

i-grow Care and Support Limited

i-grow Care and Support

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

i-grow Care and Support (known locally as i-grow) provides care and support to younger and older adults living in their own homes who may have a learning disability and/or autism, physical disabilities, acquired brain injuries or mental health issues. Not everyone who used the service received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene, medicines and diet. Where this support is provided, we also consider any wider social care provided.

At the time of the inspection 17 people were receiving support with personal care and lived within Plymouth and surrounding areas. Some of these people received care and support on a 24-hour, seven day a week basis. Others received support at particular times of the day when needed.

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

We received mixed feedback from staff regarding the quality of training, communication and support. The registered manager told us they were aware of some of the issues raised by staff and said some areas of training and support had been affected by the COVID-19 pandemic. A staff survey had been completed and an action plan was in place to address issues raised. This included reintroducing weekly calls to staff and face-to-face visits to provide support. It was too early for us to see the impact of these improvements.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, Right care, Right culture. People received a service that was personalised and took their specific choices into account. The management team and staff worked with people and their families from the point of referral to develop a plan of care that met their needs and desired outcomes. Some people had been supported to move into their own home where they had been able to make choices for the first time about their care and lifestyle. People had been supported to access work opportunities, develop new friendships and plan holidays of their choice.

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.

Other agencies told us they felt the service was well-led and provided personalised care that provided good outcomes for people.

The positive and friendly interactions we observed between people and staff indicated people felt safe and comfortable in their home. Robust recruitment practices ensured the right staff were available to support people safely.

People were supported by staff to keep healthy and well. People's care plans set out how staff should support them to manage their health and staff supported people to access health services when required. People were supported to take their medicines safely, in a way that suited them.

Regular audits were carried out with action plans and timescales for improvement.

We have made recommendations in relation to training, support and complaints.

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

Rating at last inspection The last rating for this service was Good (Published 23 February 2018)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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

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 not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

i-grow Care and Support

Detailed findings

Background to this inspection

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

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

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

The service is registered as a domiciliary care agency and provides care and support to people living in their own homes.

Not everyone receiving a service received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where this support is provided, we also consider any wider social care provided. At the time of the inspection 17 people were receiving personal care from the service.

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 a short period notice of the inspection because some of the people using it could not consent to a home visit from the inspector. This meant that we had to arrange for 'best interests' discussions about this. We also needed to ensure the provider or registered manager would be available to support a visit to the services office.

Inspection activity started on 12 October 2021 and ended on 02 November 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission services from the provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps to support our inspection. We used all this information to plan our inspection.

During the inspection-

We met and spoke with three people who used the service. When we met with people, we were also able to meet and observe the care staff supporting them. This helped us to better understand people's experiences and the quality of care provided. We spoke with 14 members of staff, which included, the registered manager and care staff, and we also received feedback from a further seven staff by email. We visited the office and met with the registered manager, development manager and one of the company directors.

We looked at the care and medicines records of six people who used the service. Care records included, care plans, risk assessments, daily monitoring records and incident reports. We looked at the recruitment records of three members of staff. A variety of records relating to the management of the service were reviewed. This included quality audits, health and safety records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five professionals who regularly visit the service.

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

- Staff had completed safeguarding training and spoke confidently about how they would protect people. Staff said they were confident any concerns raised about poor practice and/or people's safety would be addressed promptly by the provider and senior management.
- The positive and friendly interactions we observed between people and staff indicated people felt safe and comfortable in their home. For example, we saw people looked to staff for reassurance when they felt concerned or unsure about what was happening.
- Relatives told us they felt their loved ones were safe. One relative said they had trusted staff to care for their loved one when they had less opportunity to see them during the peak of the COVID19 pandemic.
- Staff supported people to understand the importance of keeping safe and helped them understand what they needed to do if they felt unsafe. We saw staff supported people to check visitors ID before allowing them to enter their home.

Assessing risk, safety monitoring and management

- Risks to people in relation to their health, care and lifestyle were understood and managed well. People's support plans contained clear guidance for staff about how to keep people safe in their home and out in the community.
- Staff had individualised guidance in place about how to support people who could feel the need to self-harm or leave the building unsupervised. This guidance helped staff understand how to support people and reduce risks.
- People who had known risks relating to their health had plans in place about how they needed to be supported. For example, one person had risks relating to epilepsy. A separate plan was in place detailing the supported needed to care for this person and manage any risks safely.
- People were supported to take positive risks to maximise their independence and choice. A professional was very positive in relation to a person who had recently started being supported by the service. They said "They do not allow the past to define a person, which might be life limiting and risk averse. They are aware of the risk, but don't allow it to limit the person's independence".
- Regular checks were undertaken to ensure people's environment remained safe. Staff told us they checked equipment such as cookers, fire alarms and water temperatures and reported any faults to the landlord to ensure any necessary repairs were made.

Staffing and recruitment

- People were mainly supported by a small, consistent team of staff who knew them well.
- Staffing levels were reviewed regularly to ensure they continued to meet people's needs.
- Staff told us they worked mainly with the same person or one other, which supported people's need for

consistency and reduced risks during the COVID-19 pandemic.

- Staff said they felt staffing levels were safe and any staffing issues or gaps were identified and managed within the staff team.
- During the recruitment stage staff were matched to individual people based on their needs and mutual interests. Where possible people and relatives were involved in this process.
- Robust recruitment practices ensured the right staff were available to support people safely. Checks such as disclosure and barring service checks (police checks) had been carried out before staff were employed. This made sure they were suitable to work with people they supported.

Using medicines safely

- People were supported to take their medicines safely, in a way that suited them.
- Staff who administered medicines were trained and competent to administer medicines safely. Regular supervision ensured that staff skills, knowledge and competence was up to date. Staff recorded on the MAR (Medicine Administration records) when medicines were given to people. MARs were checked regularly to make sure they were accurate.
- Staff supported people to order, store and dispose of their medicines safely.
- People's medicines support needs were assessed and recorded in their care plans, so staff could support them in a way that met their needs and promoted independence. People and staff regularly updated care plans to make sure that medicines were used appropriately to reduce a person's distress and anxiety.
- People where possible were supported to take part in discussions and reviews about their medicines.
- Staff reported medicines errors. These were learnt from and systems put in place to improve safety.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in their own homes in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were documented and escalated promptly to the senior management team. Incidents were analysed to identify any trends or patterns, so preventative action could be taken to prevent re-occurrence.

- Incidents were analysed as part of quality monitoring of the service and any lessons learned considered. For example, analyse had identified a person was spending long periods of time in bed, which could impact negatively on their health and well-being. Changes were made to the person's support plan, which had resulted in them being more active and happier during the day.
- Meetings and discussions were held regularly with people's core staff team, relatives and professionals. These discussions allowed time to discuss practice and reflect on what was going well and what could be improved.

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 had remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- We received mixed feedback from staff about the quality of support they received. Some staff said they felt well supported by their colleagues and could talk to senior management at any time, whilst others said support from senior management was not good and did not always support them in their role. For example, some staff said they had not been supported by management following incidents, and they did not always feel their views and feedback was listened to or valued by the senior management team. We shared this feedback with the registered manager who told us they would review support arrangements as a matter of priority.
- Training was delivered in a range of formats, which included e-learning and face to face. We received mixed feedback from staff about the quality and effectiveness of the training they received. Some staff told us they felt the training was good, whilst others said they did not gain sufficient knowledge from e-learning and felt face-to-face learning was a better way of gaining the skills needed for their role. Two staff told us they did not feel they had sufficient training to support the needs of people who may show how they are feeling by being physically aggressive towards others. We spoke with the registered manager about this feedback and they told us face-to-face training had reduced during COVID-19, but they would discuss with staff and address any gaps in learning.
- Following the inspection, the registered manager updated us about face-to-face training that had been booked including, behaviour management and epilepsy training. They also said they would be reviewing the support arrangements for staff which would include the re-introduction of weekly contact with staff either by phone or face-to-face.
- All new staff undertook an induction programme, which included completion of mandatory training and shadowing of experienced staff before working on their own. Staff we spoke with were positive about the induction and said it prepared them for their role.

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

- People's needs were assessed before they started using the service. This helped ensure their expectations and needs could be met. A transition plan was agreed, which included staff meeting people in their current placements as well as visits to their new home where possible.
- Professionals were very positive about the service's admissions process and how well they supported people and their families. For example, a professional said "I honestly have nothing but praise for i-grow and the staff team for the hard work they have put into this transition."
- Support plans included detail about people's full range of health and social care needs. Information about people's past was gathered, documented and used to help inform their care plan arrangements.
- Staff spoke about people's past experiences and understood how this could impact on their current health

and well-being. This knowledge and understanding was used to inform the planning and delivery of care.

- Technology was used to improve people's experiences and support independence. For example, during the peak of the COVID-19 pandemic people had been supported to use social media to keep in touch with family and friends, and another person had taken photographs of foods and colour coded them in order of nutritional value.

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

- People who had been assessed as requiring support with eating and drinking had a nutrition and hydration care plan in place.
- People with known risks associated with their diet and nutrition had plans in place to support them and to minimise risks where possible. For example, one person was at risk of choking. A speech and language assessment had been completed with clear guidelines about how to support the person with eating and reduce the risk of them choking.
- When necessary people's nutritional risk and weight was monitored. Referrals were made promptly to healthcare professionals if concerns in relation to their diet/weight were identified.
- People were supported where possible to plan their meals, go shopping and be involved in cooking. One person we met really liked to bake. Staff told us they supported them to prepare an afternoon tea when their family visited.
- People had been supported to ensure their accommodation allowed them to be as independent as possible with eating and mealtimes. For example, one person had been supported to move into a home which had an accessible kitchen where they could help prepare their own meals.
- People's likes, dislikes and dietary preferences were documented and understood by staff.

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

- People were supported by staff to keep healthy and well. People's care plans set out how staff should support them to manage their health and staff supported people to access health services when required.
- Staff maintained records of their observations about people's health and well-being and acted promptly if people showed any signs of being unwell. For example, one person had been vocalising signs of distress. The staff had contacted the GP, and it was established the person was experiencing migraines. The person's support plan had been updated to help staff recognise when the person could be suffering a headache/migraine and how they needed to respond.
- Relatives told us staff kept them up to date with any changes in their loved one's health and well-being and fed back the outcome of healthcare appointments when appropriate.

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

- Some people had been supported to find accommodation to meet their needs and lifestyle. For example, one person had been supported to move from their family home into their own home. Management and staff had worked alongside the person, their family and other agencies to secure suitable accommodation, purchase furnishings and ensure the property was suitably equipped before the person moved in.
- People were supported to ensure their homes were maintained appropriately to meet their needs. Staff undertook daily safety checks and reported any issues, such as repairs needed to the landlord or senior management to be actioned.
- We observed staff talking to people about how to keep their homes safe and comfortable.

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.

- All staff undertook training in MCA and those we spoke with were knowledgeable about issues relating to people's rights and requirements of the legislation.
- We observed staff respecting people's rights to make choices and decisions for themselves. Comments from staff included, " I always support people to choose what they want to eat, what clothes they want to wear and how they want to spend their day, I respect their choice, and give advice if needed".
- When people had restrictions in place to keep them safe, correct procedures had been followed. For example, one person had measures in place to keep them safe and prevent them from leaving their home unsupervised. This information was documented as part of the person's support arrangements and was reviewed regularly to ensure the guidance remained appropriate and in line with legislation.

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

- Some of the people we met were not able to tell us verbally about their experiences of the care they received. However, people's body language, smiles and interactions showed us they were comfortable in their own home and happy with the staff supporting them.
- Staff were very attentive to people's needs and understood when people needed reassurance, praise or guidance. For example, one person we visited had recently moved into their own home and could become anxious with people they didn't know. The staff spent time reassuring them and checked the person was happy and understood what was going on around them.
- Staff spoke about people in a way that demonstrated they cared. For example, a staff member said about the person they supported, "It is an absolute pleasure supporting [person's name]. They have learnt to do lots of things around their home and it is great being able to support them to do all the things they enjoy like spending time with their family".
- Staff and management treated people with kindness and compassion when they experienced difficult life events. For example, two people had experienced breakdown of previous placements and home situations. Staff had supported them inside and outside of working hours to furnish and settle into their new home.
- Relatives praised the staff and management for their caring and compassionate approach to supporting people. Comments included, "The staff are wonderful, treat [person's name] with total respect, listen to them, celebrate with them".

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

- We observed staff encouraged people to make choices about their daily routines, such as what they wanted to eat, clothes they wanted to wear and activities they wanted to partake in.
- People were supported to use communication aids to enable them to make choices about their care and lifestyle. For example, one person had a pictorial activity planner, which they used to decide what they wanted to do each day.
- Where possible people were involved in planning their care. One person told us they were fully involved in decisions about their care and were able to raise any concerns if needed.
- The provider recognised the importance of family members and valued their views and contribution to planning care. A professional told us, "[person's name] relative was so worried about the future. I believe by i-grow investing in these relationships early on they were able to ease some of these concerns and fears".
- People were supported to access advocacy services when needed. Other agencies said the service were good at ensuring people's voice was heard. Comments included, "What really came across was how much the registered manager and the team advocated for people. They recognise the importance of speech and

language services to ensure people's voice is heard".

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence.
- We saw staff respected people's privacy when they supported them with tasks such as personal care. For example, staff closed doors when supporting people in the bathroom and responded appropriately when people indicated they wanted time on their own.
- Staff were very sensitive and respectful when they spoke about people's support needs and personal information.
- People were supported to understand they were being supported in their own home. One person we met was very excited and proud to tell us they had their own key. Staff said, "The furniture and décor are chosen by the person, there are personal items all around their home exactly where and how they want them".
- Professionals were positive about how the service supported people to make choices and develop their independence. Comments included, "I went to see [person's name] for the first time in their home, there was a clear message by staff that it was the person's home. They were encouraged to be independent, take care of their home and make choices"

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 remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns.

- A copy of the complaint's procedure was available in the main office. The registered manager said people and relatives did have contact numbers of who to contact if they needed to raise a concern but did not know if people had a copy of the complaints procedure in their homes in a format they could understand. They told us at the inspection they would take action to address this issue.

It is recommended the provider undertakes a review of their complaint's procedure, ensuring people have access to this information in a format they can understand.

- The provider kept a record of any complaints received and the outcome. This registered manager said this enabled them to ensure complaints were dealt with appropriately, as well as ensuring any issues relating to practice were identified and addressed.
- People were mainly supported by small, consistent staff teams. Staff said this consistency helped ensure any concerns were understood and dealt with promptly.

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

- Relatives and other agencies said the service was responsive to people's needs and commented about the positive impact this had on people. For example, a professional told us "i-grow worked so flexibly with adapting the support hours and care plan to maintain the family support whilst [person's name] home was found. I believe they prevented a crisis and breakdown by the support they provided".
- The provider understood and demonstrated the principles of 'Right Support, Right care, Right culture'. This is new guidance for services supporting people with a learning disability and/or autism, and underpins the principles of choice, independence and inclusion. From the point of referral and through the transition stage staff really got to know people and their families to ensure they understood what people wanted and needed.
- Staff worked with people, their families and other agencies to develop a support plan that was person centred and worked towards achieving people's goals and aspirations. For example, one person had been supported to fulfil their wish to undertake some voluntary work. A staff member who supported this person said, "With the right preparation and support they got the role and has now been doing it very successfully for two years".
- Staff we spoke with knew people well and understood what was important to them. For example, one staff member told us about a person who liked staff supporting them to be of a mature age, and how much they valued time with their family. Both of these wishes had been taken into account when planning the person's care and support.

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 had communication profiles to help ensure they were understood and had their needs met.
- People were supported by staff who knew them well. We saw staff had a good understanding of how people communicated and were able to use this knowledge to support them to make choices and feel safe and comfortable in their home. For example, we saw staff were able to respond to non-verbal cues about how people were feeling, such as body language, behaviours and general mood.
- People had different tools to help them with their communication. For example, one person had a pictorial planner in the kitchen to help them make choices about activities and meals. Another person had a communication profile, which had photos of the specific signs and symbols they used to communicate.
- The specialist speech and language services were positive about the service, and said the staff recognised the importance of ensuring people's voices were heard and listened to in the planning and delivery 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

- People were supported to develop their interests and take part in activities, which met their needs and interests. For example, one staff member told us "A whole variety of things we do with them. One person, I take them to special Olympics. We go there on a regular basis. Another person does a local radio show and we go shopping with people, walking dogs, art clubs, sports clubs, what they want to do we try and make happen".
- People were supported to maintain links within their local community and with people who mattered to them. For example, one person was supported to meet up with a friend who no longer lived near them.
- Relatives said their loved ones were supported by i-grow staff to lead a fulfilled and active lifestyle, comments included, "They recognise friends and family are important, they have taken them away to visit extended family, and supported them to go to church when a friend passed away."
- People had been supported to keep active and stay in touch with their friends and family during the peak of the COVID-19 pandemic. As restrictions had lifted people had started going out regularly again and had returned to activities they had previously enjoyed. For example, two people had started swimming again, and making plans for holidays.
- People's support plans were reviewed regularly to ensure people were given the care and support they needed in terms of their age, gender, gender identity, race, religion and sexual orientation.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.
- People had hospital passports, which included people's personal wishes if they became unwell and needed treatment in hospital.
- People were supported to talk about issues relating to the death and bereavement. For example, people had been supported to pay their respects in their chosen way to friends who had passed away during the COVID-19 pandemic.

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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- We received mixed feedback from staff about the quality of communication and support they received from senior management. Some staff said they felt communication and support was good, whilst others said support and communication from senior management was not good and did not always make them feel valued or fully informed about issues relating to the service and their role. Some staff told us it was difficult to make contact with senior management and when contact was made, they did not always feel listened to or able to openly discuss issues about their role and people they supported.
- Regular audits were carried out including health and safety, care documentation, staffing, training and medicines management. However, it was not evident that these audits had identified some of the staff issues about training we received during this inspection.
- Staff feedback was discussed with the registered manager at the time of the inspection. The registered manager said some communication and support systems had reduced for staff during the peak of the COVID-19 pandemic. We saw an action plan to address some of these gaps had been developed as part of a recent staff survey, which included, reinstating weekly catch-up calls to staff, and face-to-face visits. It was however, too early for us to see the impact of these improvements. The registered manager said they would re-visit the action plan following our feedback.

It is recommended the provider undertakes a review of their support and communication systems for staff to ensure they can fulfil their role and continue to achieve good outcomes for people. The provider's quality auditing process should be further developed to capture feedback from staff about the quality and effectiveness of training.

- Personalised care was central to the service's philosophy and staff demonstrated they understood this by talking to us about how they met people's care and support needs. Staff spoke about their work with commitment and passion and used words such as 'Independence' and 'People's rights' when they talked about people they supported.
- People were empowered to see their home as their own. For example, staff referred to people's homes as "Their Home" and did not see people's home as their workplace.
- Staff were positive about the people they supported and without exception said they believed the provider and management focussed on achieving good outcomes for people.

- Other agencies told us they felt the service was well-led and provided personalised care that provided good outcomes for people. Comments included, "The outcomes in this time period have been amazing to see and hear about. I am also impressed by how future outcome focused they are around promoting [person's name] quality of life, and enabling them to experience all the opportunities they wish, such as going to church, getting a voluntary job, doing their own shopping".
- The management team had a good understanding of regulatory requirements and used national guidance to develop policies, procedures and processes.

Continuous learning and improving care

- The management team undertook monthly reviews of the service so they could understand performance and make changes as required. As a result of a recent review the provider had appointed two new managers to support quality and recruitment.
- Systems were in place to gather feedback from people and staff about the quality of the service. Action plans had been developed to address any issues raised. The registered manager was responsive to feedback provided to them during the inspection and told us they would take action to address any issues raised.
- We saw clear and detailed records and audits of all accidents, incidents and near misses. Systems allowed for this information to be collated and analysed to identify any patterns and address any shortfalls in the service.
- Staff told us they had opportunities within their core team to discuss and reflect on practice. This enabled them time to consider any improvements needed in relation to practice and/or people's care arrangements.
- Other agencies said the provider had managed well during the Covid-19 pandemic and had taken part in training and shared lessons and experiences with other care providers.

Working in partnership with others

- The management and staff had worked with other agencies to achieve positive outcomes for people, for example, staff had worked alongside occupational therapy services to support a person to move into their home with facilities and equipment to meet their needs.
- Senior management and staff had worked alongside other agencies, including the local learning disability service to support people within their family home, and to transition with support to their own home.
- Health and social care professionals were very positive about how the service worked with them to deliver safe, effective and person-centred care. Comments included, "i-Grow work well with commissioners and other professionals to support people with their health and social care needs".

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

- People's relatives and other agency views were sought in the planning and delivery of care. For example, where possible people were involved in reviews of their care arrangements and kept informed of any changes.
- The service had a head office and day centre facility, which people were supported and encouraged to access if needed. One person was supported by staff to pop in and have a cup of tea and a catch up with the managers and other people they supported.
- The provider considered itself part of the community, and supported people to be part of their community in which they lived. For example, staff supported people to engage positively with their neighbours to ensure people were seen as valued members of their community and to discourage any discrimination.

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

- The provider and registered manager were aware of their responsibilities to inform the commission of

significant events in line with their statutory duties.

- The management team spoke openly and were responsive to any issues raised throughout the inspection.