

New Beginnings (North East) Limited

New Beginnings North East Ltd

Inspection report

1 The Meadows
Newcastle Upon Tyne
Tyne And Wear
NE3 3NA

Tel: 01912130444

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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

We inspected the New Beginnings North East Ltd office on 8, 9 and 15 March 2018. The inspection was announced, as we gave the provider one week's notice to enable staff to arrange ways for us to meet people who used the service. During our inspection visits on 9 and 15 March 2018, we visited people in their homes.

When we last inspected the service in December 2015, we found the provider was meeting legal requirements and rated the service as Good. At this inspection in March 2018, we have rated the service as Outstanding.

New Beginnings North East Ltd provides care and support to people with learning disabilities living in 'supported living' settings, so that they can live in their own home 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. At the time of this inspection, the service provided care to 76 people.

Not everyone using New Beginnings North East Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

Two registered managers were in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

The provider, registered managers and staff put people at the forefront of everything they did. The provider created an ethos and culture of individualised and person-centred care. People's rights were championed and they were supported to live full and enriched lives. People were as independent as they could be. A positive approach to risks enabled people to live more fulfilled lives. The reduction of staff input to people's individual care was carefully planned.

The provider understood the value of community. They supported people to be active members of their local area. Staff valued people, their skills and the contributions they made. People were supported to volunteer for charitable organisations. Staff had helped people to find roles which matched their interests. Staff celebrated people's achievements and displayed passion when talking about the goals people had worked towards.

Staff went 'the extra mile' to enable people to live fulfilling lives. Staff changed their working patterns to support people to go to rave music events and rock clubs until the early hours in the morning.

People we spoke with told us they would not hesitate in sharing any concerns. Complaints were well managed, and had been investigated and responded to. The registered managers acknowledged the value to the service from any complaint as an opportunity to improve their service.

There was a strong, visible person-centred culture. People were supported by a core staff team who provided consistent care. Staff knew people very well. People were involved in the recruitment process, and selected their staff teams based on their personalities and common interests.

People were very comfortable with their support staff. One relative told us the service had 'transformed' their family member so they were no longer unhappy.

The provider set a culture of openness and transparency. They built reflection, and opportunities to identify lessons learned, into all of their managerial records. They strived towards continuous improvement and kept a log of all shared learning opportunities where changes had been made to working practice following feedback from people, relatives, staff and other services.

The provider set high expectations for the service and had a robust quality assurance system to ensure standards were met. Thorough checks were carried out regularly of staff performance. Annual home inspections were in depth. Action plans to address areas for improvement had been monitored and completed.

People and relatives spoke very highly of all aspects of the service. They told us they felt safe with staff employed by the service. Some people who used the service, at times, displayed behaviours which could pose a risk to themselves or others. Support plans communicated known triggers, and how staff should support people to reduce the likelihood of people feeling anxious or aggressive.

People's medicines were well managed. The service was taking part in a project to reduce the use of medicines which affected people's mood. Staff followed processes to minimise the spread of infection.

Staff had undertaken training in a range of subjects, related to care, safety and the values of the service to enable them to deliver care to the high standards expected. Staff skills were assessed to determine if they were competent to deliver the task safely.

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

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.

Risks were assessed and mitigating actions identified to enable people to develop their independence whilst minimising risks. Processes were in place to ensure medicines were managed appropriately.

Staff had information to safely support people where they displayed behaviour which could pose a risk to themselves or other people.

The safeguarding policy was followed. People had been offered training in how to protect themselves from abuse. Safe recruitment procedures were in place to minimise the risk of abuse.

Is the service effective?

Good 

The service was effective.

The service was operating within the principles of the Mental Capacity Act. Where necessary 'best interests' decisions were made on people's behalf.

Staff training, supervision and appraisal were up to date to ensure staff had the skills and knowledge to meet people's needs

People's physical and mental health, and social needs were holistically assessed. People were supported to access health professionals when required.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People were treated as individuals and their skills, personalities and attributes were valued. People got on well with their staff, and relatives described genuine bonds between people and staff. Staff celebrated people's achievements.

People were supported to be independent. Personalised goals

were carefully planned and broken down into achievable steps.

Staff helped people to live the life they wanted to live. They were partners in the service and their care. Their views were sought in planning and reviewing their care.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People lived full and active lives. The provider supported people to contribute and be valued members of their local neighbourhood. People's skills were valued and matched to volunteer opportunities which interested them. People took part in a wide range of activities.

Staff provided inclusive care designed around each person, through high quality detailed records,

Complaints had been well managed. Communication was sensitive to the views of people and relatives sharing their views. The registered manager reflected on all feedback to determine where improvements could be implemented.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Motivational leadership was demonstrated by the service's directors and registered managers. The service's values had been effectively communicated and were evident in the culture of inclusion and empowerment.

A strong ethos around community participation and ownership of the service was in place. Excellent working relationships had been forged with many professionals.

Quality assurance checks were instrumental in improving standards of care to an outstanding level. There was an open and transparent culture at the service. Staff were well supported by the manager team and were clear on their roles and responsibilities.

New Beginnings North East Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 8 March 2018 and ended on 14 March 2018 and was announced. It included visits to people's homes and a focus group with staff. We visited the office location on 8, 9 and 14 March 2018 to see the registered managers and office staff; and to review care records and policies and procedures.

The provider was given one week's notice about the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also wanted to arrange to speak to people who used the service. The inspection was carried out by one inspector.

Before the inspection, we reviewed all of the information we held about the service including statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of. We contacted two local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard by those who commission, deliver and regulate health and care services.

For this inspection we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met with five people who used the service in the office as they were visiting to take part in an activity. We

also visited the homes of eight people who used the service. We spoke over the telephone with seven relatives. We spoke with both of the registered managers, and held a staff focus group with six department managers and deputies, two team leaders, a HR assistant and two members of staff who focussed on activities, personalisation and community involvement. Outside of the focus group we also talked with one department manager, five team leaders and six support workers. We looked at seven people's care records, four staff files, staff training records and other records related to the management of the service. Before our inspection, we sent out questionnaires to people who used the service, relatives and community professionals to gather their views about the service provided. We received responses from 19 people, nine relatives and two community professionals.

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "I like all of the staff. I like [staff name] the best, but they are all nice." A relative said, "[My relative] definitely trusts their staff. I have no concerns at all. [Relative] is happy." Prior to our inspection, we sent people who used the service and relatives a questionnaire. All of the people who responded stated they agreed with the statement, 'I/My relative feel safe from abuse and or harm from my/their care and support workers'.

Due to their needs, some of the people who used the service displayed behaviour which could put themselves or others at risk. Support plans were very detailed and specific and described to staff how they should respond to people. Information included the ways people expressed anxiety or agitation, the 'early warning signs' that indicated people were beginning to feel distressed, and the most effective way to support people. One relative had written a letter to the service praising them for their work. We spoke with this relative who told us we could share extracts within this report. One section read 'The previous agency said [our relative] was challenging, but who was challenging who? Certainly not [our relative] because there has not been one incident since New Beginnings became involved with [our relative]. So, miracles can happen with the right support.'

The service worked closely with the Positive Behaviour Pathway Team, an NHS service, to discuss people's needs and new support strategies. Their advice had been incorporated within support plans. A representative from the Positive Behaviour Pathway Team told us, "They take on board what we do, and have implemented that within their service. They are very good at putting strategies into practice."

Restraint was carried out as a last resort, where people posed a significant risk to themselves or to other people. Staff were trained in restraint techniques and their competency in carrying out restraint was assessed. Detailed records were kept in relation to restraint, in line with best practice guidance, to reflect on the situation which led to the restraint and the way it had been carried out. Managers from the service reviewed all records relating to restraint, analysed the frequency of the usage, and checked it was being used appropriately.

Staff had a good understanding about the signs of potential abuse and how they should respond if they had any concerns about people's safety or wellbeing. Some people who used the service were unable to communicate verbally, but staff told us that they knew people well and would be able to tell if they were 'not themselves'. Safeguarding policies and procedures detailed the actions staff should take if they had any concerns. Staff were confident that any concerns raised with the management team would be dealt with appropriately. We looked at safeguarding records. The provider had been proactive in making prompt referrals to local safeguarding teams, and had carried out thorough investigations where concerns had been raised.

Assessments had been carried out to identify any risks to people using the service. The registered managers explained that the service worked to enrich people's lives and to develop their independence, so all risks were not necessarily avoided. For example, one person had started to travel independently. This was

carefully planned so staff had gradually reduced their input. Initially travelling the bus route with the person and encouraging them to pay for their own ticket, then supporting the person but from a distance, before they were confident to travel the journey independently. Staff considered and mitigated any risks, so this ran as smoothly as possible. For example, ensuring the person had enough money for the journey and a charged mobile phone. We saw as the person had developed their confidence, their risk assessment and care plans had been updated accordingly.

Accidents and incidents were monitored to determine if there were any lessons to be learned or action to be taken to prevent future accidents or incidents reoccurring. For example, following a medicines error, an investigation had been carried out which had resulted in staff involved completing additional training and undertaking competency checks to reduce future risks.

Staff supported people to keep their homes safe. A schedule of safety checks were in place for the building and equipment in use, to ensure they were fit for purpose. People were supported to keep their homes clean and tidy. Staff had received training in infection control, and had access to personal protective equipment, such as gloves to use when required.

There were enough staff to meet people's needs. The support people required had been assessed to determine their package of care. Most people had staff support in their home for 24 hours a day, but some people were visited by staff for shorter periods of time to carry out specific tasks.

Robust recruitment procedures had been followed. Candidates had completed application forms and attended interviews before job offers had been made. Prospective staff had been asked about their skills, motivations for working in care, knowledge and experiences. Any gaps in employment had been explored. Checks had been undertaken through the Disclosure and Barring Service (DBS) to ensure there were no known reasons why staff should not work with vulnerable people and children. References had been sought from previous employers to confirm staff were of good character and had the necessary experiences to carry out their role.

Staff had received training in the safe handling of medicines and undertook annual competency assessments to ensure their skills and knowledge were up to date. Clear instructions detailed the level of support people needed with their medicines. Medicines records were well completed, with no gaps, so we could see people had been given their medicines as prescribed. Where people were prescribed 'as required' medicines staff knew what the medicines were for and the circumstances in which they should be given.

The service had been involved in a pilot devised by the local clinical commissioning group to review the use of psychotropic medicines for people with learning disabilities. Psychotropic medicines are any which affect people's mind, mood or behaviours. A multi-disciplinary team had worked to reduce these types of medicines, through non-medicine based interventions. The trial had resulted in a reduction of these types of medicines for six people.

Is the service effective?

Our findings

People told us staff supported them well. One person said, "The staff do everything I need." Relatives told us staff were able to meet people's needs. One relative said, "Staff are well trained, as far as I am concerned with [my relative] anyway. They have ongoing training and if they need any other help from other professionals on board they arrange it quickly." All of the relatives, and all but one person who had responded to our survey, stated they agreed with the statement, 'My care and support workers have the skills and knowledge to give me the care and support I need.'

People's physical, mental and emotional needs had been assessed, using a range of assessment tools. Following assessment, care plans detailed to staff how people's needs should be met. Care records were detailed and specific so staff knew how to provide consistent care.

New staff attended induction training before they could provide care to people. Inductions incorporated the 'The Care Certificate'. The Care Certificate is a set of minimum standards for care workers. New staff were also 'buddied up' when they started working at the service, which meant they worked alongside experienced staff, met the people they would be supporting, and had the opportunity to ask questions.

The provider had identified a programme of training which they considered mandatory to ensure staff had the skills and knowledge to be able to carry out their roles. This training programme was in-depth, and included first aid awareness, manual handling, risk assessments, food hygiene, epilepsy care and basic finance. Training completion levels were high, and were monitored so refresher training was scheduled when it was needed.

Staff told us the training equipped them with the skills to carry out their work. One staff member told us, "Training continues all the time. We have our mandatory training, but then we don't just say 'Oh well that is us done.' As people's needs change we will get training so we know how to properly support them." They told us they had recently had training from the speech and language team regarding one person's changing dietary needs. Another staff member said, "This company is brilliant for training. They offer loads more than just the mandatory stuff. They expect high standards from staff so they give training so that we can deliver that."

Staff told us they were regularly in contact with managers who were usually based in the agency office, as they would often visit people's homes to monitor the service and check on people's wellbeing. In addition to this contact, staff received formal supervision every six to eight weeks in line with the provider's policy. Supervisions included discussions on people's needs, feedback from observations and competency assessments which had been carried out and an opportunity for staff to discuss how they felt things were going. Staff we spoke with told us supervisions were valuable and that their supervisors were approachable. Annual appraisals of staff performance and training needs were also carried out.

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 people lack mental capacity

to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Some people who used the service did require constant support to keep them safe. Applications had been made to the Court of Protection, and legal authorisations had been granted. The Court of Protection has jurisdiction to appoint deputies over the property, financial affairs and personal welfare of people who do not have the mental capacity to make decisions for themselves.

Some people did not have capacity to make all of their own decisions. Assessments had been carried out, and where required, decision making had been made in people's best interests, involving people's family and professionals. A number of people had restrictions around their kitchens. However, the level of restriction varied based on people's individual circumstances. One person could not access sharp knives, another person had one locked cupboard, whilst the access to one person's kitchen was restricted when they were showing signs of agitation. A log of all 'best interests' decisions was kept so managers could monitor these and review them when required.

Staff we spoke with were clear of the principles of the MCA, and how it was applied on a day to day basis for people who used the service. Staff gave us examples of how they promoted people's right to make choices. Such as, where they would like to spend their time, what activities they wanted to take part in and what they would like to eat. We saw in one person's care plan, that they became overwhelmed by too much choice. Their support plan stated, 'My staff bring me two tops and two pairs of trousers every morning and I decide which ones I will wear.' Routine was important to some people who used the service. Records made it very clear which parts of routines were decisions made in people's 'best interest', and where people should be encouraged to make choices.

People were supported to have their healthcare needs met. People had access to a range of healthcare professionals. Input from GPs, behaviour support teams, dentists, opticians, and speech and language therapists had been incorporated within care records. People we spoke with told us staff attended their appointments with them. Relatives told us they thought people's health needs were managed well.

People were included, wherever possible, in writing shopping lists, buying groceries and preparing their meals. One person told us, "I make all of my meals. The staff come shopping with me." Some people and their staff team sat down to eat their meals together. Staff told us this created a homely 'family' atmosphere. We visited one person who told us they were enjoying learning to cook. They told us their favourite meals were ones they made in the slow cooker, for themselves and staff. Staff explained the person would shop for the items, but the cost of ingredients was divided between the person and staff.

Whilst people's accommodation was not provided by this service, staff had worked with people to make their home environment welcoming and suited to their needs. One person, whose home we visited, had limited sight. Staff had landscaped the garden so that it was accessible and provided an enjoyable sensory experience.

Is the service caring?

Our findings

People and relatives told us that staff were exceptionally caring. One person said, "I like my staff. I get on with them very well." Another person said, "All of the staff are so kind." One relative told us, "When we first went to New Beginnings I had a really good, warm, feeling about the place. They haven't let me down. The beauty about them is they listen to you about what you have to say that hasn't always been the case with other professionals. I'm just so happy with them. For [my relative] they do the right thing. The staff are absolutely lovely." Another relative said, "The staff team are just wonderful."

A commissioning manager was extremely positive about the service and the tremendous impact it had on the lives of the people they supported. They said, "Service users are encouraged to participate in their reviews and supported to make their contribution. New Beginnings focus on improving service user's life, increasing independence wherever possible, enhancing their experiences (identifying new opportunities) and achieving good outcomes. They are proactive and supportive. Feedback I have received from social workers involved with New Beginnings, as well as service users supported by New Beginnings, is also positive and shows that New Beginnings are delivering really good quality of care."

Developing people's independence was a driving force for the service. People were supported to set personal goals based on their needs and what they wanted to achieve. Goals were broken down into small steps that people could work towards. One person said that they would like to invite a relative to their home once a month and prepare them a meal. Their plan was set out into manageable steps such as, confirming a date when their relative was free, choosing the recipe, writing the shopping list and buying the items. The plan ensured staff gave verbal prompts only if they were needed, and would only physically support the person when using electrical equipment. Since the plan had been put in place, the person had hosted their family member a number of times.

The provider used inclusive strategies to ensure people were involved in all aspects of their care, whatever the range of their ability. People were involved in recruiting their staff team. They discussed their understanding of what makes a good staff member, and thought of a question that they would like to ask prospective staff. One person's question was 'Tell me a joke' another person asked what their specialist subject would be on the television show 'Mastermind'. During interviews candidates met with the service user recruitment panel to chat, and to answer their question. People fed back about how the interviewees had interacted with them and these views were taken into account when deciding if job offers would be made.

Respect for equality, diversity and human rights was embedded within the service and integral to everything the staff did. Staff were recruited specifically to work for individuals' care packages and selected to enable people to explore their culture. One relative said, "[Our relative] was totally involved in the selection process and we were most impressed to hear that New Beginnings had taken note of his profile and had actually researched his interest in Goth culture. Fate must have also been on our side because they were able to appoint a support worker who was part of the Goth culture." This person had achieved one of their goals which was attending a festival in Whitby designed around Goth culture twice a year. Two people who used

the service liked to dress in clothes that were typically associated with the opposite gender. Their staff team were aware of how they liked to present themselves, and supported them with this.

Some people attended a group hosted by another provider, which planned social events and could support people who were looking for friendships or romantic relationships. The registered manager told us a number of people had started romantic relationships and staff supported them with this. The letter shared with us by a relative stated, 'New beginnings have provided [relative] with exceptional support. He is unrecognisable from the unhappy miserable man he was a few months ago. Today he is happy and content. He has a girlfriend and the team are working hard to support him in this relationship. Not only have they changed his life they have also totally changed ours. Because we know that [relative] is happy and contented we can begin to live a little. I don't go to bed worrying about [relative] anymore.'

The service was exceptional at helping people to express their views. Three people who used the service were involved in a weekly action group with one of the directors and staff. Their views were sought about new projects or ideas, as well as planning the activities and events which made up the monthly tenant's forum that everyone who used the service was invited to.

Staff used a variety of tools to communicate with people according to their needs. Records used photographs and images to aid people's understanding. A speech software package was used which read text in a natural sounding voice for audio versions of documents. Some people who used the service did not speak English as their first language. In addition to their care plans being available in an easy read format, they had also been translated into the person's first language.

Staff told us they advocated on people's behalf to enable them to live full lives. They told us about one older person they supported desperately loved their annual holiday abroad. The person had limited verbal communication, but would put their arms out to communicate flying on a plane. For insurance purposes, a GP letter was required for the trip. Staff told us the GP had initially been dismissive, and refused. Staff reported they thought this was because the person was older; that the doctor had seen the person's age and disability, rather than understanding their views due to their communication needs. Staff told us this had frustrated them as they knew the person became animated and lit up when they talked about their holidays and communicated to them how much they really enjoyed them. Staff approached the management team to further support their contact with the GP, and one of the directors of New Beginnings had taken time to continue the conversation with the GP, explaining staff's understanding on the unique impact the holiday would have on the person's quality of life. This contact from higher up in the organisation persuaded the doctor to provide a fit to fly letter. Staff subsequently reported the person loved their holiday and had gained great benefit from traveling abroad.

There were two people using an independent advocacy service. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. The service proactively encouraged the use of advocates. People had been given information about how an advocate could help them, and how they access the service. One of the registered managers had worked as an independent advocate for three years, within one complaint response the registered manager suggested that a referral to an advocacy service be arranged.

Is the service responsive?

Our findings

The service provided exceptionally person-centred care, designed around the needs and personalities of people who used the service. Relatives were extremely positive about the staff and support provided. One relative told us, "I think [my relative] is in the best place, the best head space now that they have ever been. The staff know exactly what to do. Everything has been sorted to fit in with what [my relative] needs. There has been lots of tweaking and it is fantastic they have worked with us to get where we are. It's has taken a long time to get here for a balance between family life, and living away from home. The staff are so good supporting us to do that. I'd say we were at breaking point before [my relative] started with New Beginnings. We couldn't cope. Now because of the staff involved we can enjoy the time we spend with [our relative]" Another relative talked about how the service had taken note of a persons enduring interests, "They have supported [my relative] to find a variety of daytime interests. They are aware of their love of dance and drama and constantly look for places where these may be available to them."

The service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. The provider's focus for 2018 was 'Community and Relationships', with the aim to maximise people's involvement in the community. Each person was asked to think about what they would like to work towards in the coming year during their annual person-centred planning meeting. We saw lots of people were involved in voluntary organisations. Staff had supported people to volunteer for charities which matched people's interests or which meant something to them.

Staff and people who used the service told us about the service's allotment project. Some people who used the service enjoyed gardening, and volunteered at a community farm with growing vegetables. Staff told us that whilst people enjoyed this, they wanted to give people who used the service a place of their own. The service worked in partnership with Newcastle City Council to secure the allotment. Using funds from two successful grant applications, they had created a safe, outdoor community space to promote health, wellbeing, healthy eating, gardening skills and opportunities to grow fruit and vegetables, as well as promote community involvement. On the day the allotment opened, one person with complex needs visited the service. The staff team had said they had never seen the person so engrossed in anything, and during their visit, they had planted fruits and herbs. The person's relative said, "We knew they enjoyed bits of gardening. But what they achieved that first day is amazing." The project was owned and being driven by New Beginnings, but there were plans to open it to people outside of the service to build upon links with other services and the local community.

Staff actively supported people to access employment and educational opportunities and social activities to ensure people could live as full a life as possible. One person had a long-standing love of animals and so had started to volunteer at a local dog shelter. When we visited they told us they loved to take the big dogs out for walks. Another person we spoke with volunteered at care homes to carry out arts and crafts. We saw the service had presented them with a certificate after their first session, it included feedback from the care home and said, 'You fitted right in. Well done [person's name]. We are all very proud of your achievement.' We saw from records that other volunteer opportunities which staff supported people to carry out included

helping out at a recycling point, working in a charity shop, working in the café at a community farm, working in a children's nursery, and delivering leaflets for charity. People were also supported to access education and attended various colleges.

The registered manager told us that people were excelling in these voluntary roles and that the next stage was to support people to gain paid employment where they wanted to do this. They gave examples of people showing talent and hard work, and felt confident they could match people to roles where they could be paid for the skills they offered.

The service had an innovative approach to using technology. One person loved to walk. The service was using technology to enable this person to go on independent walks. After trying routes out with staff, the person wore a tracking device in their shoe so they could go walking by themselves. This had been carefully risk assessed; taking into account any risks of being in the community alone, and staff were able to see where the person was located on a monitor in the person's home.

People were supported to keep in touch with relatives who lived abroad using social media and video calling. One person had contact with one of their relatives on set days. Their staff had created a board which showed the days they would speak or see their relatives in a visual way. They told us the introduction of this board had been very successful as it eased the person's anxiety about keeping in touch with their relative.

A media group had been set up. The group were planning on filming scenarios using an 'over the shoulder' camera view. The scenarios were going to be decided by people who used the service, for situations which some people might have not have experienced before, such as going to the cinema, doing laundry, going to the bank or volunteering. The aim was to use the videos to show from the person's perspective what they might see if they took part in any of these activities for the first time. The media group were going to assign roles for actors, film crews and writers. Staff who we spoke with were very excited about the project and told us they thought it would be hugely beneficial for the people involved, both in creating and watching the films.

Staff used inclusive and individual ways of involving people in their care and support plans. Monthly review meetings were held. People and staff worked together to review their care including their objectives and goals. Reviews were tailored to maximise people's involvement. Some people documented their reviews on large bits of paper on a stand, to write or draw what they wanted to communicate. Photographs of these papers were included within people's records so they could look back at them. Staff attended person-centred training about how to meet the needs of the person they supported. People were involved in delivering this training to staff.

Complaints information had been given to people in a format which met their needs. We viewed complaints and concerns records. The registered managers also recorded any low level feedback so these could be looked into, responded to, and where possible improvements made within the service from learning from them. One of the registered managers told us, "We'll always investigate complaints to see if what we could have done better. It isn't about apportioning blame. Even where, following an investigation, a complaint is unsubstantiated, we'll still work with the families to see what we can do. Whether it is happening or not, the reason they complained is causing them anxiety. We have to think, 'is there anything we can do differently to make the situation better?' Could we work closer with the family, do they attend our family link forum so they can talk to other families but also feedback improvements to us? How do we work together to make sure we are all on the same page?"

The provider responded positively to complaints and used feedback to drive improvements within the

service. One complaint had been received from a staff member at another organisation. After the complaints investigation the registered manager had telephoned this person to share their findings, and explain about some changes they had implemented following receipt of the complaint. During the telephone call they invited the staff member from the partner organisation to visit the office and spend some time with staff to understand how the service worked. We saw the complainant had taken them up on the offer, and after their visit emailed their thanks at how positively the provider had handled their feedback.

Is the service well-led?

Our findings

Relatives and external professionals told us that the way the service was led was exceptional. Relatives told us, "Even the managers know who [my relative] is. They aren't just a name or a number, that makes a big difference. The managers know what's going on and don't have to go back to file to check anything when they are talking to us" and "Nothing comes to mind of what they could improve on. They are working towards everything. They listen at the family forum to any of concerns. Take on board anything we raise and they work towards it. You can't ask for anything more than that." A healthcare professional said, "They are one of agencies that we turn to first...They have a good attitude. They think outside the box. They don't just provide standard care and stick to that. They will come to us with suggestions and say 'what about trying that?' They are proactive about trying new strategies. They know what we want to achieve and work with us towards that too. They have a good culture. They are promoting independence and promote good care. They don't seem to be focussed on their finances either, they will look to reduce care packages when appropriate too."

New Beginnings North East Ltd is a not-for-profit organisation. All profits were reinvested within the company. The organisation was set up, over 20 years ago, by two brothers & their colleague, all psychiatric nurses who were passionate about improving the lives of people with a learning disability. The directors were still heavily involved in the company, attending weekly action meetings with staff and people who used the service and receiving weekly reports from the registered managers and company secretary about operational and business updates. The directors provided governance and quality assurance through monthly board meetings.

There were two registered managers in place who were very experienced. Both had over 15 years' experience within social care, and had achieved qualifications in 'Leadership and Management'. People knew the registered managers and told us they were 'nice'. Staff praised the registered managers and the support they offered to staff.

Governance was well embedded into the running of the service. The service set high expectations of standards of care to be delivered, and monitored that they were achieving this level of support through a thorough system of quality assurance. Team leaders worked alongside support staff, observed their practices and competency and provided feedback during supervision sessions. Records of the care people received, and financial transactions were returned to the agency office regularly and checked through by managers to ensure staff were following policies and good practice. Each supported house was given an annual service audit that reviewed areas such as information made available to people, care records, medicines and health needs, and staffing. These audits were in-depth and detailed feedback was provided on where improvements should be made. These action plans were monitored and updated with changes made, and completed actions were checked by registered managers to ensure changes had the expected impact on the care people received.

Staff were extremely motivated and very proud of the service. Staff described the service and the culture as 'different' to other places they had worked. One staff member said, "Before I started here I worked at a

national provider and the NHS. I've been blown away by New Beginnings. It's very apparent that everyone is an individual. Not just a client, not just a number. It is very rare that a company director will know every person and can chat to them about relevant things but that is how it is here." The service held quarterly cross-directorate meetings for all office based staff to share information and opportunities. To enable all staff to attend one of the directors staffed the reception desk during the meeting.

The provider strived for excellence through consultation, research and reflective practice. The provider acknowledged the benefits of shared learning from working in partnership with families, other agencies and staff. They had introduced a shared learning log to capture learning and how positive changes had been introduced to the care and supported provided. All staff were encouraged to contribute their reflections on learning opportunities that they experienced within their role.

One example of shared learning came from a meeting with the relatives of a person during the assessment process when they began using the service. The relative expressed concerns at the level of support their family member had received from a previous agency. The relative was keen to know the agency's policy on supporting people with behaviours that could challenge staff. The agency already incorporated the ethos of a practice known as positive behaviour support (PBS). Within PBS people's needs are assessed and it is taken into account what people might be trying to communicate via their behaviours. Staff are provided with preventative strategies to minimise people's anxiety. Following the discussion with the relative, the service considered that they needed to formally document information regarding PBS planning and support. The service created a booklet for people and relatives which contained an explanation of what PBS is, staff's experience with PBS and people's own reflection of PBS. The service identified several management staff to complete a nine month advanced level 6 diploma in positive behaviour support at a local university. This is a newly developed course, and staff from New Beginnings North East Ltd have been involved in planning the content as part of the steering group.

There was a particularly strong emphasis on continuous improvement. One of the registered manager said, "We seek every opportunity to learn from our mistake, and put things right in order to improve our services." On one occasion due to unexpected staff sickness within the person's usual staff team, a non-driver was assigned to support one person. Due to this person's needs they do not respond well to change, and had not understood why their usual routine was broken, which resulted in them displaying anxiety and aggression. Staff knew the person well and were able to pinpoint that the change had been a trigger. The incident was discussed so all staff in charge of rotas were aware of the importance of having a driver on shift. The person's relatives were contacted, and a manager from the service offered their apologies and explained the steps which had been taken to reduce the likelihood of such a situation occurring in future. This showed the service reflected on situations and communicated with people and families where they identified that improvements could be made.

The service used inclusive ways to enable people and relatives to develop the service and to voice their opinions. Meetings and annual surveys were carried out. Relatives were invited to join a family representative group which met to share their views about the running of the service. The family representative group had been asked to review and comment on the annual survey to make sure that relatives were being asked the questions which were meaningful to them. Families had indicated that they would like the opportunity to meet more regularly in less formal settings than the family representation group to chat with other relatives. The service had facilitated a family link meeting on the back of this feedback.

In addition to gathering people and relatives' views formally, the registered managers were proactive in building positive relationships with people they supported and their families. The registered managers regularly visited the homes of people who used the services, or met with their families, sometimes at their

homes and other times in the community. The registered manager explained that they liked to meet with people or relatives if they were going through any changes or if they needed their support. These meetings were a relaxed way to chat about how things were going and if the service could better meet the person's needs or to quickly resolve any queries relatives may have.

The service worked in close collaboration and partnership with other organisations to ensure care and support was based on best practice. One of the registered managers was the chairperson of a registered managers' network. This was a support and learning group for registered managers of adult learning disability services in North Tyneside and Newcastle. The registered manager facilitated the meetings and planned guest speakers and presentations for the group. Records showed the provider had worked with and alongside a number of charitable organisations, local universities and with other care agencies on social events.

The provider championed adult social care and was involved in a number of groups associated with helping people to work in the sector. One of these organisations was the Careers Transition Partnership where the provider offered training, qualifications and a route into employment within health and social care to people leaving the armed forces. The service was also an 'I care ambassador' which was a role developed by 'Skills for Care'. As ambassadors, the registered managers or managers from the service go into schools, colleges, and careers fairs to give presentations about working in the care industry. New Beginnings North East Ltd had a partnership with a local college to guarantee people who are studying on their social care courses an interview. The registered manager told us they had employed five members of staff through the scheme so far and they were working very well in the service.