

Pendennis House Ltd

Pendennis House

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

Summary of findings

Overall summary

About the service

Pendennis House was providing care and support to 6 people at the time of the inspection. Five people were living in their own accommodation close to the main office of the domiciliary care service and one person lived in the community some distance from the main office. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes.

The service provides specialist support to people with learning disabilities, autism, mental health needs and physical disabilities to help them to live as independently as possible and achieve their goals. Staff provided flexible support across 24 hours, in some instances overnight.

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

The service was exceptional in encouraging people to live as full a life as possible and supported them to achieve the best possible outcomes. People's confidence, independence and wellbeing had improved since they began using the service.

Dedicated and enthusiastic staff ensured that people's daily life was filled with meaningful opportunities, entertainment and involvement in making friends and reducing social isolation.

People felt safe using the service. Staff had been trained to understand how to manage risks to people and how to report any concerns they had about people.

Staff understood how to protect people from abuse through training and literature available to them. Staff were familiar with the policies used by the service.

Recruitment processes were thorough to ensure staff were safe to work with people using the service.

Staff had received essential training and support, and feedback from people indicated that they knew the best way to care for them in line with their needs and preferences.

The service had systems to ensure risks were managed and people were kept safe. People received effective care from a well-supported and trained staff team.

People and relatives told us the service was person-centred. They said care was delivered in line with preferences and wishes. People were consulted with and involved in developing their care wherever possible.

People told us that they had no concerns around staff respecting their dignity and privacy in their own homes. One person told us, "Yes they [staff] give me privacy".

People told us they were confident concerns were always listened to and acted upon if necessary by management team.

Lessons were learned from incidents and accidents by reflecting on them and putting systems in place to mitigate any further issues. Managers and staff were consistently open and transparent when things went wrong and kept records to demonstrate this.

People told us the service was well-led. Staff told us, "It's just an inclusive team. I have a lot of confidence in the management team" and "Just knowing there is always somebody there you can trust to support you means so much."

The management team and staff had clear roles and responsibilities and were committed to ensuring the service provided was of a consistent standard. There was an emphasis on developing a person-centred culture within the service.

People were supported to have maximum choice and control of their lives and 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 service was well-led. The registered manager demonstrated how their open and supportive management style and quality assurance systems promoted a high quality of care that empowered not only people but the staff as well. People and staff told us that they felt valued and supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was Good published 27 July 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 ●

Pendennis House

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 inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the 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. This information helps support our inspections.

We reviewed information we had received about the service since registration. This included looking at information held on our database about the service for example, statutory notifications completed by the registered provider.

We used all this information to plan our inspection.

During the inspection-

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff, including the registered and deputy managers a team leader and support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at four 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. The service provided records relating to staff training and quality assurance information. We spoke with two professionals and received email information from five staff members and one professional.

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. Staff had completed safeguarding adults training and knew how to identify and raise concerns.
- Staff told us the registered manager, deputy managers and senior staff were approachable and always listened. Staff felt sure action would be taken straight away if they raised concerns. They also knew where they could go outside of the organisation to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Assessment of risk was addressed and was consistent. Risk assessments took into consideration the working environment and equipment required to assist people. When people had specific medical conditions which posed risk, these had been considered and included within care plans to promote safety.
- Comprehensive positive behaviour support plans were in place. These set out the guidance staff should follow when people presented with behaviour that put themselves or others at risk. This ensured a consistent approach was taken by staff, on an individual basis, to reduce the potential risks identified.
- Identified risks were assessed and rated according to the level of seriousness and made clear to staff through red, amber or green indicators. Known triggers and past incidents of behaviour that challenged were included to make sure staff had the guidance to recognise signs and when to respond to ensure people remained safe.
- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff. A member of staff told us, "We can ring at any time, they always answer and help us".

Staffing and recruitment

- Enough skilled and experienced staff were deployed to ensure people were supported and experience safe care.
- Staffing levels were constantly reviewed to ensure people received care and support at the right times and to meet individual needs. Staff told us they worked well as a team and were well supported by the management team to fill any gaps. One staff member said, "I've worked in care for a long time and the management team here are just so supportive especially if there is staff sickness."
- Staff told us they knew their shift patterns and received regular rotas. "It works because we have a static staff team."
- People told us they were confident with the staff team and liked to have the same staff wherever possible.

One person said, "I know all the staff. It's good to know them and helps me."

- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Using medicines safely

- Medicines were managed in line with good practice guidance to promote safety.
- People told us they were happy with the support they received with their medicines. One person said, "I need the staff because I would forget."
- Staff who administered medication told us they had received appropriate training. Records showed senior staff and members of the management team regularly carried out observations to make sure they were giving people their medicines safely. Medicines audits were regularly taking place to ensure medicines systems were effective and safe.

Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.
- We observed good infection control measures and staff were familiar with the organisations policies and procedures.

Learning lessons when things go wrong

- The provider and registered manager took a proactive approach to monitoring incidents. Positive and preventative action was discussed with staff in staff meetings and one to one supervision meetings.
- The registered manager kept a record of all accidents and incidents which occurred. Accidents and incidents were analysed and reviewed, and learning was shared with the staff team.
- Staff were aware of the reporting procedures for any accidents or incidents that occurred.

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

- Assessments were used to develop individual care plans, completed before people started to use the service and reviewed once they were receiving the service to adjust as necessary. Staff understood what was important to people and how they wanted their needs met.
- People's assessments included the full involvement of health and social care professionals to make sure the service being designed meet people's complex needs. This included their diverse needs such as religion, culture and expressing their sexuality.
- People were encouraged to discuss their sexuality to identify the support they may need. Staff knew people well and were confident in openly discussing people's preferences and offering support when needed.
- The service's policies ensured staff understood the importance of meeting all people's needs. For example, how mental health can impact on people's ability to manage their health care effectively.

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

- People had complex needs and had needed the support of various agencies and health care professionals through stages of their lives. A multi-disciplinary approach was taken to their care and support now they were living independently with the support of the agency.
- The registered manager and deputy managers coordinated the continued involvement of health and social care professionals. This included clinical psychologists and community nurses, social workers as well as dentists and opticians, to provide a bespoke care package for each person.
- Each person was registered with a local GP and dentist to make sure their day to day health needs were met. People had a health action plan which set out their specific health care needs and how staff could support them. For example, a diabetic plan in a format which supported the person to understand the need for a healthy diet and exercise.
- The service used a multi-disciplinary approach to support people to access healthcare services and live healthier lives. For example, the service had worked closely with two people to make healthier lifestyle choices. This had been successful and was ongoing. A professional told us the service was committed in empowering people. They said, "They [managers and staff] are totally committed in supporting service users to make changes so they benefit from them."
- The registered manager understood the importance of promoting health and well-being. For example, making sure staff had access to good oral hygiene.

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

- People had access to a healthy diet although people's choices were respected. Where people needed to have their food or fluid monitored records showed this was done effectively and regularly reviewed to measure its effectiveness.
- People's dietary needs and preferences were recorded in their care plans in a meaningful way. Picture formats were in place to support people whose communication was limited.

Staff support: induction, training, skills and experience

- The provider recognised the importance of having a staff team who were given the opportunity to develop their knowledge and skills for the benefit of people using the service.
- Staff received training in areas to support the needs of people. Specialist training was available, including positive behaviour support training, equality and diversity and diabetes awareness.
- Staff told us they were happy with the training and support they received. One member of staff said, "The training is very good. We have a lot of courses that are focused on service users' needs and they can be so varied."
- Staff were supported with their professional development through regular one to one meetings with a senior member of staff or a registered manager.
- In addition to formal training staff were supported in their roles through regular spot checks for practice. For example, administering medicines and supporting a person who may challenge. Members of staff confirmed these sessions were valuable. A member of staff told us, "This enables me to support people who use our service."
- Staff completed a comprehensive induction and a period of shadowing experienced staff prior to working with people on their own. New staff completed a probation period where their performance was reviewed before being confirmed in their role. Staff confirmed the induction process was a positive experience and helped them feel confident in their role. One staff member said, "I feel that my induction was thorough."

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.

- Consent to care and treatment was sought in line with good practice. People were asked if they wanted family members to be part of the review process. Where this is requested consent is sought for sharing information.
- People's capacity was routinely assessed and there was clear documentation to show when a person was able to make their own decisions. When people lacked capacity to make decisions, best interests discussions and meetings had taken place, and actions taken in the best interests of people using the service.
- The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. People were given choices in the way they wanted to be supported, where possible.

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

- We received positive feedback about the approach of staff and the care and support delivered to people. Comments we received from people included, "They [staff] are very kind. I like all the staff" and "[Relative] is very happy and I know they are being well cared for."
- The service recognised people's diversity, they had policies in place that highlighted the importance of treating everyone as individuals. People's diverse needs, such as their cultural or religious needs were reflected in their care planning. There was a policy in place to support people of different race and cultures in respect of end of life planning .
- Staff recognised the need to support people in the community in a way which supported equality and diversity. For example, respecting people's choices to use community facilities and visit public places. This ensured they were not disadvantaged. Staff commented how this had helped people become inclusive in the local community. One staff member said, "It was difficult at first but now locals know the service users and get on really well. They have a lot of banter."
- Where possible staff had background information about people's personal history. This meant they could gain an understanding of people and engage in meaningful conversations with them.
- People were empowered to make their own decisions. One person told us, "I like to go out every day and they [staff] help me to do that".
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "Everything is focused around what the service user wants to do. It's all about them".

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was respected, and people's care records were kept securely.
- Care plans contained information in relation to each person's dignity and privacy and how staff should respect that. It was evident through care records and the attitude of staff that the delivery of care and support was personalised and focused on retaining and promoting people's independence.
- It was clear from our observations when we visited people at home that staff demonstrated an awareness of the importance of treating people with respect and maintaining their dignity by the way they spoke and supported people.

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

- People told us they were able to express their views and were involved in making decisions about their care where appropriate. One person said, "I am in control." They told us they had recruited their own staff

team and had written their own care plan for staff to follow. The person confirmed the care they received was delivered how they expected it to be.

- The registered manager understood the importance of effective communication. When people required support to express their views they worked proactively to ensure people's views could be heard.
- The registered manager was aware of the importance of accessing other support such as advocates or appointees when people did not have help from families to express their views. Advocates and appointees are independent people who can support people express their views and make decisions about their care.
- Where people engaged with family members the service took account of their thoughts and views to help people feel valued.

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 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. People's care and support was designed around the individual to respond, reflect and make changes to individual needs in people's best interest. A professional told us staff were proactive and responsive to people's needs. For example, staff had supported a person to reduce a medicine they had relied on for many years until it was no longer required. This had resulted in the person being able to manage their behaviour and become more socially interactive in the local community. Staff told us, "It's just been amazing for [Person's name]. Their quality of life and having more social activities had just made all the difference. It makes us [staff] feel like we have done an excellent job" and "So proud of how this worked out for [Person's name]." A professional told us, "Staff are continually looking for solutions. Looking at what the person could do and what are their aspirations and goals."
- Staff had been able to respond to a person's choice of lifestyle following a health diagnosis by undertaking additional training. This had meant the person could continue to lead their preferred lifestyle because staff had the knowledge and skills to support them.
- The service knew how to support people by ensuring comprehensive records were in place. Staff had used ways to involve people, so they felt consulted and involved in the decision-making process. For example, one person had the use of a special assistance phone, so they were able to summon support when they needed it. At other times it had enabled them to be more independent. The person had previously needed 24 hours support. By using assistive technology to support them living independently meant this had empowered them to live independently. They told us, "I love it here. It's mine. Yes, I can be on my own if I want to be." A professional commented, "It's clear to see that a different solution means [name] can live safely and independently." People were involved in planning their health and social needs and contributed to any changes and reviews which might affect them.
- There were effective systems in place to support people to receive timely care and support with the use of assisted technology. For example, using monitors to detect any out of the ordinary movement by alerting staff in the nearby hub office. Staff told us on more than one occasion this had stopped there being incidents which may have had a negative impact on the person. This meant people who had previously required 24 hours support had the opportunity to have time to themselves in their own homes, while feeling safe due to the technology being used to support them. The 24 hour on call system meant managers were available at all times to support any queries or issues people might have,

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 communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, there were easy read formats for specific medical conditions. It enabled people to understand how to manage their conditions because they could read the format. This had significantly improved the persons understanding.

- A hospital admission had been managed in an inclusive way. Prior to admission staff had ensured the person had been provided with information about what this would be like in a format they understood, including using assistive technology. A relative told us, "[Person's name] was hospitalised where tests were carried out, a frightening experience for someone who has a learning disability and who had not been in hospital before. Staff were with [the person] throughout all of this and have completed training to continue working with [Person's name] as they adjusted to their condition. As a relative I was kept fully informed throughout this process."

- A deputy manager had completed communication leader training. This had enabled the staff team to develop a wide range of skills to support effective communication where some people needed additional support. The service was enrolled in Cornwall's Communication Charter which meant staff had access to a wide range of tools and resources.

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 service was passionate about ensuring activities were meaningful and led to excellent outcomes for people. People were continually supported to make and maintain links with the wider local community. For example, identifying the main hub office would be a suitable safe environment for people using the service to meet. Staff assigned to develop this had created a hub which people liked to use.

- The hub was used to share valuable information. For example, how to stay safe, use interactive technology to learn new topics, share music and keep up with current affairs. A staff member told us, "It is really successful and service users who would not generally have met have really benefited from this."

- Some people had lost contact or confidence to use community links. A staff member told us, "We have been so successful in supporting service users back in the local community. It really gives us all a sense of pride." We observed support was available to people to do what they wanted when they wanted. Some people had their own transport which staff had approval to use. Social isolation had been an issue for some people. Staff worked closely with the person, family, advocates and other professionals to identify the best options. For example, short visits to places where there were other members of the public. Staff told us this helped to desensitise the person. It enabled confidence and acceptance. The person told us, "I go out a lot now and do lots of things I enjoy." This approach had supported people to engage and feel part of the community

- Tenancy agreements meant people were unable to have pets living with them. Staff had recognised this was difficult for some people and had arranged pet therapy sessions. It meant people had the opportunity to have time with pets brought into the office hub by staff.

- People were engaging in a range of stimulating and meaningful activities supported by a knowledgeable staff team. For example, therapeutic and educational activities including, art and musical therapy. There were a range of activities to extend people's knowledge and skills. For example, relationships and environmental issues. A local entertainer had supported people with music therapy enabling people to make their own music.

- One person was in the process of realising their goal for a holiday abroad. They were planning and liaising with family and other professionals to achieve this. They told us, "I didn't think I would be able to go on holiday but now I can." A member of staff said, "It's just so lovely [Person] has been able to achieve this. We

are behind them on this."

- The service had in place easy read sexuality documents and information relating to Lesbian, Gay, Bi-Sexual and Transgender [LGBT]. This supported people to understand issues during an investigation. Staff told us this was an open and transparent service which did not discriminate against people's sexual orientation. The service was involved in a local Gay Pride event and the service did not discriminate its workforce and employed people from all genders. To support this, the service had a LGBT champion to represent staff.
- People were supported to retain links with friends and family and those who were important to them.

End of life care and support

- The service totally recognised the importance of having the knowledge and skills to respond to people's end of life needs. In order to reduce the stigma surrounding dying and death. The service had dispensed an information document 'Dying Matters' to support staff and people using the service highlighting the importance of forward planning and advanced wishes. There were other publications available to support staff on recognised good practice in end of life care. A staff member told us, "Everyone is valued and it's important that we would be able to support a service user if they were coming to the end of their life in their own home."
- People had advanced care decisions and plans in place. This included reference to people's individual cultural and spiritual needs. People had been supported through these decisions by staff who were compassionate, respectful and valued their decisions. This meant people had been consulted and empowered and listened to. Records were designed in a way which supported people's ability to understand the decisions made.
- One person had expressed their wish to make a will. Staff sourced a solicitor who specialised in providing legal support to people with a learning disability. The solicitor also supported the person to create an end of life plan. This demonstrated the service used an innovative approach in enabling a person to plan for the end of their life and what they wanted following death.
- To respond to this staff had end of life training available to them. The registered manager and a deputy manager were currently undertaking training for accreditation at the local hospice.

Improving care quality in response to complaints or concerns

- The service took account of any concern or complaint seriously. The managers and staff supported people using the service to raise issues which adversely affected them. For example, where a person had raised an issue about a staff member. They were supported through the complaints process using easy read format. They were kept informed by managers throughout the process. They received an outcome letter in easy read so they were able to understand the actions taken. Advocates were involved to ensure the process was open and transparent which demonstrated an independent and objective approach.
- Another person was being supported through a safeguarding investigation. Staff supported the person's emotional needs and reassured them throughout the process. The person was kept up to date through easy read documents and from other professionals. This demonstrated how the service empowered people who at times in their lives had been disadvantaged due to disability.
- The service used the monthly satisfaction survey to report on any issues and discuss them with the management team. This meant issues could be resolved quickly.
- People were supported to raise concerns using an easy read format where it was most needed.
- Staff were supported to raise concerns anonymously through the service's confidential whistle-blowing procedures. This meant they were protected when raising concerns.

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 remained the same. This meant service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service recognised the importance of empowering people to engage with community links and strengthen relationships beyond their own homes. For example, engaging in local politics through engagement with a local MP who had visited the service to listen to the views of people using the agency." . There was a Brexit folder, giving information of all the main party manifestos. This was in easy read format for the most recent general election. The information gave an overview of what it meant to people, what the election process entailed and possible outcomes. For example, topics included, the impact of global warming and each party's response to this. Help to stop flooding, planting more trees to improve the environment. Help for people on a low wage and disability. A staff member told us it had generated a lot of discussion. "It was a really interesting time, but it gave service users more insight and was a good introduction." This showed staff recognised the positive outcomes from constructive engagement and reinforced the principles of equality.
- The service worked inclusively with people it supported to promote the positive impact of using assistive technology. For example, taking part in a local authority video for the council website discussing their views and opinions on the impact it had made on them.
- The service had taken steps to support a person whose relationship with a neighbour had deteriorated. It had resulted in improving social acceptance and a positive relationship.
- Managers and staff had systems in place to support people who were not happy about things negatively affecting their lives. For example, supporting a person through a complex safeguarding issue. Supporting a person through the service's own complaints procedure. This demonstrated managers and staff valued what people told them and acted upon those issues. Staff recognised the importance of upholding people's human rights. They used supportive communication skills and easy read prompts to ensure people understood the process and delivered the outcomes in a way which supported the person.

Continuous learning and improving care

- Staff told us that through good leadership and training, they had the resources to do their jobs well. Staff told us, "I feel the standard and range of training within my workplace is excellent" and "Management are very good at enrolling staff on new training for the support we provide and within timescales."
- Managers undertake mandatory and additional training to support the development of the service.
- The service was open and transparent and operated a no blame culture. It undertook debriefs and investigations when things went wrong. This approach empowered staff to be open and honest.

- There was an effective incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.
- The service ensured all staff had a personal development plan. It sought new ways to support people and gather information through effective auditing and quality assurance systems. For example, researching best practice in supporting people with mental health, learning disability and physical disabilities. Also, actively listening to what people are saying through surveys and collating comment cards. Recent surveys and comments were all positive and supported the management team to reflect on how the agency would continue to develop.
- The service supported equality and inclusion by promoting open discussion in team meetings.
- Senior managers work closely with other local agencies to develop new safeguarding training for partner organisations in Cornwall.
- Investigations into concerns and complaints was used as an opportunity to learn how to improve the service.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, provided a quality service and the people they supported were safe. Health professionals consistently gave positive feedback about their experience with the service. For example, "They [managers and staff] are very proactive. They contact me at any stage where they think more professional input would be valuable to the service user," "Very responsive, because the care planning is excellent. It helps identify things before they become a problem" and "We have worked with the service to make reasonable adjustments to make access to healthcare more flexible. Staff request appropriate support and they ask for feedback and are open to change."
- The service recognised that reflective practice enabled them to develop and make changes based on good practice. For example, holding debrief sessions when incidents occur. This demonstrated the management learnt through reflective practice.
- The service worked in partnership with other organisation to enhance good practice for example British Institute of Learning Disabilities [BILD] to review restrictive practices, risk assessment and positive behaviour support planning. This independent advice ensured the service was promoting people's rights, providing choice and meeting equality, diversity and inclusion.
- The service was taking part in a pilot study to self-assess their quality assurance processes as part of reflective practice and to measure its effectiveness.

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

- There was a positive culture that was person-centred, people were supported to be independent and to have opportunities to live a full life. People told us, "I think the staff are great" and "I like all the staff. They help me a lot."
- The registered manager told us, "We are very passionate about what we do, and we do it to a very high standard. I am very proud of the managers and staff and we get an awful lot of support from the directors."
- Staff took pride in their work and showed commitment to supporting people to achieve good outcomes. Staff told us, "I feel a valued member of the team and with the support we get we provide an excellent service" and "I feel that my work place does provide a service that meets people's individual needs."
- The provider had access to charitable funds that people benefited from such as fundraising for sensory rooms and gardens and giving financial support for holidays.

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

- The provider understood the importance of risk, regulatory requirements and the need to continuously improve the service. The auditing system ensured there was enough oversight within the service to promote safe, effective and responsive care.

- The registered manager was aware of the duty of candour and their legal responsibility to be open and honest.

- The registered manager understood their regulatory responsibilities and ensured appropriately skilled people were in place within each team to inform CQC and other organisations when important events happened in the service.

- A highly dedicated and enthusiastic staff team was in place, led by a motivated management team that followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes.

- The registered manager and deputy managers support staff on shifts in order to gain frontline sight and awareness of how the service was being delivered. This meant gaps or alternative ways of working could be established.