

Glassmoon Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Glassmoon Services Limited provides supported living style care to people with learning disabilities or autistic people. It provides personal care and support to people living in their own homes, so they can live as independently as possible. The service started providing care in 2021 and this is the first inspection of the service.

People's care and housing are provided under separate contractual arrangements. The CQC does not regulate premises used for supported living; this inspection looked at people's care and support.

Not everyone using the service received a regulated activity; CQC only inspects the service being received by people who are provided with the regulated activity of 'personal care', for example which includes help with tasks such as personal hygiene and eating. Where they do, we also take into account any wider social care provided. People using the service who received personal care lived in two supported living settings.

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

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

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture".

Right support

The model of care was designed to support people's independence and empower people to make meaningful decisions and choices. Staff knew how to communicate effectively with people using a variety of specific approaches and techniques. One staff member told us, "The communication strategies are really working as [Person's name] is using more speech".

People were supported to participate in a range of activities both at home and in the local community. The service had appropriately taken calculated risks to enable people to access the community.

One of the settings in which support was provided was larger than current recommendations. This setting had been developed collaboratively with commissioners and the provider had systems in place to ensure this issue would not impact on the quality of support people received.

The service was well staffed and there were enough staff available to meet people's needs. Staff had been recruited safely and the provider had over recruited to ensure each person always received the support they

required.

People's independence was promoted, and staff supported people to make decisions and choices. Staff supported people in the least restrictive way possible and consistently acted in their best interest.

People were safely supported to access their medicines and risks to people's wellbeing had been identified and mitigated. Staff understood their role in protecting people from abuse and knew how to make safeguarding alerts.

Right care:

Staff knew people well, understood their needs and consistently provided person-centred care. They took pride in people's achievements and supported people to live their best lives. Dignity was promoted and people's privacy and human rights protected. Relatives told us, "[Person's name] gets on really well with the staff" and "The staff are very knowledgeable and caring".

There was a strong person-centred culture within the staff teams that had been built around each person's specific needs. Risks were managed appropriately, and staff understood how to meet people's needs if they became upset or anxious.

Staff had the skills necessary to meet people's needs and the provider valued and encouraged staff development. Leaders regularly worked alongside staff providing support and staff feedback was valued and acted upon.

Right culture:

Relatives and professionals recognised the service's positive and supportive culture had impacted positively on people's well-being. Their comments included, "They certainly put the clients first" and "The needs of the service user are central to the Glassmoon ethos and I have been impressed by the quality of support provided to date."

Relatives were complimentary of the services' approach and the quality of care provided. A professional told us, "Their ethos and the way they come along side people and relatives sets them apart from other providers."

Staff were highly motivated and empowered by managers to support people to live their best lives. One staff member told us, "The managers are really passionate, very supportive and inclusive. It never feels like an us versus them situation. They are always there to help and I am never made to feel like an inconvenience."

Infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. PPE was used appropriately and government guidance about COVID-19 was being followed.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 8 April 2021. This is the first inspection.

Why we inspected

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

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our Well-led findings below.

Glassmoon Services Limited

Detailed findings

Background to this 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.

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

Inspection team

The inspection was carried out by one inspector

Service and service type

This service provides care and support to people living in two '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 registered 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We announced the inspection a few days in advance to ensure that people would give us permission to visit them in their home. Before we visited the supported living settings, we discussed infection control processes for people, staff and inspectors, with reference to COVID-19.

What we did before the inspection

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 also reviewed information we had received about the service since their registration. We used all of this information to plan our inspection.

Following the announcement of this inspection, the registered manager requested that the CQC inspector provided a short video message introducing themselves. This video was produced to help people understand who the inspector was and why they were visiting."

During the inspection

We visited the registered office and met with the registered manager. We then visited both settings where care was provided and met with all five people the service supports.

We also met and spoke with nine support staff. We gathered feedback from four people's relatives and two health and social care professionals who had worked with the service regularly.

We reviewed two people's care and support records including details of how people were supported with medicines. We looked at staff records in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service and quality monitoring systems.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People were comfortable with their staff and confident staff would provide the care they required. Relatives were consistently complimentary of the service and told us, "[My relative] is safe" and "We are happy that [Our relative] is safe".
- Staff and managers had a good understanding of their roles and responsibilities in relation to safety. Staff knew how to report safeguarding concerns externally but were confident any issue they reported to their manager would be appropriately addressed.
- Health and social care professionals felt the service was safe and met people's needs.
- There were robust systems and procedures in place to ensure people were protected from financial abuse while enabling people to go shopping when they wished.

Assessing risk, safety monitoring and management

- Staff knew people well, had a good understanding of specific risks associated with people's care needs and were able to keep people safe.
- There were detailed and specific risk assessments available to staff. These documents were accurate and provided staff with guidance on how to react and respond to individual situations. Where risks had been identified in relation to how people responded to specific stimuli, staff were provided with appropriate guidance on how to support people.
- Risks were managed proactively in ways designed to enable people to be as independent as possible. Staff recognised the importance of minimising the use of restrictive practices and described how they endeavoured to ensure these techniques were used as infrequently as possible.
- People were supported to try new experiences while any related risks were identified, and action taken to mitigate these risks. Health and social care professional comments included, "Positive risk taking was also one of the things they were keen on taking forwards to enable the client to have positive life experiences, in a safe and supported way" and "They are balancing risk and safety with enabling people to live their best lives."
- The service had worked collaboratively with involved health and social care professionals in order to develop novel approaches to facilitate independence while ensuring risks were appropriately managed.
- There were emergency plans in place to ensure people's safety in the event their home had to be evacuated.
- Appropriate procedures had been developed to support people with money. These systems were designed to ensure people were protected from the risk of financial abuse.

Learning lessons when things go wrong

- Accidents and incidents were accurately documented and had been analysed so any trends or patterns could be identified. The providers digital recording system meant incident records could be reviewed immediately by the registered manager and positive behaviour support lead. This enabled leaders to respond promptly to incidents to ensure both the person and staff involved received any additional care or support required.
- Post incident debriefs were completed face to face after significant events and there were systems in place to support the wellbeing of staff involved. One staff member told us, "If an incident does occur, there will be a wellbeing meeting to see what you need and a separate debrief meeting to see if there is anything that can be learned, if an incident occurs they do look after us."
- All accidents, incidents and near misses were treated as opportunities for learning and development. When possible, trends were identified this information was shared promptly with involved multi-disciplinary teams. New approaches were developed and trialled to ensure the person's needs were being met and risks reduced.
- Learning and improvements identified were shared with all staff to ensure consistency of approach.

Staffing and recruitment

- Each person we visited, was supported by appropriate numbers of staff. Relatives and professionals reported this was always the case and that people needs were being met. Staff told us they had no concerns about staffing levels and their comments included, "Staffing is good, absolutely fine."
- Rotas showed there were enough staff available to meet people needs. The registered manager reported that they had deliberately over recruited to ensure they would be enough staff available to cover holidays and periods of unexpected absence. Managers were supernumerary and available to provide additional support to staff teams if required.
- There was an ongoing recruitment campaign underway and staff were recruited to support specific people. The provider recognised the importance developing staff skills and recognising their achievements in developing and maintaining stable teams to support people.
- Recruitment practices were safe. All necessary checks had been completed to ensure new members of staff were suitable for employment in care.

Using medicines safely

- People were supported to safely manage their medicines. The service used an electronic medication administration record system which provided staff with prompts and reminders of when people were due to receive their medication. Staff were trained in medicines management and their competency in medicine management had been regularly assessed.
- When medicines were prescribed to be given 'as required' there was detailed guidance available to staff detailing the circumstance in which these medications should be used. Staff and managers had a good understand of the principles of Stopping over medication of people with a learning disability, autism or both (STOMP) and we noted that previously prescribed 'as required' medications had been successfully withdrawn.
- Medicines audits were completed regularly. Where there were medicine errors, these were investigated to minimise risk of reoccurrence.

Preventing and controlling infection

- We were assured that the service was supporting people appropriately to manage infection controls risks during the COVID pandemic. Staff had completed regular testing, were using PPE appropriately and current infection control guidance was being followed. Infection control policies and procedure had been regularly updated and were understood by staff.

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in detail before the service agreed to provide their support. This assessment process involved visiting people in their current homes, meeting with people's relatives, carers and involved health and social care professionals to gain a good understanding of the persons' particular support needs. This ensured the service would be able to meet people's specific needs.
- Where the service felt able to meet a person's needs a detailed transition plan was developed and staff specifically recruited to support that individual. Where possible, during the transition processes staff visited people in their current home and worked alongside their support staff.
- Relatives were encouraged to provide as much information as possible during the assessment and transition process to ensure staff had a good knowledge of each person's needs before they became responsible for providing the persons care. Relatives told us, " Staff want to learn as much as they can about [My relative] and what they like" and "They did lots of liaison work before [My relative] moved in."
- Information gathered during the transition process was used as the basis from which people's care plans were developed.

Staff support, training, skills and experience

- The service required all new staff to complete an extensive package of learning and development before they were permitted to work with people. The registered manager told us, "New staff do 168 hours training in the first 12 weeks." Staff received specific training on the individualised techniques necessary to meet people's support needs. Relative's told us, "All the staff seem well trained, friendly and helpful."
- Staff were complimentary of the quality and depth of the training they had received. Their comments included, "I think the training is really good, you have e-learning and workshops to back it up. It helps you learn" and "The induction has helped massively to build the team, as you spent so much time together doing the training."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. Established staff were encouraged and supported to complete diploma level qualifications and identify areas of further learning and development they wished to explore.
- Staff had confidence in their skills and knowledge base. They were comfortable challenging professionals and trainers when information provided was contradictory or not in people's best interests. Where staff had reported concerns to the registered manager about the quality of external training this feedback had been acted upon and staff's concerns addressed. The provider intended to foster the development of a learning culture in the service and the registered manager told us, "We are all about the learning and supporting the development of the people we employ."
- Staff were well supported and received regular formal and informal supervision from their managers. Staff

feedback was valued, and all staff were encouraged to share ideas and make suggestions. Staff told us, "I love it here, I feel valued" and "We have proper support meetings every week. It is like proper clinical supervision."

- Team meetings were held via video conferencing technologies and recordings were made available to any staff unable to attend.

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

- People were supported to plan, shop for and prepare their own menus. Staff used individualised approaches to aid people to participate in these tasks.
- Staff had a detailed understanding of people's food preference and encouraged healthy eating. However, people were able to choose less healthy or fast food options when they wished.
- People's weight was regularly checked to ensure that their health and nutritional needs were being met.

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

- People were supported to access health care services and the provider had worked collaboratively with health professionals to ensure people's needs were met.
- The provider supported and enabled all members of staff to advocate, where possible, on behalf of the people they supported. Staff were encouraged to participate in Multi-disciplinary professionals' meetings and their views were valued and acted upon.
- Both Health and Adult Social Care commissioners had been involved in the design and development of the service. The provider worked well with these partners to identify individuals whose needs they could meet.

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 MCA 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. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity in relation to specific issues had been assessed. Where people lacked capacity to make decisions in relation to where they lived this had been reported by the provider to the local authority and appropriate applications made to the Court of Protection.
- Staff supported people to make meaningful decisions about how they spent their time and how care was provided. Staff told us, "[Person's name] is getting better at choice and is now able to make more meaningful choices."
- People were supported to be as independent as possible and staff respected people's decision and choices. New ways of offering choices to people were regularly tested and where effective, adopted by the staff team as routine practice. Where staff needed to make decisions for people these were consistently made in the person's best interest.

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.

This is the first inspection of this newly registered service. We have rated this key question 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 relaxed and comfortable with their friendly and supportive staff teams. Relatives were complimentary of support staff and told us, "[Person's name] enjoys living there, [they] like the flat", "The staff are good", "[Person's name] gets on really well with the staff" and "The staff are very knowledgeable and caring."
- Staff had built caring and supportive relationships with people and it was clear people trusted their support staff. Staff took obvious pleasure in describing how people had developed and changed. Staff comments included, "It is great to see the guys happy and having a good quality of life" and "[Person's name] has made so much progress, so much more interaction with people than [they] ever did."
- Managers and staff spoke passionately of people's recent achievements and growing independence. They took great pleasure in describing how people had begun to develop their own routines and exercise control over their lives. One staff member told us, "We listen and respect [person's name] choices, if they say no we back away and give the space."
- Professionals were complimentary of the quality of care provided by staff. They told us, "I observed their interactions with [person's name] which I found to be warm and friendly, person centred and supportive of their needs and wishes."

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

- People made decisions and choices throughout the day on what to do and where to go. We observed staff using communication tools effectively to enable people to exercise control over their lives.
- Staff respected people's choices and recognised the importance of empowering people to make even the smallest of decisions.
- Information was available in a variety of accessible formats and people and relatives had been involved, where possible, in decisions about how care and support was provided.

Respecting and promoting people's privacy, dignity and independence

- The positive culture of the service had been designed to ensure people's privacy and dignity was respected. Staff were skilled at identifying people's support needs and responded positively and proactively to indicators that people were becoming distressed or feeling anxious. Records showed staff had consistently followed guidance in place on how to provide reassurance and help people feel calm.
- Staff enjoyed spending time with the people they supported and in competitive games treated people appropriately as challenging opponents.
- People's privacy and confidentiality was respected. Information was stored digitally and accessed via a secure application.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Staff in established settings had an extensive understanding of people's individual support needs and preferences. In one other setting where people had recently moved in, staff were developing their knowledge and understanding of people's needs. Relatives said, "Managers are all not afraid to ask questions. They ask to make certain things are right." While professionals said, "The staff have very good and in-depth knowledge of individual's needs."
- People's care plans were detailed and informative. They provided staff with enough information to enable the person's specific needs to be met. The care plans were held electronically, and all were encouraged to update and amend these documents when they identified changes in a person's needs. This ensured all staff had access to the most up to date guidance on each person's individual needs. Managers told us, "Staff can change the care plan straight away, so it is up to date immediately."
- Where significant changes in people's needs were identified this information was shared promptly with relatives and involved professionals. Multi-disciplinary professionals' meetings were held regularly to review people's individual needs and identify goals. Advice provided was acted upon to ensure people were supported in accordance with best practice and enabled to be as independent as possible.
- Staff were confident people's care plans accurately reflected their current support needs and spoke positively about the digital care planning system used by the provider. Their comments included, "[The care planning application] is absolutely amazing, the information you need is there on hand if you are not sure about anything" and "The care plan is absolutely accurate. We are encouraged to add and make changes to the care plan when we learn new information from people, I think it is amazing."
- Accurate daily notes were maintained of the care and support each person received. These records included details of the activities people had engaged with during the day and observations in relation to the person's physical and emotional well-being.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider clearly recognised the importance of supporting people to communicate effectively. People's individual communication needs had been identified and were respected. All staff had received training in the specific techniques people preferred to support their communication. We noted that staff naturally, used signs and specific gestures to aid communication in their conversations with us.

- Staff explained how they used specific communication techniques to enable people to exercise control of their lives. Staff took pleasure in describing how they had supported one person to further develop their communication skills. Staff told us, "The communication strategies are really working as [Person's name] is using more speech" and "As part of induction we use video of relatives who know people well, explaining the person's needs." We observed that staff were able to communicate effectively with people.
- Specific communication tools had been developed to support people to understand and process pieces of complex information. These tools presented information in a pictorial as well as written format, to support people's understanding.

Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People were supported to access activities within their home and in the local community. The provider and staff team were focused on supporting and enabling people to live interesting and varied lives. The service supported people to engage with a wide variety of activities in the community and had used novel and appropriate techniques to enable people to safely exercise outside.
- People had been supported to visit local sites of interest and to attend cultural events they were interested in. Some people were supported to attend educational placements. Daily care records showed people had been offered multiple opportunities to go out throughout the day and in the evening. People were able to choose where to go and what to do. Professionals told us, "A choice of activities is offered daily, with staff available on site to support the individual's choice in the local community and wider afield" and "They work in a very person centred way, they have had to take some very calculated risks [to enable people to access the community]."
- People were supported to maintain relationships that were important to them and relatives were encouraged to visit whenever possible. Staff enabled people to control how they engaged with their relatives and ensured people's wishes were respected.

Improving care quality in response to complaints or concerns

- There were robust systems in place for the management and investigation of any complaint received. Records showed complaints had been promptly investigated and action taken, where possible, to prevent similar issues reoccurring. Relatives were confident any issues or concerns they raised with staff or managers would be resolved.
- The service regularly received compliments and positive feedback from people's relatives and involved health care professionals. Recently received feedback from relatives included, "Thank you so much, so pleased we have you guys" and "Thanks guys for what you are doing for [person's name]." Compliments from professionals included, "I am in awe of the courage, care and person-centred culture of Glassmoon and how much they respect the people they support, employ and supervise or co-work with" and "It is clear that the staff and the Glassmoon service have a strong person centred approach with the care and support that they provide to their clients."

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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant 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

- Glassmoon Services aimed to operate as flat a management structure as possible where all staff were encouraged and supported to raise any concerns directly with the registered manager who was also a director. The registered manager and staff teams were supported by a site manager and positive behaviour support (PBS) lead. The roles and responsibilities of these staff were well defined and understood by the staff team. The registered manager explained that all staff were 'Colleagues' and that, "We try to have as flat a structure as possible, we are a small organisation and all colleagues are encouraged to do what needs to be done, irrespective of their job title."
- Relatives were complimentary of the registered manager's leadership style and told us, "[The registered manager] tries to get things done", "The managers are really friendly" and "The manager is quite chilled, which is good." There were effective systems in place to manage and support the registered manager.
- The registered manager, service manager and PBS lead were all supernumerary but regularly worked alongside people's staff teams. This ensured senior staff had a good understanding of people's individual needs and helped to ensure people's communication was recognised and understood.
- Staff were highly motivated and determined to support people to the best of their abilities. They told us the registered manager led by example and that they were well supported. Staff comments included, "The managers are really passionate, very supportive and inclusive. It never feels like an us versus them situation. They are always there to help and I am never made to feel like an inconvenience", "It is the first place where I have felt the managers really listen" and "I like the manager, she is the best manager I have had."
- There were robust quality assurance systems in place designed to drive improvements in performance and ensure compliance with the regulations.
- The service had notified the Commission of significant events that had occurred in accordance with current requirements.

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

- The service had been operational for one year and, at the time of the inspection, operated two supported living settings and provided an outreach package of support to another person. One supported living setting which supported one person had been open for a year. The other setting which currently supported four people had opened four months prior to our inspection.
- The outreach package was provided by staff based in the single person setting to ensure some variety in the roles and responsibilities of these staff. Each person who received personal care had a specific team of

staff, who had been recruited specifically to meet their needs.

- The setting which had recently opened had been designed to support up to eight people, which is larger than current best practice guidance. This setting had been developed collaboratively with local commissioners in response to local needs. The building had been designed so four people would have their own front doors and the provider had ensured each person's package of support had been commissioned independently with no shared staffing during the day. This meant people were able to go out whenever they wished and limited the impact of the size of the setting on people's wellbeing.
- Relatives and involved professionals were complimentary of the services' positive culture and clear focus on supporting people to develop their skills and independence. Relatives told us, "They certainly put the clients first", "Everything is all right I am really happy with it" and "They are putting the clients first, it is just such a breath of fresh air after all the horror stories you hear." While professionals' comments included, "Their ethos and the way they come alongside people and relatives sets them apart from other providers" and "The needs of the service user are central to the Glassmoon ethos and I have been impressed by the quality of support provided to date."
- Staff were valued and invested in by the provider, who recognised that staff training and morale were critical to ensuring people's needs were met. Staff were paid above the 'real living wage' and there was a clear focus on supporting staff as individuals and encouraging their development. The registered manager told us, "It is about purpose over process, Glassmoon services aim is to create the conditions for people to do their best work" and "We aim to put the same level of support towards [staff] as we do for the people we support".
- The dedicated staff team were committed to supporting and encouraging people to live their best lives. Staff comments included, "They are good to work for", "I do think they are a good employer" and "I think they have a good ethos and have people's best interest at heart."
- The provider was aware of climate change and taken steps to limit their environmental impact. They had worked with building owners to ensure all flats were as energy efficient as possible. Staff were encouraged to use sustainable or active transport methods whenever possible and electric vehicle charging points had been provided to enable people and staff to charge their vehicles. The provider had chosen to use digital care planning systems, in part to help reduce the service's carbon footprint through a reduction in paper use.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the regulatory requirements and their responsibilities under the duty of candour. The service communicated openly with people's relatives and had proactively shared information about incidents to gain the benefits of their knowledge and experiences. Relatives told us, "I am always made to feel welcome" and "The communication is really good."
- Staff and the registered manager were open, honest and welcoming of challenge throughout the inspection process. Information requested was provided promptly and securely.

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

- Staff meetings were held regularly. They provided opportunities for staff to share ideas, propose new approaches and improve people's experiences. Staff were confident their ideas and suggestions would be valued and acted upon where possible.
- The service regularly sought the views and opinions of people using the service, their relatives, staff and professionals. Feedback received was constantly positive and the service's staff were regularly complimented by professionals. These compliments included, "It has been an absolute privilege to work alongside Glassmoon. As a service they hold such high respect and regard for each other, those they're

supporting, and the professionals involved" and "Glassmoon have gone beyond what many other agencies would do, they have supported people out of secure settings into their own homes and have carried this out with a 'can do' and a positive risk taking attitude. They do not shy away from difficult challenges but are looking to support people to be the best versions of themselves".

- Staff and managers had a good understanding of equality issues. They protected people from discrimination and ensured their views were valued and respected.

Continuous learning and improving care

- A culture of continuous review and learning had been instilled in the staff team. The provider had developed an effective programme of staff learning designed to ensure staff skills were regularly updated and refreshed. Staff development was valued and actively supported as the provider recognised this would impact positively on the quality of support people received.

- The service used a range of digital tools for record keeping and the resultant data was used to monitor performance, drive change and ensure people's needs were met.

Working in partnership with others

- The service worked collaboratively with commissioners and involved professionals to ensure people's needs were met. Staff supported people to access medical treatments when required and had provided professionals with advice and guidance on how best to meet people's individual needs.

- Health and social care professionals told us the service communicated effectively and acted on guidance and advice they provided. One professional told us, "The manager had confidence in their skills and is able to challenge professionals appropriately."