

Gemstone Care Ltd

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Inspection report

48 Traps Hill
Loughton
Essex
IG10 1TB

Tel: 02085025987

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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

Gemstone Care Limited is a domiciliary care agency which provides 24 hour care and support across four supported living locations to people with a learning disability. At the time of our inspection nine people were using the service who were supported in their own homes.

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

People, their relatives and professionals routinely described the staff as knowing people exceptionally well, and the care people received as being exceptional, excellent, brilliant and wonderful.

Innovative and creative ways were used to deliver bespoke and personalised care and support to people. People's health and wellbeing was closely monitored to ensure they received timely and appropriate treatment. Transitions between services continued to be effectively managed and was meticulously well planned.

People were encouraged to live as full a life as possible and supported to achieve the best possible outcomes. Staff had formed positive relationships with the people they supported and looked for ways to make them feel valued. People were genuinely encouraged to express their hopes and dreams and the service looked for ways to make these a reality. Staff knew people really well and used this knowledge and support them to achieve their goals. Staff were considerate of people's feeling at all times and treated people with the utmost respect and dignity.

People received highly personalised support from staff who knew them well. People were encouraged and supported to reach their goals. People's confidence, independence and health outcomes had improved since they began using the service. People's achievements were recognised and celebrated. People were enabled to maintain relationships with those who mattered to them.

Staff were aware of safeguarding procedures and knew the correct action to take if they suspected abuse had occurred. There were enough staff to meet people's needs in an inclusive way. Prospective employees had been recruited inclusively, with people who used the service. People were supported by a consistent staff team who were aware of the risks to people and knew how to manage these safely. Medicines were administered, stored and disposed of safely. Infection control practices were robust and promoted the principles of individual awareness and ownership.

The level of care and support given to people enabled them to have an excellent quality of life. Staff understood and knew how to apply legislation to help people make decisions and give their consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff who had exceptional skills and knowledge to meet their assessed needs. People had enough to eat and drink and arrangements were in place to identify and support people who had been identified as being nutritionally at risk.

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 had access to a wide range of personalised and group activities and were supported to have a say in all aspects of how the service was delivered. People were supported to have as many opportunities as possible, so they could gain new skills and live more independently.

People benefited from a service that had a dedicated registered manager whose experience and qualifications were used to support people to lead full and meaningful lives. The values of the provider were consistently demonstrated by staff in their interactions with people and with each other. People's views were sought out and acted upon.

Robust quality assurance processes ensured the safety, high quality and effectiveness of the service. People felt listened to and their views were taken into account. These were used to shape the service.

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 outstanding. (27 January 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 exceptionally 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 

Gemstone Care Ltd

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

This inspection was carried out by one Inspector and an Expert by Experience. 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 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 used all of this information to plan our inspection.

During the inspection

We spoke with six relatives of people who used the service about their experience of the care provided. We also spoke with three members of staff including the registered manager.

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 remains the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The service helped people to have a full and meaningful lives by using imaginative ways to minimise risk, while supporting people to stay safe. For example, information about risk was designed so that the person could be encouraged to make positive choices.
- The registered manager had completed a range of risk assessments that were individually tailored to meet people's specific needs. Information clearly specified where people were susceptible to harm or exhibited behaviours which could place themselves or others at risk.
- Innovation around harm reduction models of care was considered and encouraged. For example, one person had a history of substance misuse. The registered manager and staff had carefully considered how to support this person to reduce their risk-taking behaviour. Staff were aware of any potential triggers and able to positively divert the person's attention. For some people in recovery, certain places, experiences or people can trigger a strong reaction. Staff were aware of these triggers and management plans were in place to reduce the harm that some of these may cause. There was evidence that this person had made significant life changes as a result.
- Creative approaches were used to encourage people to think about keeping themselves safe. For example, the registered manager encouraged people to take positive risks and had devised easy read guides that was kept in each person's home. These were used to encourage people to maximise their control over the care and support they received and manage their own risks along with their relatives.
- People were supported by staff who had a transparent and open approach to managing safety.
- There had been no occurrences where seclusion or restraint had been used.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us their family members were kept very safe. One said, "I know [Name] is very safe. We have total peace of mind, they are being cared for very well." Another relative said, "[Name] is absolutely safe. We would know if they were unhappy in any way." Another relative said, "[Name] is very secure with staff and happy."
- Staff were trained in safeguarding people and were able to recognise when people may have been at risk of abuse or felt unsafe. Staff used sign language and pictures to support people's understanding. The information the service provided was in an easy-read visual format, which included a safeguarding booklet. People were encouraged to communicate any concerns or worries they might have.
- Staff knew how to raise concerns correctly and had a clear understanding of what was needed to ensure people's safety, whilst at the same time promoting their independence.

Staffing and recruitment

- The registered manager had a strong emphasis on drawing out the personal qualities of the potential

employee, as part of the recruitment process. The recruitment process served to identify the emotional awareness that was needed to provide support to people of the highest quality. One relative said, "I think the staff are all very competent. They just 'know' [Name of person] and what they need and want instinctively."

- Robust recruitment processes continued to be in place, with relevant checks being completed. One relative said, "[Name] generally has the same staff. The manager is very good with recruiting the right people for the job."
- People were supported by staff who had got to know them well, and any absences were effectively covered by the registered manager. One staff member said, "I support the same people. I have no concerns. There is enough of us to meet people's needs."

Using medicines safely

- Staff worked with people taking medicines often used to manage behaviours and mental health to find alternatives and to reduce unnecessary use of these medicines. Some people's usage of certain medicines had reduced since receiving support from Gemstone. One family member said, "Since [Name] has been with Gemstone, the medicine they take has been reduced to a minimum."
- People received their medicines on time and in the right way.
- Effective arrangements continued to be in place for the storage and recording of medicines.
- Medicines administration records (MARs) were accurate and contained no gaps or errors.
- Guidance telling staff how people should be given medicine and the reasons why they should have it, were meticulously detailed and continued to be in place.
- Staff had been trained in how to administer people's medicine and observations of their competence were carried out regularly.

Preventing and controlling infection

- Staff promoted personal awareness of infection and hygiene to people.
- Sessions had been introduced which looked at ways people could be more aware of how-to managing risks relating to infection and hygiene.
- People were encouraged by staff to follow good food hygiene practice. For example, people were encouraged to check food temperatures, by inserting a probe into the food.
- Audits relating to the prevention and control of infection was carried out by the registered manager.
- Staff used personal protective equipment (PPE) correctly, to ensure that people were protected from the spread of infection.

Learning lessons when things go wrong

- Staff knew how to record and report an accident or incident if this had occurred.
- The registered manager kept a detailed audit and analysis when incidents had occurred.
- Meetings were held which looked at the support provided and considered how practice could be improved. The registered manager said, "[Name] highlighted that I had made an error. This is what I want my staff to do. For all of us to look for errors and reflect on our practice."
- Meetings continued to be used as a forum where staff could challenge existing practice and share their thoughts.

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 improved to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's relatives said staff knew people exceptionally well, and described the care people received as exceptional, excellent and brilliant. One relative said, "The staff are brilliant with [Name.] We feel so lucky to have found them."
- The registered provider had a holistic approach to assessing, planning and delivering people's care and support. The assessment contained exceptionally detailed information.
- In order to obtain this detailed information an extended assessment period was provided. The assessment was completed over a number of different sessions. The registered manager explained, "Here it is not just about having clients for the sake of it. The assessment period is so important, to really know and understand the person. I have turned down care packages because it's about us being able to offer compatibility, so we can get the best out of people. It isn't just taking on care packages."
- The registered manager encouraged the safe use of innovative approaches to care and support. For example, some people had poly substance misuse issues and the registered manager had successfully used harm minimisation techniques to support their recovery.

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

- The registered provider actively supported staff to ensure people experienced good healthcare outcomes. For example, people were supported to make choices about their health. One health professional said, "The staff has an outstanding knowledge of the service user. [Name of staff] has excellent communication skills and enabled an incredibly emotional and difficult consultation to be run smoothly. The attention to the needs of the service user was commendable. The staff are deeply professional and caring at all times." A relative said, "Staff encourage people, they always listen and act on any issues, but most importantly GP appointments and hospital appointments are never missed."
- Health action plans were in place and staff continued to support people to have access to a wide range of health professionals to support them to stay healthy. One staff member explained, "I take [Name] to the hospital and the dentist and chiropractor. I write down what is happening to their health and monitor this, so I can give feedback to their relatives and health professionals."
- Information included a detailed chronology of people's medical history and showed when health appointments had been attended.
- People were supported to maintain their oral health and access dental treatment. One relative said, "The staff make sure [Name] has all their check-ups. They recently had a mammogram and they took them back for a follow up appointment. They take them to the dentist regularly too."
- Transitions between services continued to be effectively managed and was well planned. Each step had

been considered to ensure that the impact of any transition could be minimised.

- People were encouraged by staff to take responsibility for their health. For example, they completed a daily exercise programme which had been prescribed by health professionals.

Staff support: induction, training, skills and experience

- People's relatives told us staff were extremely well trained and competent. One relative said, "I think the staff are very well trained. But more importantly, they have the right skills and really care about people." Another relative said, "The staff are all brilliant. They get to know people. I don't think it is just a job to them."
- People using the service, were supported to take part in the recruitment of staff. Potential employees were taken to meet people in their homes and were enabled to have an influence on the outcome.
- Staff were given a comprehensive induction which provided essential training, based on the care certificate.
- The induction process provided the opportunity for new staff to shadow more experienced workers so that staff could get to know people and so that people could get to know new staff before they worked unsupervised.
- Staff training was developed around individual needs. For example, a new person with autism was supported by the service. Staff had completed mandatory training but was also being supported to complete a professional qualification. A staff member said, "Each person varies from each other. One person had a diagnosis of autism and we were given extra training, to provide us with more skills to work with them. We did this before we started to provide care." The registered manager said, "I want staff to have a professional qualification in this area, because people with autism have a big spectrum of needs."
- The registered manager looked at ways they could encourage and invest in employees to maximise their development opportunities. The registered manager said, "It's important to invest in staff because these are the people in the future, who we will need to look after us."
- Competency checks not only focused on the tasks the employee was required to do, but also the skills which needed to be displayed within the care role. For example, the registered manager assessed how staff interacted and spoke with people, and how they used their empathic and emotional aspects of their personality to bring the best out in people and provide the best possible care.
- The registered manager carried out regular supervisions, competency checks and annual appraisal. Staff told us this helped them to feel competent in their role. One staff member said, "We have a mixture of both face to face and group supervision. All sessions are written, and I have had an appraisal."

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

- There was an emphasis on the importance of eating and drinking well. A variety of different options were available, and people were encouraged to shop and plan their meals. One relative said, "[Name] does need help but the staff make sure they have a varied diet and eats healthily. When [Name] started they were a bit over weight, but they have helped them to eat sensibly and they are looking good now."
- Staff knew people's individual preferences and patterns of eating and drinking and there was flexibility if this was needed. People's cultural dietary preferences were respected.
- At the time of the inspection, no one had support from speech and language professionals. However, we saw records where the registered manager had previously monitored people's eating ability and liaised with SALT professionals, to obtain specialist advice.
- Staff kept records monitoring what people were eating and people's weights.

Adapting service, design, decoration to meet people's needs

- People were encouraged to make decisions about the environment they lived in. For example, a variety of easy read work sheets had been designed and was used to work with people to help them understand why it was important to have a fire evacuation or have their electrical appliances safety tested.

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.

- The service provided 24 hour care and support to people which meant that they were under continuous supervision and were not free to leave their homes unescorted. This level of support represented a deprivation of people's liberty, albeit in their best interests.
- Best interest decisions had been made and records were retained.
- Decisions had been made in accordance with legislation and people's wishes.
- Steps had been taken to protect people and safeguard their rights through applications to the court of protection where appropriate.
- Practices regarding consent and records had been actively monitored. The registered manager had carefully considered how to involve people in making decisions about their care. For example, easy read booklets were in place which included information for people about DoLS, and permission to share. Staff used these as a communication tool to help people understand the decisions they were giving their consent to.
- People relatives told us they were fully involved with their family members care and that communication was exceptional. One relative said, "We are included in any decisions and we are just one team."
- The registered provider made sure staff were fully trained and had a comprehensive understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).
- The registered manager was clear about the future changes being made, to the MCA and DoLS and was keeping themselves up to date, about the potential impact these changes may have.

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 outstanding. At this inspection, this key question has remained the same. 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

- People and their relatives described staff as excellent and told us they, were very compassionate and kind. One relative said, "The staff are excellent. They are professional and friendly. [Name] of person lives a full life and I am very, very happy with the service."
- Without exception, people told us that individual and personalised care was provided in a way that exceeded their expectations. One relative described the service as, "Absolutely, the staff are so respectful. They never raise their voice, they respect [Names] privacy too." Another said, "They treat [Name] very, very well. They are very patient. They never rush them." Another relative said, "We feel very lucky to have Gemstone. The care is excellent."
- The registered manager was very skilled and could anticipate people's needs. They made sure support networks were in place to deal with people distress and discomfort. They made sure people were offered sensitive and respectful support and care. One relative said, "Nothing is too much trouble. They bend over backwards to make sure [Name] is happy and content."
- Staff were particularly sensitive at times when people needed compassionate support. They explored people's needs and preferences in relation to their personal and family support. The registered manager worked with people to consider what emotional impact a certain health diagnosis may have on their wellbeing. For example, one person had been diagnosed with cancer and became concerned about the possibility of dying. The registered manager and staff worked intensively to support this person through treatment. The person had been supported to understand what was happening to them, because staff worked with them using a programme, the 'Change Cancer Sessions' this helped them to understand what was happening to them, and understand the changes to their body that was taking place.
- The registered manager rolled out cancer information sessions to every person, to promote them to check their body for any changes. Bespoke sessions were designed to help people understand and encourage them to check their own bodies for any changes. This was supported by producing information in a format that they could understand.
- People told us they enjoyed the company of the staff and were relaxed around them.
- Staff spoke about people in a kind and caring way and knew their likes and dislikes. They were familiar with people's life histories which helped them to understand how their past experiences might affect them day to day.
- The registered manager continued to really listen to people and understand their point of view, to ensure that their needs could be met in a unique and personalised way. For example, One relative said, "Gemstone has got it right with supporting people to live independently in their homes and in the community by helping them build life skills."

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

- The registered manager ensured people got the support they needed, and was particularly skilled when exploring and trying to resolve any conflicts when tension was involved. For example, they had recognised that for one person their accommodation arrangements did not meet their needs, they worked intensively with the local authority to resolve this issue. The successful outcome improved the wellbeing of this person.
- The registered manager and staff team were particularly sensitive to times when people needed caring and compassionate support. For example, one person's family posed a significant risk to them and they worked extensively with the person to explore their needs and preferences, which extended to wider professionals. This was to ensure their welfare was protected and safeguarded.
- The registered provider continued to meet and exceed people's expectations, and they continued to feel happy and fulfilled. For example, the registered manager matched people to staff who shared similar cultural backgrounds and shared interests.
- People and their families told us staff interacted with them in a positive and meaningful way.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was truly embedded as part of the values staff displayed. It was embedded in every aspect of the service. For example, staff understood how to promote and respect people's privacy and dignity, because they had such a thorough knowledge of the person's background and needs. One staff member said, "I talk to them and make sure the door is closed. I ask the person what they want and give them choice. I let people do what they can themselves, but I am on hand to support if they need any extra help."
- Supporting people to live a truly independent life was at the core of the service. One relative said, "I would say that independence is at the top of their agenda. [Names] independence is very important. The staff respect all [Names] choices."
- Rotas were in place identifying who was responsible for specific tasks such as cleaning, cooking and the laundry. The rota took into account any difficulties that people experienced.
- People were encouraged to be independent and access the local community. For example, one person had been supported to learn how to use buses and trains.
- Staff recognised the importance of helping people to be well groomed and dressed appropriately, whilst at the same time respecting their choices.
- Staff supported people to live their lives the way they wanted. One relative said, "The staff respect all [Names] choices. For example, if they have cooked a meal, [Name] might change their mind and just want a sandwich. That's fine. There is no big deal with them."

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 now improved to Outstanding. This meant services were tailored to meet the needs of individuals to ensure flexibility, choice and continuity of care.

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

- Staff worked with people to look for opportunities within the local community. Reasonable adjustments were made to encourage independence. For example, the registered provider took on a key role in working with the local community to build links, so that people could be engaged to undertake activities that were meaningful to them. One person had been supported to work in the local bank. The manager of the bank said, "We have built up a relationship with [Name] to help them further integrate into the community. It brightens my day, to be honest. It makes me feel proud seeing the joy [Name] got from telling people they worked in the bank."
- People continued to be supported to lead a full and active life. They engaged in a wide range of activities they had specifically chosen. For example, staff arranged for people to participate in a wide range of social activities, and supported people to access education and employment opportunities. One relative said, "[Name] does so many activities. They go to clubs, shopping and for coffee." Another said, "[Name] goes to a sing a long group and has their job at the church one afternoon a week." Another relative said, "[Name] goes shopping every week, karaoke, bowling, in fact anything they want to do they accommodate as far as possible."
- People were supported and encouraged to develop relationships with others.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place which staff and relatives were aware of but never had to use. One person said, "We have never needed to complain about anything. Quite the opposite. Any concerns are sorted out straight away with no fuss." Another said, "I can't imagine ever having to complain about anything."
- Numerous compliments about the service had been received. One from a health professional said, "I think excellent is an understatement. I have never encountered such an amazing carer or person as [Name.] A true inspiration. I didn't believe that people like [Name] exists." A compliment from a relative said, "They are excellent on all of the above, with professional and friendly staff. [Name] of person lives' a full life and I am very, very happy with the service." Another relative said, "We feel very lucky to have Gemstone. The care is excellent."
- Information about how to make a complaints was available in 'easy-read' language, with pictures to help people understand. These were displayed publicly in people's homes.
- Staff were pro-active in reminding people about the complaints process and checking whether they had any concerns within any meetings held.

Planning personalised care to ensure people have choice and control and to meet their needs and

preferences

- People's rights, choices and involvement were put at the core of the service. People were involved in planning and reviewing their care.
- The registered manager had gone the extra mile to find out what people had done in the past. They used this information to support people to get in touch with those they had lost contact with. For example, one person had been living in a residential care home, prior to moving to the community. The registered manager had tracked down this person and facilitated them both to reunite and rekindle their relationship.
- People and their family members told us they were involved in people's care plans, in a way that made them feel empowered and listened to. One relative said, "The staff always sit and chat with people." Another relative said, "The staff do chat. They have got [Name] interested in far more other things."
- The registered manager had an exceptionally detailed understanding of the needs of different people and had considered how to deliver support in a way that met those needs. For example, people were supported to access community activities that were culturally relevant to them. One relative said, "The staff help [Name] to be independent. For example, they have a part time job helping out at the church, which is what they enjoy doing."
- Strength based skills assessments continued to look at what people could do for themselves. For example, care plans included people's future goals and aspirations, hopes and dreams and work, education and social life aims.
- Care plans changed as people's needs changed. One relative said, "All [Names] activities are what they choose to do, and I think the support for them to go to the toilet alone has been amazing."

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.

- The registered manager had gone over and above to ensure that information was shared with people in a way that they could understand and enabled them to communicate their needs and wishes. The accessible information standard was woven through out every aspect of the service.
- The registered manager had previously worked in an education setting and held a post graduate degree in Learning Disability and Challenging Behaviour. Subsequently, staff had access to high quality training and tools to enable them to support people in an exceptionally open and inclusive way. For example, Easy read tools had been devised and were used to help people to encouraged to have control over their lives and make day to day decisions. They helped staff to understand how to meet their care needs and communicate.
- Social stories continued to be used to assess the person's understanding. They were used to involve people to when develop their care plan. Social stories is a short description of a particular situation, event or activity, which includes specific information about what to expect in that situation and why. The provider used language, objects of reference and scenarios that the person was familiar with to facilitate their understanding.
- Staff had an inclusive approach which continued to have a positive impact on people who used the service.

End of life care and support

- The registered manager was particularly skilled at helping people and their families to explore and record their wishes about care at the end of their life. They used this information to ensure people were consulted, empowered, reassured and listened to. For example, one person was scared about dying so the registered

manager worked with the person and their family. They devised a work pack titled 'when I die.' This enabled staff to approach the topic in a sensitive and empathic way and helped to reduce the persons anxiety when talking about this topic.

- An end of life policy was not in place. The registered manager explained that, "It was important to approach this subject in a sensitive and personalised way. Due to this factor a one size fits all policy may not always be the most effective approach." The registered manager told us that a policy would be introduced.
- At the time of the inspection, the service was not supporting anyone at the end of their life. Some staff had been trained in end of life care, whilst others were still completing this training. One staff member said, "I am just about to cover this in my training course. We have been speaking to my manager about this. I have chosen to specialise in this area, so we can develop it further."

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 outstanding. At this inspection, this key question has remained the same. This meant the service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- People's relatives described the registered manager as being amazing, brilliant, and a wonderful support. One relative said, "[Name of manager] is amazing. It was very difficult for us to let [Name] live away from home, but the manager has made it so much easier and they have been so helpful."
- The registered manager had a robust approach to working with other organisations to improve care outcomes. Feedback from a health professional said, "The staff have provided very good support and clearly have gained the service users trust, which has been built through person centred care. They are professional in their conduct and presentation."
- The service had a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's preferences. For example, the registered manager had developed community links to reflect the changing needs and preferences of people. Links had been developed with the local charity shop, the local farm and bank. The local College, dog walking services and arts, crafts and music providers.

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

- The registered manager was innovative and enabled people to be empowered and voice their opinions. For example, reviews of people's care were completed on a regular basis. Inclusive communication techniques were used to draw out the information, to make sure people were involved in an inclusive way. People's relatives said, "The staff are very kind people. Nothing is too much trouble, and that goes for the manager too. They are wonderful." Another said, "They care, full stop. They put everything they have got into the people they support."
- The registered manager routinely worked with external agencies and had continued to be proactive in seeking guidance and involvement from relevant health and social care professionals within the community. For example, they routinely worked with psychiatrists and the behavioural advisory team, to ensure people received the support and treatment they required.
- Annual satisfaction surveys continued to obtain feedback from people, relatives, staff and professionals. This information had been analysed by the registered manager and used to drive improvements within the service. One relative said, "We receive regular surveys asking what we think. We have no complaints, in fact, just the opposite."
- People had been supported by an independent person to complete satisfaction surveys.

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

- The registered manager, who was also the registered provider, had created a service that truly put people at the heart of the service, and supported and engaged with people in a genuine and meaningful way. One relative said, "We feel blessed to have found them. It is wonderful." Another relative said, "The service is absolutely well managed, and it shows in all the staff. If they don't have the right attitude for the job, they don't stay very long." Another relative said, "Without a doubt. [Name] is far more active now. They communicate more, we can turn up when we like. In fact, when [Name] visits us, they ask to go back home. Which is brilliant." Another relative said, " It's definitely well led. [Name] is happy and content, and that means everything to us."
- The service's vision and values were personalised and put people at the core. The registered manager explained, "Health is first before activities, this must come first. You can cancel an activity, but you can't cancel a health issue. We will keep this business small because it is important for me to offer a quality service. It's about quality not about quantity. That is why we keep it small."
- Staff understood their roles and responsibilities and were confident in the registered manager. One staff member said, "People are given a good choice. The manager always supports us. I am 100% happy."
- Staff told us they received constructive feedback about their performance. ● The registered manager proactively managed the behaviours and performance of staff. For example, one staff member was found using their phone on shift, so the registered manager followed the disciplinary procedure.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 continued to be exceptionally well led by the registered manager. They understood the legal requirements, which included the conditions of their registration.
- Rigorous and constructive challenge from people and professionals was welcomed and seen as a vital way of holding them to account.
- Every staff member was encouraged to consider their continuous professional development.
- The registered manager had an exceptional understanding and possessed a wealth of experience and qualifications in the field of learning disabilities and managing challenging behaviour. They used this to continue to provide a high-quality service
- The registered manager continued to draw upon their professional knowledge and expertise to support staff to provide consistently high quality care and support. This was confirmed through professional feedback.

Continuous learning and improving care

- The service had clear and effective governance processes in place. Audits were in place which monitored the quality of the service. When improvements were needed appropriate action had been taken.
- Robust audit systems identified and managed risks to the quality of the service. The registered manager used this information to drive improvement.