to check on how their care was going. They told us management staff were approachable and friendly. Comments included, "I know them [management staff] well," and, "[The registered manager] is fabulous, has been amazing since she took over. She updates me and if I have any questions she answers the phone even when not working."

● The registered managers were heavily involved in the supported living services they oversaw. They valued people as individuals and worked hard to promote their choice and independence. Comments from registered managers included, "Choice is a fundamental part of the individuals support and is respected constantly," and, "Support is adapted to fit around the needs and wants of the people we support."

● The provider had a strong person-centred ethos. There were initiatives in place to promote person centred practice and champion positive values in staff. Staff we spoke to were positive about working for the provider and motivated in their role.

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 registered managers understood the Duty of Candour and their responsibilities in informing people and relatives about concerns or when mistakes happened. Relatives gave positive feedback that they were contacted when incidents or significant events occurred.

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

● There was a clear management structure in place. There were five registered managers who had an allocated number of supported living settings which they oversaw. Each supported living setting had senior staff in place to help oversee the running of the service. The registered managers reported to the area manager who oversaw the overall quality and safety of the service.

● Registered managers carried out regular audits of key aspects of people's care. This included audits of medicines records, care records and financial records. This helped them identify good practice or highlight concerns.

● Providers are required to notify CQC about significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the provider had met the requirements of this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider had a strong commitment to engaging with all stakeholders to gain feedback about the quality of people's care through their engagement strategy. This involved creating opportunities for stakeholders to give feedback through meetings, questionnaires, focus groups drop-in sessions with management. Actions identified from feedback included, supporting people to access more meaningful activities, improving communication with relatives, and focussing on the importance of staff retention. This helped ensure stakeholders feedback was used to make improvements and changes where required.
● The provider involved people and external advocacy agencies in carrying out quality visits of the service. This involved visits to supported living settings and feeding back to the provider about good practice and areas for improvement.
● The provider had strong links to the local community. Most people lived in areas close to family or where they had lived for a significant period of time. They had developed local networks of friends, clubs and local facilities that they accessed. The provider understood the local community was important for people as it gave them a sense of belonging and security.

Continuous learning and improving care
● Registered managers completed quality checks for each other's services. This helped to ensure an independent viewpoint was sought when judging the quality of care.
● Staff meetings were held for each supported living setting. This helped to share good practice and discuss where improvements could be made.
● Each supported living setting had an action plan in place which identified changes that could improve the quality of care. Actions pans were overseen by registered managers, which helped ensure any improvements made were beneficial to people and sustainable.
● The provider had a proven track record of reducing restrictive practices associated with people's support. In one example, they had worked with people, families and professionals to significantly reduce the restrictions people had within their own home. This had resulted in people feeling safer and happier through enjoying more choice and control about how they lived.

Working in partnership with others
● The provider worked in partnership with key stakeholders to help ensure people led a good quality of life in relation to their health, care and housing.
● Examples of this included working to ensure a named officer from the housing provider was point of contact for people in housing related matters. This helped people become familiar and comfortable with the named person and made raising issues or facilitating meetings easier.
● The provider had developed positive working relationships with health professionals including GP's, psychologists and learning disability nurses. The benefits to this included; ease of sourcing equipment and preparing for appointments to meet people's specific needs.
● The provider held regular meetings with people and their circle of support. These meetings included people, relatives, commissioners, social workers, health professionals and housing providers. This helped to ensure all stakeholders had a shared view of the issues that were important to people.