

Future Home Care Ltd

# Future Home Care Ltd Kent

## Inspection report

2 Kings Hill Avenue  
Kings Hill  
West Malling  
Kent  
ME19 4AQ

Tel: 01732876400  
Website: [www.futurehomecare.com](http://www.futurehomecare.com)

Date of inspection visit:  
24 April 2019  
01 May 2019

Date of publication:  
10 June 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Future Home Care Ltd Kent is a supported living service which provides personal care and support for adults with learning and physical disabilities, and people with mental health needs. People needed support with day-to-day tasks such as, cooking, shopping, washing and dressing and support to maintain their health and well-being. Some people had complex and additional support needs such as, dual sensory loss and diabetes. At the time of the inspection 47 people were receiving personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, the promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were engaging in the local community, for example using their local community to utilise ordinary community resources, shops, access leisure activities and to access day services and recreational activities to ensure they had a good day.

Staff were responsive and committed to ensuring people received high quality care that met their needs. Staff promoted people's self-worth and well-being; enabling people to achieve their goals and aspirations.

People were at the centre of their care and support, taking the lead regardless of their level of care and support needs. 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.

People were involved in the recruitment of their staff team; through staff matching tools and observations of interactions between people and potential staff. There were enough staff to meet people's needs and staff were recruited safely. People's knowledge about keeping safe was promoted and staff understood the action to take if they had any suspicions of abuse.

The service provided effective and safe support to people living with a learning disability and or autism.

People were provided with good support to communicate, staff knew people well and understood their communication needs. Innovative ways were used to enable people to communicate their wishes such as, the use of sensory items. People were supported to feedback on their experiences and contribute to planning their own support in ways which were suitable for their communication needs. For example, through using pictures, stories and gestures.

People were supported to manage their emotions and had positive behaviour support strategies in place. People were supported to maintain relationships with people that mattered. Staff supported people to understand how to keep safe when in a relationship.

People were involved in food shopping, planning their menu and where possible the preparation of food and cooking. People were encouraged and supported to be as independent as possible. People were supported to access routine and specialist healthcare appointments when they needed to.

The senior managers promoted an open culture and was a visible presence in the services, staff felt supported by the senior managers and their line managers, they felt listened to and valued. Staff were well trained and received consistent support and guidance. Staff worked in collaboration with health care professionals to promote people's health, nutrition and hydration.

People, staff and relatives' feedback was actively sought and acted on. There was a commitment to the continuous development of each service. Staff were proud to work for the organisation and strived to enhance people's lives and outcomes.

The service met the characteristics of Good. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The service was rated Good at the last inspection on 28 July and 3 August 2016 (the report was published on 13 October 2016).

Why we inspected:

This inspection was a scheduled inspection based on previous rating.

Follow up:

We will visit the service again in the future to check if there are changes to the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Future Home Care Ltd Kent

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector, an assistant inspector and an expert by experience (ExE) who made telephone calls to relatives of people receiving support. An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, learning disabilities and complex support needs.

Service and service type: Future Home Care Ltd Kent is a supported living service which provides personal care and support for adults with learning and physical disabilities, and people with mental health needs.

Not everyone using Future Home Care Ltd Kent receives a 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 consider any wider social care provided.

At the time of our inspection the service did not have a manager registered with the Care Quality Commission. Recruitment was underway for a new manager and interim managers were supporting the area. This means that only the provider was legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 4 days' notice of the inspection site visit because consent needed to be sought for telephone calls and home visits.

Inspection site visit activity started on 24 April 2019 and ended on 1 May 2019. We visited the office location on 24 April and 1 May 2019 to see the management team and office staff; and to review care records and

policies and procedures. On the 24 April we visited two people living in a shared house. On the 1 May we visited a further three people living in a shared house. We interviewed three support staff and a project manager over the telephone on 1 May 2019. We made telephone calls to relatives whose loved ones used the service on 24 and 25 April 2019.

#### What we did:

Before the inspection we reviewed the information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We used this information to plan our inspection. We did not request a provider information return (PIR), this is a form sent to CQC annually to give key information about what the service does well and the improvements they plan to make; instead we gathered this information during the inspection.

#### During inspection we looked at the following:

People were not able to verbally express their experiences of living at each service we visited; instead some people used signs and gestures. We observed staff interactions with people and observed care and support in communal areas.

We spoke with three people's relatives and received feedback from a health care professional. We spoke with six members of support staff, two service managers, the two interim managers and the regional director.

We viewed the care records for four people which included, support plans, risk assessments, medicine records and records of accident and incidents. We looked at audits and quality assurance reports, three staff recruitment files and staff training records.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Observation showed that people were relaxed and felt comfortable in the presence of staff and other people. For example, we observed people talking, laughing and maintaining eye contact.
- Relatives told us they felt their loved one was safe with the staff. One relative said, "I've never ever had any causes of concern about how my son is looked after here. I never lie awake; it's a comfort to know that my son is very well looked after."
- Feedback from the 2018 annual accessible service user survey showed that each person either agreed or strongly agreed that they felt safe. Comments from the survey from people included, "I feel safe, like my staff and happy living where I am" and "Staff remember things and keep me safe." Accessible information about what keeping safe means was given to people and within each service.
- People received support from a consistent staff team that they knew well. People were given regular opportunities with staff to raise any concerns that they had. Staff were observant to people's changes in behaviour or mood when people did not use verbal communication.
- Staff had been trained, understood the potential signs of abuse and knew what action to take if they had any suspicions.
- Potential safeguarding concerns had been discussed and raised with the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Potential risks posed to people and others had been reduced in a safe way with staff following guidance. Each person had a risk and needs assessment screening tool; this identified potential risks. If a risk had been identified a comprehensive risk assessment was then completed. For example, safe bathing, hot surfaces within the kitchen and the use of bed rails. Staff followed the guidance to reduce the risk in a safe way.
- People's safety in the event of a fire had been assessed on an individual basis. Each person had a personal emergency evacuation plan which had been written in relation to where they lived. Regular checks were carried out within each service to ensure any fire fighting equipment was in good working order.
- Weekly health and safety checks were completed within each service. These included hot water checks, visual equipment checks and any other potential hazards such as, slips, trips and falls. Any potential risks were raised with the service manager and action was taken.
- People's specific equipment such as a mobile hoist, over head tracking hoist or wheelchairs were regularly serviced to ensure they were in good working order.
- Some people displayed behaviours that could be challenging to themselves or others. The provider had an internal positive behaviour support team that supported people and their staff teams. Staff followed specific guidance which informed them of the support the person required during specific times when they may display behaviours that are deemed as challenging.

- Staff followed specific guidance to support people at times of anxiety. Strategies were in place to support the person to become less anxious by offering reassurance and providing consistency to the person.

### Staffing and recruitment

- People's needs were assessed on an individual basis and staffing was based on these contracted hours. Observation showed people were supported to access the community and whilst at home did not need to wait for support from staff when this was required.
- People regardless of their level of needs had been involved in the recruitment of their staff team. A 'choosing my support team' document was completed with people, this recorded the kind of person that they wanted such as, someone that can drive and any particular skills and interests such as, someone that is fun and can cook.
- Some people had chosen to be part of the interview process and had chosen specific questions they wanted to know from potential new staff such as, how long they had worked in care for. People with more complex support needs met potential new staff during an activity within their own home where observations were recorded such as, the body language and reactions from the person.
- Some people had a pictorial rota that used photographs of the staff members. This enabled people to access and know independently which staff were coming on shift to support them.
- Safe recruitment practices were followed to ensure staff were suitable to work with people that required care and support. The provider had a central recruitment team that completed the required checks for all potential new staff. Once the checks had been completed the information was passed to the manager who checked the documentation and validated a selection of references through telephone calls.

### Using medicines safely

- Systems were in place for the safe management of people's medicines. Staff had been trained and completed annual observational competency assessments with a member of the management team.
- Each person had a specific support plan that detailed the support they required to manage their medicines. Some people were prescribed 'as and when required' medicines (PRN); protocols were in place to inform staff of the frequency, dose and how the person would communicate they required this medicine.
- Daily medicine checks were completed within each service when the staff member changed and a record was kept of the balance of people's medicines.
- We checked the medicines against the records within one service and found no discrepancies. The medicines cupboard was neat and tidy with clearly marked medicines for each person. People's medicine administration records were clear and informed staff when and what medicines were due to be taken.
- Some people required their medicines to be administered covertly within another substance such as yogurt. Records showed that this decision had been lawfully agreed in the persons' best interests with the advice of their GP.

### Preventing and controlling infection

- Staff had been trained and understood the importance of wearing personal protective equipment (PPE) to reduce the spread of infection.
- Staff had access to PPE within each individual service such as, gloves and aprons.

### Learning lessons when things go wrong

- Lessons were learnt and improvements were made when shortfalls were identified. For example, during an increased period of staff sickness, it was identified that the sickness procedure was not as robust and clear as it could have been. As a result, the policy and procedure were reviewed and updated.
- Accidents and incidents were recorded and monitored to identify any potential patterns or trends; these could then be acted on to reduce the risk of reoccurrence.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed with them and their relatives prior to receiving support from Future Home Care Ltd Kent. An initial referral form came from the local authority; this would then be checked with the person and their relative during an initial assessment with a member of the management team.
- The assessment included the specific support the person required to meet their needs in relation to their health, diet and nutrition, social activities and any specialist training that staff required to meet these needs.
- People's individual protected characteristics under the Equality Act 2010 were considered during the initial needs' assessment, this included people's needs in relation to their religion, culture and expressing their sexuality.
- Some people had a housing specification form when they were looking for accommodation. This was a form which helped identify the type of house and area the person wanted to live in. Transition plans were created when any shared accommodation had been identified. These included, a series of short visits, followed by longer visits with dinner, followed by overnight stays. Observations were recorded of each person living within the service and the potential new person.

Staff support: induction, training, skills and experience

- Staff continued to receive induction, training, support and supervision to carry out their roles.
- Training records evidenced that staff completed the provider's mandatory training as well as any specific training to support individuals such as, positive behaviour support, diabetes and supporting people that have dual sensory loss.
- Staff completed an induction into the specific service and the people they were supporting. Staff we spoke with had good knowledge and understanding of their role and how to meet people's specific needs.
- Staff spoke highly of the training they received. Comments included, "Training is very good, things have improved since we have moved onto the online system as well as classroom based" and "The training is brilliant."

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

- People were supported to eat and drink to maintain a balanced diet and good health. People were involved on a weekly basis to plan their menu, go shopping and involvement with the preparation and cooking of food.
- Each person regardless of their level of need was involved in the meal experience; whether it was verbal promoting from staff or being present in the kitchen during the meal preparation; feeling the various ingredients and smelling the different aromas. We observed staff supporting one person to cook a meal; when asked this person made sounds to indicate they enjoyed the meal and ate it all.

- Staff understood people's food likes, dislikes and any specific dietary requirements. Support plans contained detailed guidance for staff to follow outlining the support each person required. When required, staff worked alongside health care professionals when required to ensure people received a coordinated and joined up approach to their care.
- Staff supported people to create pictorial and visual menus to help people plan which meals they are going to make and eat.

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

- People had hospital passports in place. These are documents that provide important information when a person is admitted to hospital. For example, how the person expresses that they are in pain and any allergies they have.
- Some people also had communication passports. These included information about how the person will inform you if their needs are being met; people's signs, sounds and gestures meant and what people could understand. These documents were used by staff, relatives and healthcare professionals to aid communication.
- People were supported to live healthily and access the healthcare they needed. People were supported to attend regular health check ups such as, hospital, dentist, opticians and the district nursing team.
- Staff followed guidelines from healthcare professionals to support people with specific health conditions. A healthcare professional wrote, 'I've found the teams to be exceptionally caring, and very person focussed, they are absolutely committed to getting the best health outcomes for their services users and getting acute settings to understand the reasonable adjustments needed to meet health needs.'
- A relative told us that when their loved one hurt their hand, staff contacted the doctor straight away and then informed them. The relative attended the medical appointment with their loved one and the staff.

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.
- We checked whether the agency was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People were supported to have maximum choice and control of their lives. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of clothing to wear and activities people wanted to participate in. A member of staff spoke about the use of a sensory box to promote choice for a person that had dual sensory loss. Items were placed in the box such as googles which represented swimming; the person then made a choice of whether they wanted to do this activity.
- MCA assessments had been completed for less complex decisions such as, agreeing to personal care and consent to the administration of their medicines. Records showed that decisions had been made in the person's best interests with the involvement of relevant people.

# 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

Good: ☐ 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 agreed and gave a thumbs up when asked if the staff were nice. We observed people being treated with kindness and compassion. Staff spoke with people in a patient, calm and friendly way. Staff knelt next to people when speaking with them; to maintain eye contact.
- Relatives told us staff were kind, caring and approachable. Comments included, "I've got very close connections with the staff and I can trust their judgement and they are very pleasant" and "Staff go over and above the call of duty, they are absolutely amazing."
- A healthcare professional wrote about the staff, "They have always been polite, interested and willing to follow guidelines. Staff go out of their way to stay late, contact families, come in out of their working hours, especially when someone is dying, so that they can know that person is well looked after."
- Staff knew people well with many staff having worked with people for several years. Each person had a support plan that included information about their personal histories, what was important to the person and what people admired about them. For example, family members and having their hair fashionably styled was important to one person.
- People were supported to create goals they wanted to work towards and achieve. Each goal had been broken down into manageable steps and included the support the person required to complete these. Records showed that people's goals included, going on holiday, the redecoration of the person's bedroom and a flying experience either in a plane or hot air balloon.

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

- People were involved in the development of their support plans and risk assessments. Support plans were meaningful and, in a format, that people had chosen. For example, pictorial and photograph based and easy read formats.
- People had keyworkers who they regularly spent time with. Keyworkers are staff who take the lead in coordinating a person's support. Keyworkers used social stories, pictures and objects of reference such as swimming goggles or car keys to discuss people's support with them and enable people to express their views.
- Regular house meetings were held to discuss the service and enable people to make suggestions or raise any concerns. We saw that topics that had been discussed included, the weekly menu, food shopping and activities.
- People had been supported by family members, staff and advocates to express their views and have control over their care and support. An advocate is a person that is independent from the organisation and who support, enable and empower people to make decisions.

Respecting and promoting people's privacy, dignity and independence

- We observed staff supporting people to eat their meal in a dignified way. Staff gave the person their full attention, supported the person at their own pace and promoted an enjoyable meal experience.
- Staff detailed how they supported people with their personal care in a dignified manner to ensure the person's privacy was maintained, such as making sure doors and curtains were closed and covering people up with a towel.
- People's records were stored securely within the registered office and within each service to protect their privacy. Records passed electronically between the registered office, organisation and each service were encrypted and password protected.
- People were encouraged and supported to maintain relationships with people that mattered to them. People met up regularly with friends and people they have had a close friendship with. People were supported to stay in touch with and visit their relatives. A relative said, "My son is very happy at his home. He comes home twice per week and can't wait to go back after the visit."
- People had access to accessible information about relationships and their meaning. One person was supported to access information about safe sexual guidance and staff gave the person emotional support during a breakdown in the relationship with their partner.
- People were encouraged to increase and maintain their independence. Support plans included information about how much a person could do for themselves and the support they required from staff.
- Feedback from one person from the 2018 annual survey read, 'I can go to pottery and work with support to be more independent.' A relative said, "Carers support him to stay independent with his cooking and cleaning. He can wash and dress himself."
- We observed staff guiding and encouraging people through general tasks such as, making lunch and folding up their washing. Some people's kitchen had been made accessible to aid their independence with a lowered work top and hot drinks machine. This enabled the two people living in the service to make drinks for themselves and their visitors independently.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support plans were person centred and included people's individual needs, wishes, goals and preferences. They included information about people's preferred routines, health and well-being, communication and behaviour strategies. People's interests, emotional support, important relationships and social inclusion had been carefully considered with strategies in place to support people to live an enhanced life.
- Staff supported people with highly complex care and support needs to live an enhanced life with the same opportunities as any other citizen.
- People were involved in the continuous review and development of their care and support needs. One person with complex support needs was empowered to use a scoring system to review their current support, this enabled staff to work with the person and make changes if they were required.
- People were supported to have an enhanced sense of well-being and self-worth. One person had been supported to find voluntary work with their goal being to gain paid employment. This work had included skill building by completing further education courses such as, health and safety and food safety. The person said they were proud and that their mum was also proud of them.
- Staff supported people to overcome barriers and have positive outcomes. One person suffered with anxiety and did not want to leave their house. Staff worked closely with the person to build their confidence when out in the community. The person began participating in activities with staff in the local community.
- Another person with highly complex support needs was supported by staff to purchase a car. The person tried various cars and staff recorded the person's reaction to each one. The person was laughing and smiling when they were taken out in a convertible car with the roof down. A convertible car was chosen by the person from staff responding to the person's reaction to the car.
- Another person had a passion for trains and was supported to access a train journey on a weekly basis. Staff arranged for the person to sit in the driver's seat during a journey. The person was smiling and laughing during this and repeatedly said 'train' after the journey ended.
- We met one person who told us they had been supported to visit the Shard in London. The person had a complex physical disability however, this had not stopped them from achieving their goals. The person spoke proudly and was smiling whilst they showed us their photographs of the day. A healthcare professional told us they felt the staff were, "very person focused"
- People took part in a wide range of activities to meet their needs and interests. People were fully involved in daily living activities such as, shopping, cooking, cleaning and laundry. People were supported to participate in events and activities in the community. Activities included, shopping, aromatherapy, hydrotherapy, walks and park visits, day centres and attending work. One person showed us their activity planner which was kept on the wall in their kitchen; they had a packed week of various activities. Activity planners were accessible to meet people's needs using written text, pictures and photographs.

### End of life care and support

- Staff had worked closely with health care professionals to promote and value people's wishes at the end of their life. Staff became the voice for one-person that wanted to remain in their own home around staff they new well and friends they lived with. A best interest decision was made that the person would remain in their home and receive the care and support they needed to have a pain free dignified death.
- Another person was supported to remain in their home that they had shared with friends for a number of years which was their choice; at the end of their life.
- A health care professional told us they felt the staff were committed to ensuring people received the best possible care throughout their life.
- People that were important to the person were given support from staff and were able to spend time and stay with the person.
- People were empowered to prepare a plan for the care at the end of their life, if they wished to. Some people had chosen to create an end of life plan that was to be followed by staff. This included things of importance to the person such as, the music to be played and people they wanted to attend.

### Improving care quality in response to complaints or concerns

- The organisation saw complaints as a positive way to improve the service people received. Complaints and suggestions were actively sought from people, staff and others.
- A complaints policy and procedure were in place, this was written in a user-friendly format and available to people within their home. Complaints and suggestions were encouraged and were seen as a positive way to enable quality improvement.
- People had the opportunity to raise any concerns or to make suggestions with their key worker and at regular tenant/house meetings. Action was taken when concerns were raised such as, some people had said that did not know who the management team were; as a result, a structure chart including photographs of each person was sent out to people.
- Investigations took place when complaints had been raised and people were responded to by letter or with a meeting if this was beneficial.

# 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The previous registered manager deregistered with the CQC on the 12 April 2019. Two interim managers from other areas had been managing the branch for a period of two months prior to our inspection. The regional director had started the recruitment process to employ a new registered manager.
- The management team and staff demonstrated a commitment to providing a high standard of care both in their responses to our questions and in the care delivery we observed in both services.
- Staff felt proud to work for the organisation and were committed to providing people with positive outcomes. One member of staff said, "It is such an amazing place to work. [Name] is offered constant choice about all aspects of his life. [Name] receives a personalised service. It is a lovely place to work."
- Relatives spoke positively about the support their loved one received. Comments from relatives included, "I cannot think of anything they can improve on, it's a brilliant service", "Staff don't treat them as service users, they are treated more like a family" and "Since my son has been there, I've seen a major improvement. He is taken into the community more, he is happy, more relaxed and content."
- Staff felt supported by their line managers that worked within each service and by the wider management team.
- The management team continued to meet with other managers in regular team meetings to share good practice and learning. These meetings enabled managers to share stories about the positive outcomes people had achieved.
- The management team at all levels had continued to learn, develop and improve services to meet people's changing needs.
- There were systems in place within each service to check and monitor the quality of the service people received. Each local manager completed a monthly audit which was collated by the senior management team and fed into the monthly audit which was sent to the regional director. The audits included reviewing support plans, risk assessments, incidents, staff training records, medicine management and health and safety. Where actions were identified these were completed in a timely manner and monitored by the management team at all levels.
- The management team knew their responsibility in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.

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

- Staff told us they felt there was an open and honest culture where they could approach any member of

the management team, at any time.

- There was a culture amongst staff at all levels to ensure people had positive outcomes and lived a happy and fulfilled life. Staff understood the vision of the organisation and worked hard to promote people sense of well-being and self-worth.
- There were established processes and procedures in place to ensure people received care and support they wanted.
- Many of the staff had worked with people for a number of years and enjoyed their role. The regional director told us that this particular branch had the lowest staff turnover within their region.
- The regional director and interim managers understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

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

- People were engaged in the service they received and asked their opinions. Each service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People were asked for their feedback through regular house meetings and annual surveys. The surveys were available in different formats to suit people's individual needs; in a way that people could understand.
- Staff attended regular staff meetings where they could share their views about the service they worked in. They were also asked for their opinions and feedback via one to one meetings with their line manager and through annual surveys.
- People, relatives, visitors and staff knew about the rating and findings from previous inspections. The rating and a copy of the report was on display in the registered office and on the provider's website.

Working in partnership with others

- Each service worked collaboratively with a range of different health care professionals to help make sure people received the right support. Appropriate referrals were made to the relevant health care professionals when required.
- A health care professional told us the staff were committed and persistent to ensure people received the health care support they needed and positive outcomes.
- Staff demonstrated that they also worked in partnership with the provider's positive behaviour support team, when this was required.