

## Thera East Anglia

# Thera East Anglia

### Inspection report

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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

### About the service

Thera East Anglia is a domiciliary care agency which is registered to provide people with personal care. The service operates in Cambridgeshire, Peterborough and Norfolk and supports people who have a learning disability. Support is provided in people's own homes which includes independent flats and supported living settings where staff support is available up to 24 hours per day. At the time of our inspection the service was providing personal care support to 108 people.

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

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.

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

People were supported by exceptionally caring staff that knew them very well and understood how to support them to maximise their communication and opportunities. People's independence and right to privacy were consistently respected.

People received their medication as prescribed and there were sufficient staff on duty to keep them safe and ensure their needs were met. A package of induction and training was provided to staff in developing the skills they needed to safely and effectively deliver care and support to people.

People were supported by staff who had a good understanding of how to recognise and report potential harm or abuse and were confident in local safeguarding procedures.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting 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.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. On occasion, the service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 last rating for this service was Good (published 24 October 2018). Since this rating was awarded the provider had a change to their registration that altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the new registration for this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thera East Anglia under the 'archived' reports on our 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Thera East Anglia

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The majority of Thera locations, including Thera East Anglia, are registered in Grantham, Lincolnshire, despite the organisation being responsible for other locations in different parts of the country. Due to this, a decision was made by CQC to co-ordinate inspection activity at a number of Thera locations. A head office visit was carried out on 16 September 2019 by a team of inspectors prior to locations being inspected. The information from this visit fed into each of the location inspections.

One inspector visited five supported living services across Cambridgeshire and Norfolk and met with people who used the service and staff. Following our visits, an Expert by Experience made calls to people's relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had four managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service notice of the inspection. This was because the service is large, wide spread across two

counties and we wanted to be sure there would be people at home to meet with us.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities and healthcare professionals across Cambridgeshire, Peterborough and Norfolk who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

During the inspection visits, we met with 15 people who received care and support from Thera East Anglia. However, due to their complex communication styles we were unable to obtain detailed feedback verbally from everyone. We spoke with 10 members of support staff, three local supported living service managers who were responsible for the day to day running of the settings and all four registered managers. We also attended one of the provider's quarterly management meetings where we met with a further five supported living managers and two senior support workers. We also met with the nominated individual.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records relating to the running of the service. We spoke with 10 relatives and received email contact from a further two relatives about their experience of the care provided. We also received feedback from five healthcare professionals.

# 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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.
- People's relatives were positive that their family member was safe with the care they received. One person's relative told us, "We have no reason at all for concern. [Family member] is totally safe. I can't sing their [Thera East Anglia's] praises highly enough. I know that [family member] feels safe too and [person's] life is enriched by their care." Another relative commented, "There are no concerns about [family member's] safety. It is one of the top service providers in the country as far as we are concerned."
- Staff knew people's identified risks well and were able to support people safely during an activity and when out in the community.
- The provider had responded well when concerns were raised. They had worked with the local safeguarding team to ensure people were safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to support people to be as independent as possible whilst recognising any potential hazards. Staff balanced protecting people whilst supporting them to maintain their independence. Examples included support for people to manage their mental health and accessing the community independently.
- People had positive behaviour support plans in place where needed. These were highly detailed and personalised and set out the support people needed to manage any distressed behaviours that challenged themselves, staff and other people. The plans included clear information about potential triggers, signs for staff to look out for and actions needed to de-escalate situations. Any interventions were closely monitored by senior managers.

Staffing and recruitment

- There were enough staff to keep people safe and to meet their care needs. The provider told us the service had been through a challenging time with recruitment of staff in recent months but had 'turned a corner' recently with recruitment and were now nearly fully staffed.
- Staff were positive that there were sufficient numbers of them to meet people's needs, deliver their support and spend quality time with people. One staff member said, "We've got plenty of staff now. It wasn't always like that but is much better now. People we support like to go out constantly and there are enough staff now to support them to go when they want to."
- The provider told us they had a 'no agency policy' wherever possible and only on rare occasions had they used agency staff and this was for very short term circumstances. Any staffing gaps were ordinarily covered by existing staff picking up overtime. This ensured continuity of care for people.

- The provider undertook checks on the suitability of potential staff to care for people living at the service. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

#### Using medicines safely

- Staff were trained to administer medicines, with competency assessments completed on a regular basis, including observations, to ensure people were supported safely.
- Most people had their medicines kept in locked cabinets in their bedrooms. This enabled people to have their medicines in the privacy of their room if they wished to. Where people had opted to have their medicines stored outside of their bedroom this was also respected.
- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.
- Some people had epilepsy. This was often managed by regular medicines and where necessary with an additional medicine to have in an emergency, in case of a prolonged seizure. Staff were knowledgeable about people's epilepsy and trained in emergency epilepsy medicine where this was relevant to a person they supported.

#### Preventing and controlling infection

- Staff told us they washed their hands thoroughly at frequent times and before and after providing personal care to help contain possible spreads of infection. Supplies of personal protective equipment such as disposable gloves were available.

#### Learning lessons when things go wrong

- A system was in place to learn from any incidents or accidents that occurred. Where there was any learning required from any incidents, this was discussed with staff in team meetings and during any management meetings.

# 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 for this newly registered service. This key question has been rated 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 had detailed assessments that were used to build their support plans. The support plans contained information about their needs and choices. Care plans included communication profiles, personal history, important routines and preferences and health action plans.
- People's needs, and choices were frequently reviewed with them to ensure they were receiving the right care and support.
- Information was available to staff to enable them to keep up to date with best practice guidance in order to meet people's needs effectively.

Staff support: induction, training, skills and experience

- People's relatives told us they had confidence in the staff who supported their family member, telling us they were well trained. One relative said, "Training courses have been delivered to staff which were specific to [family member's] needs which is reassuring." Another relative commented, "The staff have the skills and knowledge and use them constantly." A third relative told us, "The staff are definitely well trained for their work and it stands out that they work extremely well as a team too."
- Staff received an induction when they started work which included working alongside an experienced member of staff. Induction procedures and further ongoing training provided staff with the essential skills and competencies to carry out their role effectively.
- Training was also delivered in Positive Behaviour Support (PBS) techniques. PBS is a person centred approach to people with a learning disability who may be at risk of displaying distressed behaviours that can challenge themselves and others.
- Staff received formal supervision from their line manager and were given regular feedback on their performance to aid their own learning and development needs.

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

- Nutritional assessments and advice from dieticians and speech and language therapists was sought and followed.
- Staff were aware of people's individual dietary needs, their likes and dislikes and supported people to eat and drink in accordance with their assessed needs.

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

- Staff ensured people had the access to healthcare support they needed in a timely manner. One relative told us, "They sort out all the appointments required with dental needs, eye care, dietary needs. They

manage [family member's] care really well." Another relative said, "[Family member] has [healthcare condition]. The staff always spot the signs and get the support [family member] needs from health professionals. They always keep us fully informed."

- People had a 'hospital passport' that was used in the event of a hospital admission. The information contained in the 'passports' provided information to medical staff on the person's medical history, prescribed medicines, health conditions, mobility and communication needs.
- Healthcare professionals confirmed they had excellent relationships with the service. One health professional commented, "[People's] health care needs are met to an absolutely first class standard, and their social needs are continually being reviewed to offer new experiences."

#### Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff were clear about their role under the MCA and were skilled in assessing people's capacity.
- Where people did not have capacity to make decisions this had been properly assessed. Any best interest decisions were always made in accordance with legislation and people's wishes.
- Staff communicated with people in a way they understood, both verbal and non-verbally and gave people time to process information.

# 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 for this newly registered service. This key question has been rated Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was an extremely embedded and shared person centred culture and pride throughout the service. Across both of the counties we visited and the numerous staff we met, staff were highly motivated to provide compassionate and kind care.
- Without exception people's relatives spoke of the incredibly caring and compassionate nature of the staff. One person's relative commented, "[Person] receives the kind of care that every single person in this country should be entitled to. Their needs are always put first, and their wishes are accommodated. It is an atmosphere of genuine and sincere warmth." A second person's relative told us, "The staff are caring and respectful. [Family member] loves them and they love [person]. They are like [person's] family."
- There was a very person-centred culture across the service. Staff had an enhanced understanding of people through established/developed relationships and were creative in the way they included people in communication and activities to support them to do things they enjoyed.
- Staff worked with people to identify, understand and manage their emotions. This included time spent supporting people where possible to understand their feelings, and how they could resolve those feelings and any associated conflicts. One person had a particularly testing and tough time which reflected in their acceptance of their support. Staff worked tirelessly and with persistent consistency that was sensitive to the situation over a lengthy period of time to build the person's trust. This had resulted in the person being able to remain living in their home.
- Staff demonstrated an excellent understanding of each person's individualised support plans and their personal preferences. They knew people and their histories very well. Staff were clear with the inspection team about what was expected of them when visiting a person in their home to ensure no distress was caused to ensure the person's support plan was closely followed.
- Relatives spoke of the highly compassionate nature of the staff. One relative said, "They are exceptionally caring. [Family member] likes them all and they respect [person's] dignity. They are good at keeping in touch with me and will take [person] to visit [relative's] grave. Since [person's relative] died they have helped to build a memory board with [person]. I am very involved in the care and extremely pleased with how they keep me up to date with everything."
- A visiting healthcare professional told us staff went above and beyond expectations to provide a service which treated people with true unquestionable kindness and promoted wellbeing and happiness. The person they were visiting had experienced some significant health challenges and was very poorly. The healthcare professional attributed the longevity of the person's life to the outstanding care they received from staff.

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

- The registered managers and staff teams ensured that people were involved in making decisions about their daily lives wherever they could.
- A healthcare professional told us, "I am pleased to say Thera management continue to... work alongside people with learning disabilities to attempt to ensure their needs, wishes, and their voice is heard. I would have absolutely no doubt in [recommending] Thera as I know the service they offer [people] is absolutely first class."
- Staff were extremely well-skilled and were creative in helping people to express their views and preferences and make choices about their care. Staff used a variety of tools to communicate with each person according to their needs. This included verbal and nonverbal ways of communicating.
- Staff offered information in ways that were individual to the person they were communicating with and were very patient and supportive. There were friendly conversations and interactions between people and staff. We observed staff consistently involve people in the discussions being held rather than talking over them or for them.
- The provider highly valued people's views and experiences about the service provided and there was a strong emphasis on involvement. Part of the provider structure included a 'Quality Company' which employed many people who have a learning disability and received support from Thera East Anglia. The Quality Company visited and spent time with other people who were in receipt of a service from Thera East Anglia to ensure they had a voice and were involved in decision making.
- People's decision-making abilities were respected, and people were able to access independent advocates when needed. This enabled people to receive impartial advice and support.

Respecting and promoting people's privacy, dignity and independence

- People were consistently treated with dignity and respect and their independence was promoted and encouraged. Most people participated in daily tasks aimed at encouraging their autonomy. This included tasks such as keeping their home clean and tidy and doing their meal preparation and cooking with varying amounts of assistance from staff.
- People's relatives spoke very highly of the staff. One relative commented, "There are occasions where [family member] doesn't take to a certain [staff] but the managers will accommodate this and change the care. [Person] now has three main carers who [person] loves. If we call round and they are providing care, they will shut the door to protect privacy."
- Staff were very patient and supportive when communicating with people making a choice.
- Promoting inclusion and independence were core values across the supported living services. These values were fully embedded into the culture of the different settings and day to day practice of staff. Staff supported and enabled people to live their lives the way they wanted.
- People were supported to have improved independence through positive risk taking, staff worked with people to consider risks and how these might be reduced. For example, supporting people to access the community independently where possible.
  - People were supported to develop independent relationships whilst being encouraged to understand how to stay safe. Staff supported one person to engage with local 'safe places' they could go to within the community if they felt threatened or unsure whilst out alone. This enabled the person to maintain relationships externally to the service and helped to avoid social isolation.
  - One person was being supported to maintain a meaningful relationship with a family member who had declining health. A member of staff told us, "I think we do amazingly well. We help people keep their relationships. For [person] the dynamics have changed in their family relationship, we now support that relationship to continue and thrive. It's really important to [person] to keep that alive."

## 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 for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The individualised support provided by Thera East Anglia was tailored to meet people's individual needs and this was evidenced by both the people we spoke with, relatives, healthcare professionals and stakeholders. A relative said, "The staff are absolutely caring and go above and beyond in all that they do. They cater to [family member's] every wish and whim and [person] never wants for anything. They know [person] so well and are very attentive and observant to any changes."
- Without exception people's relatives told us that staff were extremely responsive to people's needs and preferences and that their care was inclusive and focussed on them. One relative said, "They are always solicitous. [Family member] was hospitalised recently and their mobility reduced but staff have worked hard and brought in a physiotherapist to help [person] regain some of their independence."
- Relatives told us that staff knew their family member extremely well which meant they could offer personalised and tailored support. One relative commented, "[Family member] can really struggle with change but they know [person] very very well. [Person] is in a much better place now and has confidence."
- Staff worked in clear partnership with people in creating detailed support plans and in ensuring care and support was tailored to the individual. A new care planning system was in the process of being implemented across the provider organisation. The new approach was to introduce online care plans, which staff told us would enable them to easily update as needed.
- Support plans provided a highly detailed background to the person, their communication preferences and their goals and aspirations. Staff were knowledgeable about people's needs and goals. A stakeholder commented, "I am always hugely impressed by the way [Thera East Anglia] empower people with their external activities and the assistance that support staff and managers give to [people]."
- Staff used creative ways of involving people in their care and support so that they were empowered and consulted. People made their own decisions and were listened to.
- Communication aids were used where needed and support was bespoke and tailored to each individual such as the use communication boards, pictorial lists and objects of reference.
- Some people had highly personalised positive behavioural support plans in place which enabled staff to understand people's individual behaviours and what they were communicating. This helped in identify any environmental changes the person needed if they were feeling anxious or worried.
- People were supported to take part in activities and social events of their choosing and where this was part of their support. Staff supported people with following any hobbies and interests such as attending football matches, going to the cinema and restaurants.
- We saw people were able to spend time how they wanted. Some people had held work placements where

they have contributed through volunteering roles.

- The provider and staff were working proactively with healthcare professionals following the NHS guidance; "Stopping over medication of people with a learning disability, autism or both" (STOMP). This initiative is looking to stop the over reliance of certain medicines because their behaviour is seen as challenging. People with a learning disability, autism or both are more likely to be given these medicines than other people. Through positive behaviour support unnecessary medicines were able to be reduced and stopped to improve people's alertness and focus.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's support plans included highly personalised information about the way they communicated along with guidance for staff to follow to help them engage and communicate with people.
- Information was available and presented to people in a way that was accessible to them. For example, documents were available in easy-read style with pictures. Some people used communication boards and planners. Staff supported them to keep these up to date.

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

- Systems were in place to respond to any complaints. The complaints procedure was available within the service, including in easy read and pictorial versions. Where complaints had been received, managers were open about events in their correspondence with people and worked in line with the complaint procedures.
- Relatives were also clear on how they would raise a complaint or concern if needed. One relative commented, "The communication with this company is absolutely brilliant. I haven't needed to complain, there is a consistent open and honest dialogue." Another relative told us, "We are invited to meetings regularly and communication is very good in general. I feel I could approach the senior team with any concerns and when I have needed to raise a concern then they have dealt with it satisfactorily. I suggested a change and they listened and took the appropriate actions."
- Staff had a clear understanding of each person's individual communication preferences and were able to understand each person's requests and concerns should they have needed to support them to raise a concern or complaint.

#### End of life care and support

- At the time of the inspection no one was being supported with end of life care.
- Staff told us they reviewed this sensitive aspect of care with people and their relatives should the need arise.

## 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 for this newly registered service. This key question has been rated Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's relatives were complementary about the service and told us they felt it was well run. They spoke positively about the personalised care and support people received. One relative told us, "I couldn't recommend this company highly enough. We all believe so strongly in this company; they are a beacon of light in how [people with] learning disabilities should be cared for. People 'band about' phrases like 'person centred care' but this truly is person centred care." Another relative commented, "The management are absolutely excellent from the top CEO downwards. [People] are treated with absolute respect. It is a very inclusive service even at board level. So much respect that it brings me to tears to witness it."
- There was an open and transparent culture throughout the provider organisation. People were consistently empowered to be involved with their care and support.
  - The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service. A membership strategy was in place which meant that people, their family and staff members could become a member of the organisation. Once a member, they were able to vote on strategic issues and have a say about how the organisation was run.
  - Staff were overwhelmingly positive about the leadership team. There was a strong shared commitment to the values of the provider organisation from all staff we spoke with and met. One staff member told us, "Thera have a vision that people who have a learning disability can be leaders in society. All staff work to that vision. From the top to all the staff the focus is on people being supported."
  - The service was exceptionally well-led. We received overwhelmingly positive comments about the outstanding standards of care and the responsiveness of the team and management.
  - Despite being geographically wide spread, the registered managers and senior leaders maintained a presence at the services and knew people and the staff very well.
  - People were at the very core of the service. The ethos, values and culture within the service demonstrated a commitment to high standards of care and support for all people.
  - Staff demonstrated a clear understanding of the aims of the provider organisation and the impact of their role in people's wellbeing.
  - The provider celebrated achievements by providing awards for people who completed their goals or for staff who went above and beyond in supporting people.
  - There was an exceptionally strong person-centred culture shared by the provider and staff. People were actively supported and encouraged to be involved in the running of the organisation and offered plentiful opportunities to express their views and have a voice. This included in areas such as the development of

policies for staff to work to.

- Staff were motivated to be involved in the service. The provider had an Employee Consultative Council who met quarterly. This was to make the company board accessible to staff and had been very successful. This meant staff were given equality and inclusion in how the service was run.

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 provider and all four registered managers had good insight into their responsibility around duty of candour. This was viewed as a further opportunity to improve the experiences for people who used the service.
- Where needed and as a result of any incidents or accidents, staff learning and development was implemented to help reduce the risk of a recurrence.

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

- There were effective systems in place to monitor the quality of the service provided. Regular audits on a range of areas of the service were completed. When shortfalls were identified, an action plan was put in place to address the issues and make improvements to the service.
- The management team were fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.

Continuous learning and improving care

- There was a strong governance framework in place, with clear lines of accountability. Systems were in place to ensure the service was monitored and the quality of care people received was maintained.