

Partners in Support Limited

Partners in Support

Inspection report

11 Meadway Court
Rutherford Close
Stevenage
SG1 2EF

Tel: 01438 746243

Website: www.partnersinsupport.org.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Overall summary

We carried out this inspection on 6 January 2016. We gave the provider 48 hour notice before. When we last inspected the service 11 December 2013 we found them meeting the standards. At this inspection we found that they had continued to meet the standards.

The service provided care and support to adults with severe learning disabilities or autistic spectrum disorder in their own homes. At the time of the inspection the

service offered support to 30 people, however only 10 people received care and support which involved an activity the provider was registered for with the Care Quality Commission.

There was a registered manager in post and they were also the director and the nominated individual for the company. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. However, in this instance they were the same person.

People who used the service, family members and external agencies were highly complimentary about the standard of support provided. The manager involved families and other agencies to ensure people received the support they needed to express their views and make decisions that were in their best interests. Relatives and professionals were very positive about the service people received. The service specialised in supporting adults with behavioural problems who had lived in large institutions for a long period of their life or had several failed placements prior being supported by Partners in Support.

Positive risk taking was driven throughout the organisation, balancing the potential benefits and risks of choosing particular actions over others, in order to support people to live fulfilling lives. In delivering this consistent approach people were supported to try new things and make changes in their lives. The registered manager and staff had an excellent understanding of managing risks and supported people that had previously challenged services to reach their full potential.

An outstanding characteristic for the service was the time spent developing ways to accommodate the changing needs of the people who used the service, using innovative and flexible ways to support people to move forward. The registered provider was seen to constantly adapt and strive to ensure people who used the service were able to achieve their full potential. Over a period of time we have seen people be supported to progress and their support plans and environment adapted and developed to promote their independence.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with young and vulnerable people. People who used the service and their relatives were encouraged to participate in the interviewing process for potential employees. This demonstrated the service's commitment to the culture of inclusion and participation within the service.

The manager ensured that staff had a full understanding of people's support needs and had the skills and

knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. There was a well-established management structure in place which ensured that staff at every level received support when they needed it. Staff were clear about their roles and responsibilities and how to provide the best support for people.

People were at the heart of the service, which was organised to suit their individual needs and aspirations. People's achievements were celebrated and their views were sought and acted on. People were supported by staff that were compassionate and treated them with dignity and respect. Without exception, people who used the service and their relatives we talked too were very complimentary and positive about the staff that supported them.

We saw people had assessments of their needs and care was planned and delivered in a person-centred way. The service had creative ways of ensuring people led fulfilling lives and they were supported to make choices and have control of their lives.

People participated in a range of personal development programmes. Individual programmes were designed to provide both familiar and new experiences for people and the opportunity to develop new skills. People who used the service accessed a range of community facilities and completed activities within the service.

People's nutritional needs were well met and they had access to a range of professionals in the community for advice, treatment and support. Staff monitored people's health and wellbeing and responded quickly to any concerns.

Care plans had been developed to provide guidance for staff to support in the positive management of behaviours that may challenge the service and others. This was based on least restrictive best practice guidance to support people's safety. The guidance supported staff to provide a consistent approach to situations that may be presented, which protected people's dignity and rights.

There was a strong emphasis on person centred care. Family members, social care professionals told us and all the care records showed that people's needs were continually reviewed. The plans ensured staff had all the guidance and information they needed to enable them to

Summary of findings

provide individualised care and support. People and their family members were consulted and involved in assessments and reviews. Best practice guidelines were followed and the service was innovative and creative in its approach to support. The management and staff were not afraid to challenge decisions and advocate fully on behalf of the people they supported, often with excellent results.

People were active members of their local community and led busy and fulfilling lives. There was evidence of positive outcomes for people, and that people had pursued new opportunities, progressed over time, gained new skills and increased their independence. Due to the excellent support people received from staff they were doing activities they or their family never thought possible before. Activity programs were varied and personalised, these were designed to provide a variety of familiar and new experiences for people in accordance with their individual interests and abilities. People were encouraged and supported to engage with their local community through involvement in working for charities, the local coffee shop, regular swimming, and visits to local amenities such as pubs and leisure centres.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Their ethos was “To enable people with learning disabilities to determine the life they live and strengthen their community of family and friends.” Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Confidentiality was respected and independence was promoted. Young people who used the service were encouraged and facilitated to participate in discussions about their care and support.

The registered manager was an excellent role model who actively sought and acted on the views of people. People and their relatives without exception told us they thought the service was extremely well managed. We found all staff were very positive in their attitude to the company and their role and said they were committed to the

support and care of the people. Staff said Partners in Support was different because the manager genuinely cared about all people and wanted to make a positive difference to people`s lives.

Systems to continually monitor the quality of the service were effective and there were ongoing plans for improving the service people received. The provider gathered information about the quality of their service from a variety of sources including people who used the service, their family and friends and professionals. The strong value based attitude of the registered manager and service managers, how they led through example best practice was implemented and followed throughout the service and staff felt motivated and well supported.

The service had developed and sustained effective links with professionals and this helped them have a multidisciplinary approach in supporting people. Their success in achieving positive outcomes for people and their ability to develop best practice led to them being asked to share their ideas to other organisations that supported people with disabilities. A manager from a different organisation wrote, “Just wanted to say a big thank you for inviting us to your Rumble awards, we had a great time and it was an inspirational evening. It was so lovely to see the people you support being recognised for who they are and their personal achievements, it’s clear you have a great team who support them very well. We have taken note for us of how to run a future Rumble awards night!! Well done and thank you to all your team who made us so welcome.”

Summary of findings

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. There was a commitment of balancing risk and rights for people to ensure good outcomes for the people who used the service.

People's risk assessments were developed as a result of thorough assessments. These were regularly reviewed and used to enable people to live full lives safely.

There was a robust recruitment procedure in which people who used the service were encouraged to participate, demonstrating the service's commitment to a culture of inclusion. Staffing levels were sufficient to provide the level of support required.

Incidents and accidents were responded to ensure people were safe. Managers collated and analysed incidents for trends and patterns and took steps to make sure any necessary changes were made.

Staff had clear understanding of the role they had in safeguarding people from abuse. They reported to management any concerns they had and they told us who they would report outside the organisation where needed.

Outstanding



Is the service effective?

The service was outstanding in ensuring people received effective support.

People received creative and person centred care and support that was based on their needs and wishes from a team of well-skilled staff. Staff we spoke with understood how to protect the rights and enable people to make decisions for themselves. People were supported to be involved in decisions about their care and treatment using communication systems that were appropriate to their needs.

Staff were highly skilled in meeting people's needs and received ongoing support from the team leaders, service managers and registered manager through regular supervision and training. Mandatory and specialist training was based on best practice and guidance, so staff were provided with the most current information to support them in their work.

People were supported to attend appointments, see their GP or other health care professionals. Their dietary needs were met and healthy eating was encouraged.

Outstanding



Is the service caring?

The service was caring. Without exception, people and relatives praised the staff for their caring and professional approach.

People and staff had high expectations of what people could achieve and achievements were celebrated.

People were supported by the manager and staff who were committed to a strong person centred culture which put people in the centre of the care provided.

Outstanding



Summary of findings

The manager ensured people had the opportunity to build positive relationships with staff that were based on respect and shared interests. People were treated with dignity and their confidentiality was respected.

Relatives and social care professionals felt staff and managers were going the extra mile to provide compassionate and enabling care.

Is the service responsive?

The service was very responsive to people's needs.

People achieved positive outcomes. The service had the ability to respond promptly to people's changing needs. People received care that was tailored and based on their needs and preferences.

People were fully supported by staff to engage in activities to stimulate and promote their overall wellbeing. The staff recognised and responded to people's social and recreational needs by enabling people to engage in various activities and meet other people in similar situations at events organised by the service.

People's views and opinions were sought and listened to. Feedback from people receiving support and their representatives was used to improve the service.

Outstanding



Is the service well-led?

The service was well-led. The culture of the service was positive, person centred, inclusive and forward thinking. The feedback we received from a range of professionals, families and staff was that they all felt this was an excellent, enabling and inspiring service.

The management were described as approachable by staff, families and other agencies and professionals without exception. Best practice guidelines were followed and the service was innovative and creative in its approach to support. Feedback was regularly sought from families and comments and suggestions acted on.

There were robust systems to ensure quality and identify any potential improvements to the service. The regular audits carried out identified areas in need of improvement which were followed up in subsequent audits to ensure improvement were made and completed. There were robust systems to ensure quality and identify any potential improvements to the service. The regular audits carried out identified areas in need of improvement which were followed up in subsequent audits to ensure improvement were made and completed.

Outstanding



Partners in Support

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 6 January 2016 and was carried out by one Inspector. Between this date and 8 January 2016 we spoke with care staff, people who used the service, their relatives and professionals by phone to get feedback about the service. We gave the provider 48 hour notice before the inspection to make sure that appropriate staff and managers would be available to assist us with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that

requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During and following the inspection we spoke with two people who used the service, two relatives, three support staff, three team leaders, the registered manager who was also the director of the service, a service manager and we received feedback from two social care professionals. We looked at four care and support plans and four staff recruitment records. We reviewed safeguarding procedures and the complaints procedure. We looked at quality monitoring arrangements and staff support documents including supervision records, team meeting minutes and individual training records.



Is the service safe?

Our findings

Relatives told us they felt the support their loved ones received from Partners in Support was safe and met their needs. One relative told us, “I have not had any concerns regarding [person] safety. All support plans and risk assessments have been shared with me, and my input has been listened to. I have observed that these plans are carefully reviewed - for example, how [person] is monitored at night has recently been reviewed to respond to his changing needs.” Another relative told us, “We feel that [person] is as safe as they can be with a caring, responsible staff team whom we trust.” One social care professional told us, “The placement is meeting the needs and is safe for [person]. [Person] is not the same person they were when they moved in last year.”

The service specialised in supporting people who may have previously challenged services and they benefitted from a bespoke personalised service offered by Partners in Support. Staff managed people’s behaviour through positive risk taking and engagement, working close with families to manage transition between services and giving people sense of worth by promoting their rights. For example before a person was referred to Partners in Support they had lived in a different setting. They had demonstrated aggressive behaviours towards staff members, in particular female staff and they had become more and more socially isolated as staff would not take them out because of incidents they had experienced in the community. It was reported that the person could not tolerate being around people in the community, they could not bear to be touched.

Following an assessment and transition process the person moved in to his own home with the support of a dedicated staff team from Partners in Support. Staff respected their choices, their right to privacy and enabled them to take their own decisions about how they wanted to live their life. The person become more independent, their behaviour changed and they become more confident in the community. We found they were leading a full and active life; they only needed one staff’s support at present whereas before they had two to one support. They enjoyed a wide range of activities in the community, they had made new friends and started to re-establish some old friendships, they were able to attend functions with

hundreds of people at times in their close proximity; however with careful support from staff the person knew well and trusted they were able to manage these situations and thoroughly enjoy them.

Risk assessments were developed which enabled people to be independent and in control of their life, to build up confidence whilst the risks were managed to an acceptable level by staff. People had comprehensive risk assessments which included step by step guidelines for staff to follow for every activity which had a level of risk involved. These guidelines were simple to follow and ensured the risks were appropriately controlled while enabling and encouraging people to lead full and active lives. For example, we saw guidelines for staff to follow which enabled the person to bath independently, something they had previously been unable to do. Staff told us they had to be near the bathroom and keep noise levels down to ensure they could hear in case the person needed help. One social care professional who received a report from staff about positive risk taking said, “It’s nice for me to read a report which proposes positive steps forward, taking into account informed positive risk taking to enable [person] to continue to live an independent life.”

Another person who had lived a long time in a secluded environment within a very strict regime because they presented a risk to themselves and others due to their behaviour had been enabled to live in their own home supported by staff from Partners in Support. The management and staff created a social story for the person to understand the risks involved in all aspects of their daily life and there were positive risks, ‘rules’ which the person understood and agreed to. We found that this had a major positive impact on their life. They had progressed from living in a locked institution with behaviour that challenged to hold a paid and voluntary employment, they were an active member of a local music group who performed locally and they were a very successful member of the special Olympics movement and won numerous medals for their achievements. They continued to train and compete at events around the country.

Staff were able to detail the policies in place in relation to safeguarding and whistleblowing procedures. One staff member told us, “We have very clear ways to report any concerns. We have the on – call system but also we can report to local authorities and CQC under the whistleblowing policy.” Records showed and staff



Is the service safe?

confirmed they had received training in safeguarding adults as part of their essential training and this was regularly updated. Staff felt confident that any reports of abuse would be acted upon appropriately. The manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

The provider followed safe and robust recruitment and selection processes to help make sure staff were suitable to work with people with complex needs. The provider's website stated: The matching of staff is crucial so individuals are supported by people that they like, people that they can develop positive relationships with and with whom they enjoy shared interests and activities. The selection of the right candidate for the vacant position started from the advert which detailed specific skills and interest any possible candidate had to have. One staff member told us, "I applied for this job because the advert was different from others. I felt they were really looking for somebody like me." They told us that the advert gave them the information of who they will be supporting; their interests, hobbies and this meant that people were allocated support staff who shared similar interest and hobbies which made relationships between them to form easily.

Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory criminal record clearance and evidence of the applicants' identity. Relatives were involved in the interview panels and people spent time with candidates as part of the recruitment process to make sure their views were taken account if they felt comfortable with any potential staff.

One staff member told us that as part of the staff recruitment process they had a three stage interview which included an over the phone interview, a face to face interview with the manager and a relative involved in the person's care who they would be supporting and the third stage was a 'meet and greet' session with the person and the team leader responsible for that team. The way applicants related to people and how people responded was observed and considered before a decision to offer employment was made.

The way staff were recruited led to a low staff turnover which benefitted people who used the service by giving continuity and allowing them to build relationships with

staff. Staff were familiar with people's needs, preferences and established routines. Staff explained how this helped reduce people's anxiety and the number of incidents where people's behaviour challenged others and improved people's quality of life. For example we found that a person was able to visit their sister out of town for the first time and this happened because they developed a long standing trusting relationship with staff who enabled them to take positive risks and gain confidence in their abilities.

There were enough staff to meet people's needs and provide personalised care and support consistently. Relatives and staff told us they were never short staffed and the service had not used agency staff. One relative told us, "[Person name] always has [their] full quota of staff and this is not a small achievement, as they need two to one service 24/7." The manager told us and staff confirmed, that the organisation had an on-call manager and staff on standby in case of any crisis. One staff member told us, "We are never short staffed; we know we cannot work below the agreed staff. In case something happens, staff do not attend their shift, the previous shift will stay until on-call staff will arrive." This meant that people were never at risk of not having their needs met due to shortage of staff.

Accidents and incidents were closely monitored and analysed. There was a requirement for staff to report events as they happened to the on-call manager who analysed the situation and took appropriate emergency action if it was needed. The on-call manager reported these to the service manager responsible for that person for further analysis. This helped ensure any learning was identified and adjustments made to minimise the risk of the accidents or incidents occurring again. Every incident and accident was reported to the local authority and further reviews were arranged if needed. This was done to ensure that people's care coordinators were kept involved in their care and they had up to date information. For example, an accident happened with a person who had a medical condition whilst they were swimming. The accident was investigated and as a result the support another person received with similar condition was reviewed to ensure the support was safe. This meant that positive lessons were learned from any incidents or accidents related to an individual which were then implemented to improve the overall service to benefit everybody and protect people from the risk of harm.



Is the service safe?

Medicines were managed safely. Procedures for administering medicines included having two members of staff involved for the majority of the people who used the service. The manager told us that this practice was introduced to ensure the risks associated with the administration of medicines were controlled and reduced. We found that there were no medicine errors since the new system was implemented. Staff told us they counted and checked the medicine administration records at every handover and if any discrepancy was found this was reported and investigated by the service managers without delay. The manager told us, “We had issues in the past

when people had missed medicines or had not been given the right dose. We reported this immediately to the local safeguarding team and we asked advice from a GP. We have reviewed our medicine administration practices and put measures in place to prevent reoccurrence. We also included in our policy that medical advice should be asked for any error immediately.” Information about the management of medicines for each person was easily accessible by staff in care plans and guidance was available on how to administer medicines for as and when required basis.



Is the service effective?

Our findings

People who used the service had complex needs and health conditions like autism and associated distinct sensory processing differences, epilepsy and learning disabilities. Many of the people using the service had limited verbal communication. They were able to answer our questions with, `Yes`, `No`, One person was happy to say, "I'm doing well aren't I." Relatives, staff and social care professionals gave us positive examples where people were supported effectively by staff to achieve their goals and overcome the barriers imposed by their condition. Staff approached each person individually and tailored their support and communication to suit that person. One relative said, "[Person] has recently learned to dress independently and regularly enjoys a cup of tea rather than a less healthy drink. These may appear small achievements, but to begin to do this at the age of [person's age] is testament to the consistent and proactive approach of the staff team."

Another person who was supported by staff became more independent and a need for their support plan to be reviewed was identified. The manager had referred the person to their care coordinator and requested a meeting. The social care professional was impressed how well the service knew the person's needs. They said, "I would just like to comment the referral information received from you was very detailed and provided both a clear synopsis of the situation and how to move forward with [person's] support."

Staff gave us numerous examples of how they achieved positive outcomes for people. They worked with people in developing social skills, building relationships, learning basic cooking skills. Staff supported people to overcome anxieties about attending events or any social gathering where there were more than a few people around. For example, one person was invited to an award ceremony. Staff planned the event with the person and ensured they arrived an hour before the opening to give the person the chance to get familiar with the place and find their place in the room. They introduced people as they came in and the person managed to enjoy most of the event before they were ready to go. One staff member told us, "This was a

huge achievement for [persons' name], we worked hard together to get here, and this is just the beginning, they will achieve a lot more, we just need to give them space and celebrate every little success."

People received an outstanding level of effective care based on current best practice for people with autism. Staff received training to understand autistic behaviours and they discussed each person's case in meetings with managers. Every effort was made to assist people to be involved in and understand decisions about their care and support. This greatly enhanced people's self-esteem, quality of life and confidence.

People were supported by well trained staff who were knowledgeable in how to support people with complex needs effectively. One relative told us that a staff member following their training in autism suggested a new approach when supporting one person. They suggested sensory strategies, for example soft toys, a swing in the garden, books and magazines with pictures. These strategies were new practical ways to help young people with autism to learn and achieve their goals. The relative told us, "It worked well and led to the whole team being given an overview of the strategy by an Occupational Therapist." Staff told us they received training relevant to their roles and they were supported by managers to develop and progress in their career. One staff member said, "I believe the training we receive is outstanding. We have in-house training and outside training as well. The training and the support I had helped me to progress to team leader."

All staff completed the care certificate induction training when they started in their role. They also had a day of corporate induction where they learned about the company, management structures, policies and procedures and they were inducted in the values and the ethos of the organisation. A newly employed staff member told us, "From the first day of the induction it becomes obvious that one of the values and the ethos of this company is to ensure support is given to people to live their life as they want." Learning and development included face to face training courses, e-Learning, coaching and competency assessments.

Staff received regular supervisions; they told us these were meaningful. They used these sessions to review and discuss with their line managers their achievements since they started in post or since the last supervision. The manager



Is the service effective?

gave them feedback on their overall performance and they agreed training and development needs. They also set short term objectives which were re-visited in the next supervision. One staff member told us, “Managers are very approachable. We have regular supervisions formally but we can talk to managers when we want or need. Somebody is always available.”

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. We found that staff and the manager were monitoring each individual for any capacity issues and where a decision had to be made for the person; this was done following best interest process and involving people close to the person who knew them well and acted as their advocate. The multidisciplinary process of decision making was rigorously followed and the decision making framework used by Partners in Support identified each person how and in what way they wanted or could be involved in any decision making process.

The provider told us in the provider information return form that they were implementing a new system and process to assess and monitor issues people may have relating to the Mental Capacity Act and Deprivation of Liberty safeguards. We found that the new process was effective in how the staff team approach the restrictions each person had to their freedom and how they supported the person to have control over how they lead their life.

Each person had been assessed and restrictions to their freedom or choice were closely monitored. We saw that as a result of effective teamwork people became more confident and independent enough to enable them to have some restrictions removed and their support had been reassessed. For example, we saw that a person used to require support from two staff members at all times. The consistent staff approach had increased their confidence and independence meaning they now only needed one staff member’s support. Staff had worked with the person to develop and follow their preferred routine. This had given the person more independence and was less intrusive for them.

We also learned that the service had supported a person to attend a tribunal hearing and due to their positive progress they had the restrictions that had been in place for 25 years

lifted. One relative told us, “[Person] has significant communication problems and is highly dependent upon [their] family and support team to advocate for them and help them make meaningful choices. I have observed staff’s patience and ability to offer [person] choice at a level that gives meaning without over stressing. For example choosing between two foods or two t-shirts. This is a dynamic process and staff adapts their strategies as and when [person] makes progress.”

People were supported to cater for their own food and drinks at a level suitable for their abilities. They were helped to plan a weekly menu or choose daily and to do their own food shopping. Staff used menu cards to help people who were not able to communicate their choice verbally so they could choose the food they wanted to have. Staff also supported people to cook their own food encouraging them to eat healthily. We saw that staff involved people as much as possible taking account of each person’s individual needs. One staff member told us about a person who found it difficult to engage in any activity for long periods, however staff supported them to be as independent as they could be and make them feel important. A staff member said, “[Person] come into the kitchen and chop a vegetable for a few seconds then they go away and then they come back again. We will not take over from them until they clearly show us they don’t want to carry on anymore.”

The manager and staff were committed to promoting people’s health and wellbeing. Each person had a personalised health action plan which staff supported people to follow. This set out their specific health needs and provided guidance for staff about how to monitor and improve people’s health. The manager actively supported staff to make sure people experienced good healthcare and led meaningful lives. They ensured that specific activities were done by staff who had an interest in those activities and were a good companion for the person they supported. For example, if a person was going swimming staff supporting them liked swimming and so were able to enjoy the activity together.

The staff team organised by the manager were constantly assessing people’s needs through observing and communicating with people. Staff discussed what would benefit people’s health in regular meetings and reviews. One social care professional told us, “The team involves support and input from professionals like occupational



Is the service effective?

therapist, psychologist, community nurses, speech and language therapist to ensure people's health needs are met." This multidisciplinary approach helped to ensure that people maintained good health and that consideration was given to their full range of health and support needs. One relative told us, "[Person] is a wonderful but very complex individual and Partners in Support enable them to lead the life they seem to want to live. As a family we are regularly invited to meetings with psychologists, social care professionals." The manager told us, "Some people we support have a weight issue. We involved dieticians and GP in their care. They also participate in a weight losing programme with regular meetings. This is good social event and motivation to stick to the plan."

People were encouraged and supported to lead healthy and active lives regardless of their physical abilities. We saw that people were supported to attend to the local gym,

activity centres and swimming. In some cases this had involved staff working closely with people to build their confidence and allow them to enjoy these activities. We saw numerous positive examples how people, with the support from staff, overcame barriers to ensure people could do what they liked doing and keep in good health. For example, we saw that staff had purchased a trike for a visually impaired person who was not able to ride a bike on their own. Staff were sitting next to the person and they rode the bike together. The person participated in a 10 mile sponsored bike ride for charity. Staff supported a person who liked dogs to do 'dog walking' regularly and this ensured they had an enjoyable activity and physical exercise in the same time. Another person liked horses and they asked for staff's support to go horse riding both as an activity and physical exercise. Staff were looking into arranging this activity for the person.



Is the service caring?

Our findings

People responded `yes` when we asked them if staff were caring towards them. They were able to tell us names of the staff who supported them which indicated long standing relationships with staff. Relatives told us they felt the staff and the service they offered to their loved ones was excellent and very caring. One relative told us, “[Person] had two admissions to hospital due to uncontrolled seizures and when they returned home, it was reassuring to see how concerned the managers were for [person]... Throughout this time the whole team went above and beyond what was normal in order to ensure the best for [person].” A social care professional told us, “The staff have a good relationship with [person] which is evident by on the whole how [person] is so comfortable around them. They are aware of their needs and respond accordingly. The relatives have confidence in the staff team.”

We found that the service made a real difference to people`s lives. Staff talked with kindness and compassion about people. They told us they were fond of people and supported them through happiness and sadness, achievements and failure with great interest and dedication. For example a person had very little social interaction when they started using the service; they did not go out and had a fear of crowded places. Staff worked with this person and supported them to overcome their fears and helped them to socialise more. They were organised small receptions at their house and were going out regularly. Staff celebrated every little achievement with them. We found that recently the person attended an awards evening organised by the service with their relative. Their relative said that it was the first time in years that they had been able to be out in a social setting and feel totally relaxed.

Another person was enabled to go swimming supported by two staff due to their medical condition and the risks of them having seizures. Staff was thoughtful and took photos of the person enjoying the activity to share the joy with their family. Their relative said, “Thank you very much for the fantastic photos of [person] enjoying their first swim in two years. Please pass on our thanks to the whole team for the care and effort you have all taken to make this happen. We are delighted.”

One staff member told us, “[Person] is an inspiration and I enjoy every minute spent in their company. I support them

when they need support and we laugh and joke together.” One relative told us, “[Person] can sometimes present some very challenging behaviour, despite this I have observed the team to show genuine warmth towards them, it is hard to feel comfortable around someone who is unpredictable and potentially violent, but I have never observed the team communicate with them in a negative way or take these incidents personally.” They continued to say, “[Person] does not speak and we can usually tell how [they] feels by [their] behaviour and actions. I visited [person] recently and observed them taking a less familiar member of staff by the hand and lead them to the kitchen door to request a snack. [Person] would not do this unless they felt relaxed and knew that they were being listened to, and it is notable that they felt able to ask the team member rather than me.”

People were involved in making decisions and choices about their care. The manager encouraged people to choose the right staff to support them by involving people in the recruitment process. People were able to express their choices and preferences on the candidate or in case they were not able too, somebody close to them acted on their behalf. This made sure people felt comfortable and safe with staff. One staff member said, “The interview was very complex and it was clear they had a person [who uses the service] in mind when they [managers] asked me the questions.” One relative who was involved in the recruitment told us, “I am involved in second interviews for new staff members which I very much appreciate. My views are always taken into account.” This meant that the chance of people responding well to staff who supported them was maximised and person centred approach to support people started from recruitment.

People were encouraged to maintain good relationships with their family. We found that a person had not been able to spend a lot of time with their family because they were not confident in staying overnight far from their own home. Staff had worked with the person to build their confidence to the point that they were able to spend Christmas with their family for the first time in many years. Their relative told us, “We have recently had a very successful Christmas with [person] visiting us at home and staying for three nights. This took a lot of preparation and good planning with the team with a fabulous outcome. They [staff] were



Is the service caring?

as delighted as us that events went so well! In fact, I even received regular messages throughout from the team leader as to whether [person] was happy and settled. I thought this was exceptional!”

Staff told us about a person who spent a long time away from their family. The relationships had been on occasions tense and emotionally difficult for the person because they did not see their family as often as they would have liked. With staff support they progressed and were now seeing their family every other week without having staff in immediate attendance. They also had Christmas dinner with their family which they thoroughly enjoyed. We saw another example where the support a person received enabled them to meet and build a relationship with their sibling whom they were not able to meet before due to their unpredictable behaviour. Staff told us that the person was regularly visited by their sibling and the support from the service helped the person with this behaviour and enabled the improved relationship they developed.

Staff talked about people in a respectful manner and they told us they respected people’s privacy and dignity. When we phoned staff to talk about people’s needs they obtained assurance from us that the information they gave us was confidential and protected people’s ‘right to privacy. For example, we have asked the manager to inform staff that we may call them to talk about the service and people and they have sent an e-mail to staff. When we phoned a staff member who had not seen the e-mail they had politely asked us before they gave out any information about the person to call their office and ask the main office to phone them as a confirmation of our identity. This showed that staff was keeping information about people confidential and they were vigilant in protecting people’s right to privacy.



Is the service responsive?

Our findings

Relatives and staff told us, and records showed that the diverse activity programs people were following depended on their abilities and interest. Every person's daily living was planned around their preference. We saw one person worked in a local disco club and attended art classes. They also trialled a paid job at a laundry service where they were doing domestic duties. As a leisure activity they enjoyed riding a bike and attending the local gym where they were voted 'member of the month' and were mentioned in the gym's newsletter. Staff told us, "Previously [person] used to live in a specialised school placement miles from his family. They use to be challenging, had no confidence, they appeared to be afraid of everyone and everything." We found at present this person was a confident young adult with an active social life, who talked to us about how much they were enjoying their life.

We found another example where the person centred approach staff demonstrated had a positive impact on a person's life. Staff told us that a person used to enjoy swimming whilst they were a child; however they were not able to attend a public swimming pool anymore due to them being anxious due to noise levels or too many people around, they were also prone to seizures. Staff found a private swimming pool which they rented and worked with the person for several weeks to gradually introduce them back to this activity that they enjoyed so much. One staff member said, "[Person] communicates with gestures. They will put their swimming costume on and take their bag and show us they are ready to go."

The service successfully supported people to live active lives and to make a positive difference for people which had not been possible before they started using the service. People were encouraged to motivate and inspire by telling their success story. For example the local authority planned to hold an event that gave a person the opportunity to share their story and hopefully encourage others with a disability to take part in more sport relating activities. People were supported to learn and were enabled to swim, go horse riding and worked as volunteers. Staff supported people to overcome barriers such as their complicated disabilities and medical conditions so they could become valued and respected members of their

community. One relative told us since being supported by Partners in Support their family members "[Person's] quality of life has significantly improved. I believe they are happier and that the service provided is exemplary."

Another family member showed their appreciation for the support their loved one received and wrote, "I would like to say a big thank you to all the team that are working hard to encourage [person] with their independence and activities. I know it isn't always an easy task but I am really pleased with how everyone has reacted and how much happier my [person] is as a result. Thank you." The manager told us, "The support we offer is shaped and matches the individual, it is very person specific. Some people need very structured support and daily routines because they cannot function otherwise. Some people we need to adapt to daily or even hourly depending on their moods."

People were supported to plan holidays to destinations of their choice. One person told us, "I go on holiday three times a year and [name of staff member] comes with me. I really like going on holidays." For some people this was a gradual process where staff worked with the person to develop their confidence. For example, staff told us about one person they were working with to get them used to an overnight stay in a different place than their home to help them enjoy holidays when they were ready.

People received consistent, personalised care and support. Their care and support was planned proactively with them, the people who mattered to them and health and social care professionals involved in their care. Relatives were fully involved, where appropriate, in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person's care plan to make sure they were up to date. One relative told us, "I am given copies of any accident or incident reports as they arise, I am asked to offer feedback to any change of strategy."

The person centred care reviews were organised by the management and they ensured where possible most team members, service manager and the director attended alongside the person and their family. One relative told us, "We discussed what was working, what wasn't working and what we needed to do for the future. In 23 years of living with a severely disabled person I think this was the most useful meeting I have ever attended as it specifically focussed upon [person's] needs."



Is the service responsive?

The team also organised social care reviews with social workers, to ensure that the care delivered was agreed and met the expectations of the people and the social work team. A social care professional told us, “Staff inform both myself and the family of any incidents in a timely manner. When [person] was hospitalised last year staff informed the family and me and acted quickly and according to their epilepsy protocol. The family wrote a formal thank you to the local authority and complimented the staff team that they had gone over and above call of duty when [person] was in hospital.”

People were supported through transition and move to less supported services or even to live independently. For example a person who was supported by the service through the transition from children services to adult services when they turned 19. When the person started to use the service they found decision making for them was a problem. At first they were used to being at school in a relatively secure and structured regime and they lacked confidence to make decisions and try new things. Staff slowly introduced choices in a relatively structured way and by setting clear boundaries. For example they introduced two options of what to do rather than asking the open question what the person wanted to do. The person started college, formed relationships, started to grow in confidence. They went from not feeling able to leave their front door to go to the garden gate alone to being able to travel independently to college and in to

town. They decided they wanted to live with their partner without support and staff supported them through transition and enabled them to be independent. The person sometimes phoned staff for a chat and they were happy and independent.

The provider had made information available about how to make a complaint. People told us they knew who to talk to in case they had any complaints or worries. One person told us, “I will talk to [name of the team leader], they will help me.” The manager was responsive to people’s concerns. There were few formal complaints about the service, however, these were appropriately investigated and responded to the satisfaction of both parties. One relative told us, “The Director, Assistant Director, Service Manager, and Team Leader are all accessible and responsive to any issues we may raise, and communicate well. They have all experienced working directly with [person] which clearly informs them about the support they need. From my point of view there is a clear strategic overview about how to support [person], as well as clear lines of communication and support for staff members.” Another relative said, “We have a good relationship with this staff team, particularly with the team leader. We are able to discuss issues honestly and frankly and, for example, new activity ideas are regularly shared. I do feel able to speak to senior management but generally matters are resolved between us and the staff team caring for [person].”



Is the service well-led?

Our findings

Under the direction of the manager staff supported people to overcome significant barriers and achieved positive outcomes in their lives. The approach and ethos of the service was clearly communicated to everyone involved with the service by the manager. One staff member told us, “They [management] look after staff for staff to be able to look after people. Nobody is just a number here.” Another staff member said, “We [staff] are not just simple staff members here. The manager makes us believe we are part of a bigger picture, we are valued and our opinion counts.”

People’s needs were well known to the registered manager, they were involved in each person’s support from the initial assessment throughout regular review meetings. They told us with passion and in detail about every person’s background including how and why they were supported by Partners in Support. They had a clear vision about what person centred support meant for each person and they were skilled in filtering their passion, commitment and vision to the service managers and support staff. Each person using the service was supported in their own home by a team formed by a team leader and the required numbers of support workers to ensure people’s needs were met at all times.

The service had an open and transparent culture, with clear values and vision for the future. At Partners in Support the management team believed that ‘hands on’ management and innovative, inspirational leadership were critical to the unique direction of each individual’s life. Senior managers were actively involved and engaged in the lives of people the service supported as well as with the teams supporting them. The managers remained closely rooted to the people they supported. We saw numerous examples of management involvement. For example, there were weekly senior management meetings as well as organisational planning where service managers discussed sector wide innovations and practical problem solving.

The provider used their quality monitoring systems to continually improve and develop the service. We saw examples of improvements and changes that had been made as a result of feedback. The manager had introduced new measures to improve how medicines were managed which had eradicated medicine errors since being implemented, they introduced a system to monitor closely the restrictions each person had and established goals to

eradicate these. There was a continuous learning and improvement following accidents or incidents. For example a person had an accident whilst they were swimming. The manager conducted an investigation and they were reviewing the risk assessments for other people who used the service to ensure improvements were made across the service and lessons were learned.

Senior Managers facilitated an annual person centred review for each person involving their family and friends. They were leading on the assessment and transition for each new person, they supported new staff through their induction and into the support required for each person.

Managers were part of discussion and then role modelling on new, high risk activities with individuals, including for example use of public transport, accessing medical interventions and crisis management; they were promoting the access to employment opportunities for the people they supported. This approach was fundamental to supporting the positive risk taking approach that had led to people living active and fulfilled lives despite the challenges they faced. The registered manager strongly encouraged a positive approach to risk taking and acknowledged that this sometimes led to mistakes; however they promoted a strong ‘no blame culture’ whereby they discussed what went wrong, what they had to do differently and the way forward.

Relatives, staff and professionals all spoke highly of the manager and the ethos of the service. Relatives described the positive differences the service had made to their family members quality of life. One relative told us “Partners In Support has worked hard to ensure that the placement is a success and that [person] keep’s making progress in different areas of their life.” One social care professional said, “I am very pleased with the service that Partners in support deliver to the service users, their staff team is consistent, they have risk assessments and care plans which are kept updated. They [staff/management] will contact professionals if and when they have concerns.

Partners in Support hold a yearly person centred meeting for each individual.”

Staff were complimentary about the leadership and the way they felt motivated and supported by the managers. All staff we spoke with were motivated and committed to achieving the best outcomes for people using the service. One staff member said, “I cannot imagine myself working



Is the service well-led?

for any other organisation. The management here supports staff as much as they support people.” Another staff member said, “I share the same vision with Partners in Support and this is why I want to work for them. They motivate me to give my best and they value me.” A newly employed staff member told us, “I was interviewed by the director of the company, I respect that they want to know who is working for them. I heard about Partners in Support when I worked for other providers, they really have a good reputation.” This meant that staff felt motivated and were long standing and this benefitted people who received care and support which was consistent and met their needs.

The manager effectively used staff resources and person centred planning to improve the lives of people who, because of their complex needs, required specialist and personalised support to enable them to live fulfilled lives. This was evident in all aspects of the way the service was managed from people being introduced to the service; the individual approach to staff recruitment and the day to day support people received. Throughout the inspection we saw and were told of numerous examples of the ways the service had improved the quality of people’s lives.

The manager told us in the Provider Information Return about their intention to introduce a more structured management support for staff and people to ensure the service was effective and able to change as quickly as people’s needs required. We found that the new structure was in place with clear responsibilities for each manager. This included a recruitment manager, an on call manager, an assistant director, three service managers, one of which was responsible for people newly referred to the service. Staff spoke highly of the registered manager and the service managers and said that they were always accessible and approachable. Managers at all levels had meetings within the organisation to share good practice ideas and discuss ways to improve the quality of the service they provided. The open and progressive culture of the service and effective teamwork meant that people received continually improving support.

The ways the service encouraged and developed best practice had brought recognition for them and they had won an award organised by a reputable care provider

association for being the “Most Innovative Care Company” in the area. They were regularly invited to share their knowledge and experience with other providers to encourage best practice in other services. The service also held their own ‘Rumble Award’ ceremony where they celebrated the achievements staff and people who used the service. This was attended by staff and by the people who were supported by them. We saw that the registered manager had been invited a Regional Transforming Care Event where the main theme was “transforming care for people with complex needs”. The registered manager’s presentation focussed on a guide for providers on how to support challenging people who had community treatment orders in place to move out of hospitals into their own home in the community. The audience included health and social care professionals and other providers.

The manager understood their legal obligations including the conditions of their registration. They had appropriately notified us of any significant incidents and proactively kept in contact with local commissioners. There was a strong emphasis on continually striving to improve the service for people. Quality assurance audits were carried out monthly by the service managers and senior staff carried out regular audits of all aspects of the service to review the effectiveness of the support people received. The provider made sure actions were followed through, and issues identified in one audit were followed up in the next to ensure the service had made the necessary improvements.

The manager ensured staff had all the information they needed to support people and were kept up to date with any changes through regular meetings. The effectiveness of the leadership was evident in the teamwork we were told about by relatives, social care professionals and staff. The service had a number of multi- agency working agreements. The manager was proactive in arranging multi-disciplinary meetings with health and social care professionals to ensure people received consistent support. Relatives confirmed that this worked well. The staff supported people to form and sustain links with their local community through connections with charity organisations, local coffee shops and leisure centres.