

Positive Support for You CIC

7 Beresford Buildings

Inspection report

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Ratings

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

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

7 Beresford Buildings is a supported living service providing personal care to adults with learning disabilities, autism and mental health needs. People lived in their own accommodation. Some accommodation had a room for staff to use if people required 24-hour support. At the time of our inspection the service supported four people with personal care living in their own homes.

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

Right Support

- Staff were exceptional in their ability to support people to have the maximum possible choice, independence and control over their own lives. Staff used a variety of communication methods to suit each individual person, to maximise people's understanding and decision-making abilities. People were empowered and supported to play an active role in maintaining their own health and wellbeing.
- Staff were passionately committed to delivering care in line with best practice guidance, and in finding the right approach for each individual person supported. Staff used creative ways which supported the delivery of high quality care and achieved excellent outcomes for people.
- Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People's plans were developed using facts and information relevant to the person, to ensure that support provided was exceptionally effective for each individual.
- People were supported to pursue their interests and to achieve their aspirations and goals. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- The service specialised in Positive Behaviour Support (PBS). PBS is a person-centred framework for providing support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge. This framework had resulted in really positive outcomes for people.

Right Care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff went the extra mile to understand and respond to people's individual needs which resulted in excellent outcomes.
- Staff understood how to protect people from poor care and abuse. The service worked well with other

agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

- The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff received excellent training which was designed around the person being supported. People received exemplary care, support and treatment because trained staff and specialists could meet their needs and wishes.
- People could communicate with staff and understand information given to them because staff supported them consistently and had an excellent understanding of their communication needs.
- People received care that supported their needs and aspirations, was focused on people having an excellent quality of life, and which suited each individual person.

Right culture

- People led inclusive and empowered lives because of the exceptional ethos, values, attitudes and behaviours of the management and staff. Staff and people were involved and contributed to the missions and aims of the service.
- People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate care that was tailored to their needs.
- Staff placed people's wishes, needs and rights at the heart of everything they did. They were motivated and proud of the service and the positive difference they were making in people's lives.
- The provider went out of their way to seek and obtain good quality feedback. This allowed them to evaluate the quality of support provided, involving the person, their families and other professionals as appropriate. Staff were continuously seeking to improve and enhance people's quality of life.
- The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.
- People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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

Rating at last inspection

This service has moved address. The last rating for the service at the previous premises was good (published on 31 January 2019).

This service was registered with us at the current address on 2 August 2019 and this is the first inspection at the current premises.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support right care right culture. This was a planned inspection to assess the standard of care delivered by the service and award a rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

7 Beresford Buildings

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 one inspector and a Pharmacist Specialist.

Service and service type

This service provides care and support to people living in a number of '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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 May 2022 and ended on 16 June 2022. We visited the office location on 20 May 2022 and 9 June 2022.

What we did before inspection

We reviewed information we had received about the service since it had moved to the new address. We sought feedback from Healthwatch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the

provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spent time observing one person to understand their experience of care. We spoke with 12 members of staff including the registered manager, director of operations, PBS assistant, two care co-ordinators, two team leaders, four support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from a further five support workers, one team leader and one care co-ordinator. We received additional feedback from two social care professionals who work closely with the service. We spoke with one volunteer and one development manager from a charity that the service is working with.

We reviewed a range of records. This included two people's care records and medication records. We looked at four 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. We looked at training data and quality assurance records.

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 at the previous address, this key question was rated as good. This is the first inspection for this service at the new address. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff knew people well and understood how to protect them from abuse. One staff member told us, "We as a company have policies in place regarding safeguarding and all staff including myself would report any sign of abuse instantly."
- Staff had received training on how to recognise and report abuse. Staff knew how to apply the training and were confident any concerns would be dealt with appropriately. One staff member told us, "If I had any concerns I would not hesitate to contact management or report the concern above them. I have the uppermost confidence it would be dealt with."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. All relevant information was produced in easy read documents, and people had copies of these in their homes.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Robust care plans and risk assessments were in place and reviewed regularly.
- Guidance for staff was comprehensive and clear, and helped ensure staff knew how to keep people safe. One staff member told us, "What we have in our documentation is so in depth and so person-centred around the people we support. It is updated all the time and everything is kept as it should be, safety and wellbeing assessments, and risk assessments for people's individual needs."
- People were involved in managing risks to themselves and in taking decisions about how to keep safe wherever possible. People were fully involved in creating and reviewing their support plans, and were encouraged and supported to take responsibility for their own safety whenever this was possible.
- The service specialised in Positive Behaviour Support (PBS), which is a framework based around establishing why someone may be displaying a behaviour which is distressing for them, so that person-centred approaches can be implemented to better meet people's needs, enhance their quality of life, and keep them safe. This framework had resulted in notable positive outcomes for people.

Staffing and recruitment

- The service had enough staff, including one-to-one support for people to take part in activities and visits, how and when they wanted to. People were consistently supported by the same core staff teams, which provided stability, continuity, and enabled trusting and positive relationships to form.
- Staff recruitment and induction training processes promoted safety. Appropriate pre-employment checks were completed to ensure staff were suitable for the role. The provider placed an emphasis on learning about prospective employees' visions and values, to ensure they would support and engage with the

positive ethos of the company.

- People and families were involved in recruitment wherever possible. People and relatives had opportunities to ask questions and discuss whether they thought the person was suitable for the role. These opinions were paramount and seen as an essential part of the recruitment process.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. Staff had access to detailed protocols which described when such medicines should be given, and senior management authorisation was required before administration.
- Staff made sure people received information about medicines in a way they could understand. People had easy read guides to explain about the purpose and side effects of their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Staff kept accurate records of the use of medicines. Medicine audits were carried out to ensure medicines were managed safely.
- Where people lacked capacity to make decisions about their medicines, robust best interest decisions were in place and people's medication care plans were agreed by multi-disciplinary teams.

Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The provider had good arrangements for keeping premises clean and hygienic. People who used the service were involved where possible and easy read guidance was available.
- People and staff had individual COVID-19 risk assessments in place to support them to remain as safe as possible. One staff member told us, "Each service was always provided with up to date COVID-19 risk assessments. I have felt extremely safe working during COVID-19 because of these."
- Staff used PPE effectively and safely. One staff member told us, "We are still following COVID-19 precautions and using PPE; there has always been a good supply of PPE stock."
- The provider's infection prevention and control (IPC) policy was robust and up to date. Staff had completed IPC training and food hygiene training to support them to comply with best practice guidance.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately, and managers investigated incidents and shared lessons learned.
- The registered manager analysed incidents and near misses on a regular basis so that trends could be identified and appropriate action taken to minimise any future risk.

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 at the previous address, this key question was rated as good. This is the first inspection for this service at the new address. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- The provider, registered manager and staff team were passionately committed to delivering care in line with best practice guidance, and in finding the right approach for each individual person supported.
- The provider and registered manager encouraged creative ways to support the delivery of high quality care and achieved excellent outcomes for people. For example, 'backwards chaining' was used, which involved breaking down tasks into smaller steps and teaching the last step first, to encourage independence. The different methods used helped ensure each person was provided with the right amount of support for their individual needs, in a way which worked and improved their independence and quality of life.
- Staff fully assessed people's needs and choices. This assessment was a continuing piece of work and so reflected a person's needs at any given time. People's plans were developed using facts and information relevant to them, to ensure that support provided was exceptionally effective for each individual. One professional told us, "They have an exemplary ability to manage behaviours via diversion, de-escalation and full compliance with Article 5 of Human Rights Act in making the support both proportionate and the appropriate response."
- People had care and support plans that were personalised to cover all their needs and aspirations. People, those important to them, and staff, reviewed plans regularly together. Engagement and involvement of people was supported through a variety of methods, suited to each individual, to ensure good quality participation and contributions. For example, the provider used picture cards, non-verbal cues, social stories, group discussions with families and informal settings with others who used the service. Additionally, one person who used the service sat on the board of directors as a direct advocate for others who used the service. One professional told us, "Staff's ability to engage and support [person] could not be more positive."
- The provider developed excellent links with other organisations to share and progress good practice. The provider and staff were actively involved with local and national groups and initiatives, such as The North East PBS Coalition and Learning Disability England. Within these groups they discussed methods of support and shared success stories, learnt from others, and helped to develop and educate others around good practice and continuous improvement.

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

- The provider and registered manager were exceptionally pro-active in ensuring people received effective care and support. For example, staff went the extra mile to engage and communicate with other organisations and services. They identified one person was anxious when using the stairs in their property.

Staff were concerned about this person's safety on the stairs and so carried out a comprehensive piece of work with them to find out whether they wanted to move somewhere without stairs. The provider then strongly championed the preferences this person expressed. Around this, one professional told us, "They have been instrumental in raising concerns with [other professionals in the multi-disciplinary team], and they have supported [the person and other professionals] with support over and above the norm."

- The provider, registered manager and staff team worked tirelessly around PBS and other accredited methods to monitor and analyse behaviours. Their aim was to make constant and ongoing improvements, which led to good quality and fulfilling lives for people. For example, when one person was first supported by the service, they displayed harmful and self-destructive behaviours on a regular basis. A tremendous amount of hard work and dedication was put into this person's support including hourly analyses, trials of evidence-based techniques and vigorous reviews, learning and reflection. This resulted in an excellent outcome for this person where they now live in their own flat, and are settled with a core staff team who knows their needs. Their harmful behaviours have dramatically reduced, and they participate in activities they enjoy, and are out and about in the community gaining independence.
- Excellent hospital passports and health action plans were in place for people. These documents were exceptionally person-centred, with a real emphasis on trying to ensure the person's needs, routines and likes and dislikes, could be quickly known. This helped reduce any distress when accessing a different healthcare setting.
- The registered manager ensured that multi-disciplinary team professionals were involved in plans to improve people's care. One professional told us, "They have clear lines of communication with excellent lines of upwards and downwards flow of information and their professional relationships are very good."

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.

- The provider, registered manager and staff team were extremely knowledgeable about their duties under the MCA. Staff were skilled in supporting people in different ways to make decisions where possible and empowering them to have as much control over their lives as they could.
- People could make their own choices, with a focus on their own feelings and wishes. Staff took the time to do all they could to support someone to make their own decisions, including using different methods of communication. Staff supported one person to make their own decisions about when they wanted to see their family, and where they wanted this contact to take place. By enabling this person to make these decisions, this had led to a decrease in them becoming distressed as they were able to have control.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best

interest decision-making. They spoke consistently about giving people choice and seeking consent before performing any task. One professional told us, "They work in a very person centred way, they develop plans which are specific/bespoke to the person, they involve people in the decision making process, and they support people to be as independent as possible."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. The provider offered an excellent training programme, which ensured that learning was tailored to individuals' needs and adapted to meet the different learning styles of staff. One staff member told us, "There is a fantastic range of training which is person-specific, and it is top notch."
- The provider created 'training pods' which were specific to each person supported. Relevant staff gathered and learnt through training sessions, information sheets and interactive learning within the pod. The learning was relayed to staff at all levels.
- Continuous staff development was a priority for the provider and registered manager, and staff were encouraged to progress and better themselves. There were excellent opportunities for staff progression. The provider's investment helped create a core staff team, good outcomes for people, and excellent job satisfaction.
- Staff received continual supervision, appraisal and recognition of good practice.
- Staff were committed to reducing restrictive practices. Up to date training and refresher courses helped staff continuously apply best practice. They were taught techniques that involved active listening and responding to incidents in a way that de-escalated the behaviour, offered the person choices, and informed people of consequences.
- People and relatives were actively involved in staff recruitment and influenced the outcome. Families, people and advocates took part in the interview and selection process, to ensure people had suitable core staff teams. People and families could access easy read profiles about the staff, so they knew all about the people who were supporting them.

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

- People were supported to eat and drink and have a nutritious diet. Nutrition support plans were in place, and staff were very knowledgeable about individual likes, dislikes and eating patterns.
- People were involved, wherever possible, and in a way which met their personal preferences, around choosing food, shopping, planning meals, preparing food and cooking.
- People were supported to be as independent around food and drink as possible. Different aids were used to encourage and support people to feed themselves where appropriate.
- Staff used the positive relationships they had with the people they supported to encourage independence further. For example, staff had found it would assist one person's independence if they ate with them, so the person could model staff's behaviour.

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 at the previous address, this key question was rated as good. This is the first inspection for this service at the new address. This key question has been rated good. 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 were treated with dignity, respect and kindness. This was reflected in the language used in daily notes and records, and by how staff spoke about the people they supported. Families confirmed their relatives were treated with kindness. One relative told us, "[Staff] are patient and understanding."
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. Staff members showed warmth and respect when interacting with people.
- Staff were mindful of individuals' sensory perception and processing difficulties. Staff ensured people were protected from exposure to any environmental factors they would find stressful.

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. One relative told us, "They ask [person] what they want to do – they always give them choice."
- People were empowered to make decisions about the service when appropriate and were given regular opportunities to feed back on their care and support.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- People were supported to identify targets, goals and aspirations and were supported to achieve these.
- Staff knew people well. People were supported to lead active and fulfilling lives, doing activities they enjoyed. Staff knew when people needed their space and privacy and respected this.
- Staff supported people to do things themselves where possible. One staff member told us, "We make sure the people we support are involved as much as possible, even if it is just small things such as mixing a cake mix together, or dusting; small things help make the people we support more involved."

Is the service responsive?

Our findings

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

At the last inspection at the previous address, this key question was rated as good. This is the first inspection for this service at the new address. This key question has been rated good. 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's support plans were individualised and person-centred.
- Staff focused on people's quality of life outcomes, and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
- Staff offered choices tailored to individual people using a communication method appropriate to that person. Staff spoke knowledgeably about tailoring the level of support to individuals' needs.

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 met. Staff ensured people had access to information in formats they could understand. One staff member told us, "There are many ways we can offer choice, verbally, pictorially and offering objects of reference. We find what works for them so people can have a fantastic level of input."
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. One relative told us, "[Person] has a good steady team of support staff which means they know him really well."

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 encouraged and motivated by staff to reach their goals and aspirations. People were supported by staff to try new things and to develop their skills.
- People were supported to participate in their chosen social and leisure interests on a regular basis. Adjustments were made so that people were able to do this.
- Staff and people across the service worked together to come up with activities for people to do and ways

for people to build friendships. Staff took the initiative and planned events and days out and people could choose if they wanted to join in. People across the service had built up natural friendships which had a notable impact on their wellbeing and quality of life.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns easily and staff supported them to do so. The complaints procedure was available in an easy read format. The provider would arrange for independent advocates to support people through the complaints process if needed.
- The service treated all concerns seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

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 at the previous address, this key question was rated as good. This is the first inspection for this service at the new address. This key question has been rated outstanding. 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 service was exceptionally well-led. The provider's visions and values were person-centred and achieved good outcomes for people. Management and staff put people's needs and wishes at the heart of everything they did. One professional told us, "My experience to date has been entirely positive and I would recommend this service to other professionals. I feel they are professional and their over and above input should be recognised as commendable."
- Staff and people were empowered to be involved and contribute to the missions and aims of the service. 'Away days' were held with staff, where they were encouraged to discuss the provider's strengths, weaknesses, goals and aims. There was excellent opportunity for progression and staff were supported to flourish and be the best they could be.
- Staff were motivated and proud of the service. They felt respected, supported and valued which led to a positive and improvement-driven culture. Feedback from staff included, "I can honestly say that they have been nothing short of an outstanding employer, the best I have had. It has been refreshing to work for a company who hold genuine values and have an undoubted passion for improving the quality of people's lives" and "I am extremely proud to be part of the team. I feel the company's values of supporting, empowering and enabling are at the forefront of everything we do."
- Managers promoted equality and diversity in all aspects of the running of the service. There was a strong commitment towards making sure there was equality and inclusion within the staff team. The provider and registered manager were working with a local charity which aimed to welcome and integrate asylum seekers and refugees into the local community, to help them maximise their skills and build pathways into work.
- Staff morale was high which helped to create a positive culture throughout the service. Staff told us they were able to speak openly with management and were encouraged to do so. Staff comments included, "Management express a duty of care to us as employees, they are supportive, they genuinely care for you. They are a good company to work for" and "[The registered manager] is very supportive and approachable. I have a lot of respect for the management including how they support people and staff. Everyone here goes the extra mile. They truly work hard."

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; continuous learning and improving care

- There was an exceptional learning culture throughout the service. The provider and the registered manager continuously sought to improve their procedures and processes, with clear improvements to

people's quality of life.

- The provider excelled in obtaining good quality feedback, shared this feedback with all, and acted upon the feedback. The service was part of the Driving Up Quality Code, which is a code for providers and commissioners. Signing up is a commitment to driving up quality in services for people with learning disabilities. The provider carried out regular self-assessments of its practice and published its action plan on the Driving Up Quality website.
- The provider had commissioned an external audit as part of their commitment to continuous improvement. Everyone involved with the service was contacted to ask if they would like to take part in the quality check. People, families and staff were given options as to how they could take part. An easy read report was published, and a video was made. The report was then shared in different formats, including at a live event and with the general public. Actions to improve the quality of the service were implemented and completed in response to the report.
- The provider continuously explored what they could do better for each individual person. This was a priority which ran through everything they did. Everyone's progress, quality of life and health and wellbeing were reviewed regularly.
- Staff gave honest information and suitable support if something went wrong, and applied duty of candour where appropriate.

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

- The provider had excellent governance processes which were embedded into the service. Roles and responsibilities were clear, and staff understood lines of accountability. Staff understood the provider's vision and values and how to apply them in the work of their team.
- The registered manager had the skills, knowledge and experience to perform their role to a very high standard. They had a clear understanding of people's needs, and they had excellent oversight of the service they managed.
- Robust quality performance measures were in place. Exceptionally detailed audits were carried out, including audits which specifically assessed regulatory requirements to ensure excellent levels of compliance. Senior staff understood and demonstrated compliance with legal requirements.
- The provider was continuously seeking to improve and enhance people's quality of life. Audits were regular, varied and meaningful, with clear improvements made in response.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider was exceptional in how they sought to gather meaningful feedback from people who used the service, families and staff.
- The provider had started an initiative called 'Quality Street Group'. These were quality days where people and staff could gather together at an event or activity, socialise and talk about things they liked and didn't like. The activities and more informal setting helped to ensure people were comfortable and encouraged to provide meaningful feedback. People had also developed genuine and long-lasting friendships through these events, which in turn had tangibly improved people's wellbeing, mood and engagement.
- The provider was an excellent role model for other services and engaged in initiatives to assist other providers, and share and develop knowledge and best practice. The nominated individual was actively involved in a development programme for new providers which offered advice about structure, recruitment, training, being ethically driven, having the right people and having a person-centred model. The work also involved creating networks of providers that could develop together and share good practice.
- The nominated individual was a trustee of a local drug and alcohol charity and, similarly, the chief executive of that charity sat on the provider's board of directors. This meant the services could share their

knowledge and experience, share training sessions, and this created a further level of scrutiny for the provider.

- Staff consistently told us they were engaged and listened to. Staff told us, "You are always involved and asked at team meetings for ideas or input" and "For one of our service users we suggested some sensory items and ideas, and the next time I was in the service we had a box of all our ideas."