

# Accomplish Group Lifestyles (South West) Limited

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### Inspection report

Cornwall Services  
Holmbush Business Centre, Wheal Northey  
St Austell  
Cornwall  
PL25 3EF

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Tel: 0172672668

Website: [www.accomplish-group.co.uk](http://www.accomplish-group.co.uk)

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Accomplish is a community service that provides care and support to adults of all ages in their own homes. This includes people with learning and physical disabilities. The service provides some 24-hour live-in care for people in their own homes. The service also provides outreach support for people who require support with accessing the local area and work placements. At the time of this inspection the service was supporting 36 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 not easily able to express their views verbally. We spoke with relatives to gather their views of the service provided to their family members. People were consistently positive about the service provided. Comments included, "We are selling our home and are specifically not moving out of the area covered by Accomplish as we don't want to lose them" and "They [support workers] are absolutely marvellous. They have turned [Person's name] life around as well as ours. They have saved us all. Everything and anything they need they get."

Staff were innovative in ways of supporting people with their specific needs. Activities were varied and person centred. People were supported to socialise with friends in their local community. People experienced an improved quality of life with positive outcomes due to the support provided by the service.

People received support from small teams of motivated staff. Staff told us, "I love my job, I have never worked for a company like it, they are very supportive. Help is always at the end of the phone if you need it" and "We consistently support the same people in a team, my team is stable and rarely changes."

Families and healthcare professionals were complimentary of the service performance and said, "What can I say but just fantastic. [Person's name] is now a very happy and contented chap," They now have new meaning to their life. We know they really looks forward to their trips out each day, "Thank you so much it has not only changed A's life it has changed our lives in a big way as well" and "Brilliant great work, please tell the team from us that they are amazing."

Records demonstrated people received their medicines on time and staff understood and met their needs. Information about people's needs and preferences were recorded in support plans and staff used this information when planning how to support people.

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.

Risks were identified, assessed and reviewed. Staff were provided with guidance on how to manage and mitigate risks while providing support. The service had appropriate procedures in place during periods of adverse weather.

There were enough staff available to provide all planned support. No one reported having experienced a time when staff did not arrive as planned. All necessary recruitment checks had been completed for new staff. New staff completed an induction which involved training and a period of 'shadowing' more experienced staff. Training was refreshed so staff were up to date with any changes in working practices.

Support plans were in place for everyone using the service. People and their relatives were involved in the development and review of support plans. The service used an electronic system to hold details of people's needs but also printed off paper copies for peoples' homes and the office. The information generated by this system was accurate, timely and detailed.

Families told us staff were caring and treated their family members with dignity and respect. Information about people's diverse needs was included in their care records. People and their families were supported to express their views to staff and management.

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.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Specific support was being provided to some people to help them overcome their anxiety of being treated by healthcare workers such as doctors and dentists.

Staff were well motivated and there was a positive open culture within the service. There was a complaints process accessible to everyone. Records showed action had been taken to address and resolve any issues reported to managers.

The service was well led. Management roles were clearly defined and there were effective quality assurance processes in place.

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 26 September 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe  
Details are in our safe findings below

Good ●

### Is the service effective?

The service was effective  
Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring  
Details are in our caring findings below

Good ●

### 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 well led  
Details are in our well led findings below

Good ●

# Accomplish Group Lifestyles (South West) Limited

## **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

One inspector

#### Service and service type

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

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

#### Notice of inspection

We gave the service two days' notice of the inspection in accordance with our current methodology for the inspection of this type of service. This enabled the service to seek people's consent to talk with us by telephone. Inspection activity started on 19 February 2020 and ended on the 20 February 2020. We visited the office location on 19 February 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection.

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. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information we held on the service such as information shared by people or professionals. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, a project manager and two support workers. We visited the home of one person who was supported by the service and their relative. Two staff were present during this visit and shared their views and experiences of working for the provider with us.

We reviewed a range of records. This included two people's support plans and two staff files. We reviewed staff supervision records and a variety of other records relating to the management of the service, including the many audits carried out.

#### After the inspection

We spoke with a further three members of staff and another relative. We reviewed information sent to us during the inspection regarding staff training.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by staff who knew how to recognise and report any concerns. Any safeguarding concerns staff may have had were discussed. at regular staff meetings.
- Records showed safety concerns reported by staff had been appropriately addressed. Where necessary safeguarding alerts had been made to the local authority to ensure people's safety.
- An electronic system recorded staff arrival and departure times to each support visit. This data was monitored by the registered manager to ensure people had received support as commissioned.
- Staff supported people with their personal money. There were robust systems and processes in place to ensure people's money was safely managed and regularly audited.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and regularly reviewed. Numerous pastimes, enjoyed by people, had been rigorously assessed to help ensure the person was able to take part in their hobbies safely.
- Some people were at risk of becoming anxious or confused which could lead to behaviour which might challenge staff and cause anxiety to other people when out in the community. Staff were provided with appropriate guidance on how to manage and mitigate identified risks.
- Each person had information held in their support plans which identified the action to be taken for each person in the event of an emergency evacuation of their home.
- Health and safety checks were regularly reviewed of each person's home where staff supported them.
- There was an on-call rota which operated 24 hours a day seven days a week. The registered manager shared this rota with senior support staff.

Staffing and recruitment

- The service employed enough staff to meet people's needs. There were two support worker vacancies at the time of this inspection.
- The service did not use agency staff as they felt it was important for the people they supported to have continuity of care. The registered manager regularly provided care and support to people in their homes, working alongside staff.
- Rotas were well organised. Staff teams consistently supported the same people. One member of the support staff told us, "My rota fits well with my home life, slowly I am increasing my shifts as my children get older. The manager is very supportive."
- All necessary recruitment checks had been completed to help ensure new staff were safe to work with vulnerable adults. People were introduced to potential recruits at a second interview before staff were offered the position. The registered manager told us, "They are the ones spending most of their time with



them, so it has to be right for them and someone they like."

- Contingency plans were in place to take account of any adverse weather which may prevent staff travelling to work. The registered manager was in the process of increasing the number of team leaders and project managers to help ensure each team was well supported by a consistent member of the management team.

#### Using medicines safely

- People received support with their medicines safely from trained staff. Competency checks were carried out regularly.
- People's support plans included information about the support they required with their medicines and it was clear the service encouraged people wherever possible to manage their own medicines. This was in line with the principles underpinning registering the right support. Where support was necessary daily care records detailed what support, staff had provided with medicines each day.
- Changes to people's medicines were highlighted to staff at the beginning of each shift. This system was used effectively to ensure staff were aware of changes to people medications. For example, if a course of antibiotics had been started.

#### Preventing and controlling infection

- People were protected from the spread of infection by staff who had received appropriate training.
- Relatives confirmed staff followed good infection control practice and personal protective equipment was readily available to staff from the service's office.

#### Learning lessons when things go wrong

- Staff were prompt at reporting any incidents to the office and appropriate action was taken; including any changes to systems and processes to prevent reoccurrence.
- All incidents and accidents had been documented and investigated by the registered manager. Any areas of learning identified were shared appropriately with staff to improve safety.
- When a plan of support had not gone as expected, this was discussed with the involvement of healthcare professionals where necessary, and reflective learning was encouraged.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were assessed before the service provided support. The registered manager took account of staffing levels, knowledge, skills and availability before agreeing to support a new person.
- Detailed assessments were carried out together with people's family members, to gather information about the person's routines, preferences, medicines and activities they enjoyed.
- A clear and detailed picture was gathered including all aspects of the person's support needs before the service took on a new person.

Staff support: induction, training, skills and experience

- People and relatives spoke positively about the staff and told us they had the skills necessary to meet their needs. Comments received included, "The staff really know their stuff" and "We are selling our home and are specifically not moving out of the area covered by Accomplish as we don't want to lose them."
- All new staff received induction training in line with nationally recognised standards and a period of shadowing before they were permitted to provide care independently.
- Staff told us their training was informative and useful and regularly updated. Regular staff team meetings were held around the county to ensure staff were easily able to attend. Some were held, with permission, in people's homes where the person was involved.
- Staff told us they felt well supported and records showed they had received regular supervision and annual performance appraisals.
- The registered manager had robust systems and processes in place to monitor all staff support needs. The provider monitored the service's staff training uptake.

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

- People were supported and encouraged to be aware of their own dietary health needs and take control of what they ate and drank. People's support plans gave clear information about the support they required with meals, snacks and drinks. These included any specific dietary needs or preferences.
- Staff monitored what some people ate and drank when they had been identified as being at risk. One person, who did not drink very much, had been provided with a chart and stickers to encourage them to independently record their own fluid intake. They proudly shared this chart with the registered manager when they met.
- Staff understood what action to take if they were concerned someone was not eating enough and also supported people to reduce their weight, where necessary, in the interests of their general health.
- External agencies such as dietitians were invited to support staff with people's specific needs. People were

encouraged to shop for and cook their own meals to encourage a healthy diet and develop their independent living skills.

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

- Staff supported people to access their GP, dentist, and attend other health appointments. Support was being accessed by external specialists to help people who was anxious attending healthcare checks, such as blood tests and dental check ups. People were encouraged to be active and have a healthy lifestyle.
- The service worked with other agencies to help ensure people's needs were met. When staff recognised changes in people's health or wellbeing this was reported appropriately and in a timely manner. Daily records were comprehensive and showed appropriate and timely referrals had been made to health professionals for assistance.
- People were supported by staff to maintain good oral hygiene. Support plans included guidance on how to support people to manage their oral hygiene and records showed people were encouraged and supported to access dental services when necessary.
- The service worked closely with a number of health and social care professionals to support people's specific needs. Hospital passports and grab bags were in place for when a person needed to go in to hospital. This helped ensure other agencies knew what was important to the person and their routines and preferences. For example there was information about people's favourite possessions which would comfort them if they needed to be admitted to hospital.

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.

- Staff and the management team had a good understanding of the MCA and where necessary the service had ensured decisions were made in people's best interests.
- All staff received training in the MCA and described how they supported and empowered people to make their own decisions where appropriate.
- No one who was being supported by the service had a COP authorisation in place at the time of this inspection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives were positive about the staff and the support provided and told us, "They [support workers] are absolutely marvellous. They have turned [Person's name] life around as well as ours. They have saved us all. Everything and anything they need they get" and "I have no worries, [Person's name] is well looked after and I get to see them twice a week and spend time together. [Person's name] is very well cared for."
- People knew their staff well and enjoyed their company. One person had greatly improved their communication skills and socialised more than they had in the past. Staff told us with great pride, "They have really come out of themselves, they smile, talk and interact with people. They talk to strangers in the shops and people at the disco. They would not have done that a year or so ago."
- Some people lived with a relative who was their main carer. Staff understood that supporting the family carer was important in helping people to remain living at home. One relative told us, "They go to respite for a weekend every two weeks, they love it and we all get a change and a break. It has changed all our lives."
- People's diverse needs were recognised and understood by staff. No-one reported experiencing any discrimination.

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

- People were involved as much as possible in making decisions about their support and how they spent their time. People were supported to communicate in many different ways including sign language and Makaton.
- Staff had a good understanding of what was important to people and ensured where ever possible people's routines and preferences were respected.
- Staff knew people's individual communication abilities and preferences, and these were reflected in people's support plans.

Respecting and promoting people's privacy, dignity and independence

- People were supported in a dignified and respectful manner. Many people were supported to have their own mobile phones and front door keys. People were supported to use public transport independently where possible.
- Staff supported people to maintain their independence. Support plans included details of the level of support people normally required with personal care tasks. Records showed people were encouraged to do as much for themselves as possible.
- Some people needed to use continence products. Staff had supported some people to become more independent in this respect.

- Staff ensured people's privacy was protected and personal information was kept securely in the registered office. Where information was shared with staff electronically this was done securely.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to 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

- People were supported to develop their social networks and form new friendships in a safe and relaxed environment, through skilled staff interventions. For example, staff had worked with other agencies and gained additional knowledge leading to one person having reduced episodes of self harm. Skilled intervention together with reduced medication had led to them being able to socialise more.
- Many people who were supported by the service, lived alone in their own homes or with family. The staff were keen to offer opportunities for people to socialise with other people, so they arranged to take them to the office base which had been adapted to offer an alternative social space for people to meet up away from their own homes. Staff told us, "It has provided great benefits to people who are not usually sociable. One person who previously did not respond well to being with other people now spends time at an activity and engages for up to fifteen minutes. That was unheard of some months ago."
- People were encouraged, and supported by staff, to meet friends, have lunch, watch films or play games in a safe and familiar space, with support staff nearby if required. The registered manager told us, "With the terrible wet weather we have had for so long recently this had provided somewhere warm and dry for people to spend time and meet friends. They can do whatever they want here." Staff remained with people at all times to ensure they were supported.
- At the office base an adapted bathroom had been decorated and provided specific prompts for one person who was being supported by staff to achieve their goal and use a toilet independently away from home. Picture cards and images of their favourite cars decorated this bathroom. Together with medicine this person had developed a greater degree of independence as a result of this work.
- The registered manager had also identified all the public toilets in the county, which held equipment necessary to support people with disabilities to have personal care when away from home. This had enabled some people to spend a whole day out without having to return home to use the bathroom after a short time. For example, people spent a whole day at the Royal Cornwall Show.
- One person's goal was to be in a position to pay for their family to go on holiday. Staff had supported this person to save money up and they had recently been able to pay the deposit for a family holiday.

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.

- Partnership working with specialists in autism had led to improved outcomes for people. The night

support needs of one person had been reduced by skilled staff interventions due to improved methods of communication. External professionals had helped staff with de-sensitisation practices which had been effective in reducing people's anxiety around medical interventions.

- Support plans contained information about the support people might need to access and understand information. This included details of any visual problems or hearing loss. Where people used adaptive technologies to aid their communication, this was detailed within their care plan. For example, one person had a camera at their front door so they could see who was there before operating the electronic door opener. This had made them feel more confident and independent in their own home.
- Staff knew how to communicate effectively with people in accordance with their preferences and needs. This included a range of resources including sign language, Makaton and picture cards. For example, a swimming bag, always packed and ready, was used by staff to indicate to one person when they were about to go swimming. One person who loved walking, had a rucksack containing things they wanted to have with them at all times. This was shown to the person when they were about to go out on a walk and was an effective communication tool.
- Staff had supported people to obtain smart speakers. These were used by people with limited manual and visual abilities, to tell them the time and to choose music or answer questions. This meant people had improved choice and independence.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff had sought advice and guidance around people developing personal and intimate relationships with others. Two people had been provided with information to support them to have a safe intimate relationship. This is in line with good practice guidance which states people with a learning disability should be supported to explore fulfilling and meaningful relationships like any other citizen.
- Some people and families had asked to have short breaks away from home. The registered manager had sourced a converted barn holiday home, with the necessary adaptations to meet people's needs. This had provided people and their families with much needed short breaks. One relative told me, "This has been wonderful and needed at a time when we did not think we could carry on much longer."
- One person had been overweight and had needed to use a wheelchair to move around easily. They had become isolated. Staff had supported the person to lose weight over time. This person no longer used a wheelchair and was enjoying an increasingly active social life, with more energy and better health.
- One person was supported to see their family regularly in their own home and enjoy the local area together. Staff supported the person to pick up the relative, go out somewhere together and then return to their home to enjoy a meal together, before taking the relative back to their home again.
- People were encouraged to do things independently where possible. One person had begun working as a volunteer in a charity shop. Their confidence and abilities had grown considerably, and they were offered a paid position in a shop outside of their area. Initially the person needed to be supported to use public transport to get to work. This was provided by staff over a period of time, until the person now felt able to work independently.

Supporting people to follow interests and to take part in activities that are socially and culturally relevant to them

- As well as providing personal care for some people, staff worked hard to ensure people could follow their interests to prevent them becoming socially isolated. Staff developed activity packs which held details of a specific activity. For example, any risks, costs, distances required to travel, and support needed. This helped ensure staff were able to support a person at each activity in a consistent manner. One person had been supported to take more risk around challenging activities due to staff training and guidance provided.
- A voice activated computer was being used to support one person to write a book. Staff used behaviour analysis training and made video diaries recording people enjoying activities, which could be viewed at a

later date to prompt people's memories of happy times and reinforce certain behaviours.

- Video diaries were also used by staff to reflect on activities attempted for the first time, and to help motivate people towards achieving a specific goal. Showing a person how well they achieved something like cooking or a domestic task, helped them to recall their successes .
- Another person was supported to write articles on a computer, about the accessibility of different places and post them on social media to help bring about improvements to some public areas . This had resulted in them having increased community involvement and pride in making a difference to others.
- Staff had created innovate ways to improve people's experience of activities. Staff had created key fobs with laminated pictures, created specifically for each person, providing known prompts for staff to use with people when out in the community to aid understanding of different situations. One member of staff told me, "They help the person to understand why they may have to wait in a queue, or how many more things we need to see before we arrive back at home on a journey ."
- Another person used to go swimming a lot, then stopped due to anxiety. Staff told us, "We have had to start with driving by the swimming pool regularly to start with, then we go in and a put a hand in the water and then leave. Next time we will put another member of staff on in the pool, so they will be there when we get there which may help to encourage them in to the water. Everything takes a long time but it is worth it ."  
Following the inspection the registered manager told us, "They went swimming!.....by supporting them at their speed enabled them to build trust and confidence in their team and enjoy an activity they haven't been able to do for many years. A very proud moment."

Improving care quality in response to complaints or concerns

- People were provided with information in a variety of formats on how to raise any issues or concerns. One person had a new member of staff in the team supporting them. This person was non-verbal and had a hearing loss but was supported to demonstrate that they did not want this new member of staff in their home. The registered manager spent time with the person showing the person a picture of the new member of staff and the person vigorously shook their head. The staff member was moved to another service.
- The service had no outstanding complaints at the time of this inspection.

End of life care and support

- The service sometimes supported people at the end of their lives. People's support plans included details of any specific wishes people, or families, had expressed in relation to this stage of their lives and staff respected these choices.
- Training for staff about how to support people at the end of their life had been arranged.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had comprehensive oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and providing person-centred care and ensuring people's individual preferences were known, recorded and met.
- There was a positive, supportive and caring culture. Staff were happy and motivated in their roles.

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

- The service was led by a registered manager whose role was clearly defined and who understood their areas of responsibility. The registered manager carried out regular audits and checks to ensure the service provided the best support possible for people.
- The registered manager was supported by two project managers, three team leaders and a team of support workers. The provider regularly supported the registered manager and had an effective electronic overview of the running of the service. An office-based administrator was employed at the service.
- Learning was shared across the organisation and systems in place supported a consistent approach. The registered manager met regularly with other managers of services with the same provider.
- Staff were well motivated and supported by their managers. Staff comments included, "I love my job" and "I am very happy, we are well supported. It would be good to have a bit more time with our team leader, but they are supporting another team as well at the moment. I think that will change soon though." The registered manager had plans to address this issue by increasing the number of team leaders.
- Families and healthcare professionals were complimentary of the service performance and said, "What can I say but just fantastic. [Person's name] is now a very happy and contented chap," They now have new meaning to their life. We know they really looks forward to their trips out each day, "Thank you so much it has not only changed [Person's name] life it has changed our lives in a big way as well" and "Brilliant great work, please tell the team from us that they are amazing."
- The service had appropriate quality assurance and auditing systems in place. These systems drove improvement in performance and ensured any issues were investigated and addressed. The provider notified CQC of any incidents in line with the regulations. Ratings from the previous inspection were displayed as required.

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 service's managers had a good understanding of the duty of candour and openly shared information

with people and their relatives when things went wrong.

- Managers and staff treated the inspection process as an opportunity to review and improve performance and were open and honest.

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

- Managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- Staff meetings were held regularly and provided opportunities for staff to discuss any changes within the organisation, working practices and to raise any suggestions. Staff felt listened to and that managers took appropriate action in response to any concerns they reported. The registered manager told us, "They [Staff] are the experts, we need to support them to do a good job."
- Families told us they felt involved in the support of their loved ones and they knew the support staff team well. They met with members of the management team and felt they could contact them if needed.

Continuous learning and improving care

The registered manager had an effective overview of the service provided. Electronic records enabled all members of staff and the management team to share information easily and effectively.

- People were regularly asked for feedback on the service performance via regular surveys and during support plans reviews. The provider was due to send out this years survey in the next few weeks.
- Each person's home was visited every three months for a full audit of all paperwork and support plan review. This helped ensure the service constantly improved the standard of care and support provided.

Working in partnership with others

- Staff worked collaboratively with many professionals and family carers to enable people to live safely at home.
- Learning disability support staff in the acute sector were involved if a person required their support when having treatment in hospital.