

Beyond Limits (Plymouth) Ltd

# Beyond Limits (Plymouth)

## Inspection report

Office 2, The Business Centre  
2 Cattedown Road  
Plymouth  
Devon  
PL4 0EG  
Tel: 01752 546449  
Website: [www.beyondlimits-uk.org](http://www.beyondlimits-uk.org)

Date of inspection visit: 22 and 23 September and 2 October 2015.  
Date of publication: 26/11/2015

### 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?

Good 

### Overall summary

The inspection took place on 22 and 23 September, and 2 October 2015 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Beyond Limits provides a personal care service to people living in their own home. On the day of the inspection two people were supported by Beyond Limits with their personal care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

# Summary of findings

On the day of the inspection staff within the office were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were clear, easy to follow and comprehensive.

People, those who matter to them, staff and professionals all spoke positively about the service. Comments included, “I like the whole ethos of Beyond Limits. It’s all about empowering people and helping them to live as independent lives as possible”, “I love everything about the company. They listen to people and are totally caring” and “I can’t find fault with Beyond Limits”.

People told us they felt safe. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were protected by the service’s safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People were involved in recruitment and had the final say on who was employed to their unique team of staff. Staff teams for each individual, received a tailored comprehensive training programme that reflected the person’s needs, and supported how that person wanted and needed to receive their care.

People told us staff provided consistent personalised care and support. Care records were focused on empowering people to have control. Staff responded quickly to people’s change in needs. People and those who matter to them were involved in identifying their needs and how they would like to be supported. People’s preferences were sought and respected. Staff focused upon a person’s whole life. People’s life histories, strengths, ambitions, hopes and dreams were taken into account, communicated and recorded.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people’s interests and individual hobbies.

People received consistent co-ordinated care when they moved between services. Proper plans were drawn up and delivered in practice. People were involved and their preference and choices respected. Strategies had been put in place to maintain continuity of care.

People where appropriate were supported to maintain a healthy balanced diet.

People’s risks were anticipated, identified and monitored. Staff managed risk effectively and actively supported people’s decisions, so they had as much control and independence as possible.

People had their medicines managed safely. People were supported to maintain good health. Referrals were made quickly to healthcare professionals, such as GPs, physiotherapists and occupational therapists when people’s needs changed.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff were highly motivated, and had good appreciation of the importance of respecting people’s individual needs around their privacy and dignity.

Staff described the management to be very open, supportive and approachable. Staff talked about their jobs in a strong positive manner. Comments included, “The management team are always on hand to offer support and listen”, “I absolutely love my job” and “You are made to feel appreciated”.

Staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

There were effective quality assurance systems in place. Action was taken to address areas where improvements were needed, and as a result, changes had been made to drive the service forward.

# 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. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were protected by staff who understood and managed risk.

People were supported to have as much control and independence as possible.

People had their medicines managed safely.

Good



### Is the service effective?

The service was effective. People received care and support that reflected their individual choices and preferences.

People were supported by staff who had the right competencies, knowledge and skills to meet their individual needs.

People were supported by staff who had good knowledge of the Mental Capacity Act 2005, which they put into practice to help ensure people's human and legal rights were respected.

People were supported to maintain a healthy balanced diet.

Good



### Is the service caring?

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were proactively supported to express their views, and were supported by staff who understood their history, likes, hopes and goals.

People's communication skills and abilities were known by staff. Staff made sure people had their say. People felt they mattered.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Good



### Is the service responsive?

The service was responsive. Care records were personalised and focused on a person's whole life. Staff had an excellent understanding of how people wanted to be supported.

People were empowered by staff to be involved in identifying their choices and preferences, and have as much control and independence as possible.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

People were supported when they moved between services. Transitions were carefully planned and strategies had been put in place to maintain continuity of care.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There was a sustained open culture. Management were approachable and defined by a clear structure.

People were supported by staff who were motivated to develop and provide quality care.

People were placed at the heart of the service. The service had a clear vision of continuously striving to improve.

The service had a positive culture and a clear set of values, that were understood by staff and consistently put into practice.

Good



# Beyond Limits (Plymouth)

## 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.

The inspection was undertaken by one inspector, took place on 22 and 23 September, and 2 October 2015 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

We reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the director, the registered manager and five members of staff. We also visited one person in their own home who used the service, and spoke with a relative, and a citizen advocate who had supported a person who had received personal care from Beyond Limits.

We looked at two records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at six staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “Staff support and my equipment makes me feel safe”. A relative commented, “I feel the staff help keep my son safe”. A citizen advocate confirmed they had no concerns and felt people were kept safe by the actions staff took.

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed all staff had received safeguarding adults training and equality and diversity training. Staff confirmed they were able to recognise signs of potential abuse, and felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, “Safeguarding is an issue we are constantly made aware of. I would have no hesitation raising anything I felt fell into that category” and “If I noticed anything I felt was a safeguarding issue, I would report it straight away. I know I would be supported and more importantly the person would be kept safe”. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by sufficient numbers of staff to keep them safe. The director confirmed, staff teams were specifically recruited to support people on an individual basis and therefore had the right skills, knowledge and experience to meet their unique needs. The director regularly reviewed the staffing levels in each team, so that people received reliable and consistent care.

People were protected by safe staff recruitment practices. All employees underwent the necessary checks which determined they were suitable to work with vulnerable adults. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People were protected by a service that had clear staff disciplinary procedures in place for when unsafe practice had been identified. For example, a concern had been raised by a person that they had lost confidence in a staff member’s ability to fully support their needs. Following an appropriate procedure, the member of staff in question

had been removed from the person’s staff team to help ensure the person felt protected. A relative commented, “The company acted very quickly, [...] reported he felt uncomfortable around one of his staff. They were instantly removed so that [...]’s needs were met”.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate, contained risk assessments regarding people’s behaviour that may put themselves or others at risk. This enabled staff to receive personalised guidance to best meet individual’s need and helped keep people safe. Information regarding people’s behaviour was discussed at team meetings and reviewed, so staff could understand and help reduce identified causes. Common triggers were highlighted and positive actions that had been successful in de-escalating situations were shared to help enable learning to take place.

People were supported by staff who managed risk effectively. Staff understood the importance of a person’s choice, regardless of disability, to take everyday risks. Staff actively supported people’s decisions so they had as much control and independence as possible. For example, one person chose to have their percutaneous endoscopic gastrostomy PEG removed to regain the independence of eating. A PEG is a method of helping a person to have adequate nutritional intake when they are unable to eat orally. The person fully understood the choking risk this presented. Procedures that centred around the persons specific needs were in place to help minimise and manage the risk, which staff understood and followed in practice. A staff member told us, “Having the PEG removed was a great success, there are risks involved, but [...] knew that, he really wanted it to happen and he got what he wanted”.

People’s medicines and treatment were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. People with limited capacity to make decisions about their medicines and treatment were protected by staff. For example, a GP was contacted immediately when a person showed signs of being in pain. The person saw pain as a weakness and so would often decline as required pain medicine. The staff liaised with the GP in the best interests of the person, to see if the pain medicine could be prescribed as a regular medicine to help the person to get the right treatment to meet their needs.

# Is the service effective?

## Our findings

People were supported by knowledgeable, skilled staff who had the right competencies to effectively meet their needs. A relative said; “Staff receive totally bespoke training to meet [...]’s needs”. A civilian advocate commented that staff were adequately trained to meet very complex needs.

Staff received a seven day induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people’s needs. Newly appointed staff completed the new care certificate recommended following the ‘Cavendish Review’. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings. They also shadowed other experienced members of staff until they and the management felt they were competent in their role.

People were supported by staff that had been specifically selected to work in a team that collectively met their needs. In addition to the mandatory training, the staff team for each individual received a tailored comprehensive training programme that reflected how that person wanted and needed to receive their care. For example, one person had specific needs around how staff were required to use their hoist in order to transfer them from one location to another. Staff received training from an occupational therapist alongside the individual themselves, in the person’s own home using the person’s own equipment. This helped ensure they had the precise knowledge and skills to effectively carry out their role. Ongoing training was then planned to support staffs’ continued learning and was updated when required. Staff felt this enabled them to confidently and consistently provide personalised support. Comments included, “I only support one person and my training is structured around their individual needs”, “[...] helps to train his own staff to use his equipment which is brilliant and so important to [...]” and “We get very person centred training designed around the person we support. It is very intensive and makes you fully prepared to meet the person’s unique needs”.

Staff were supported to achieve nationally recognised qualifications. They sourced support from and had established links with an external agency that provided funding on behalf of their staff. This enabled staff to take

part in training designed to help them improve their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the management to increase their skills and obtain qualifications. Staff told us this gave them motivation to learn and continually improve. Comments included, “You can approach them about any courses you feel would benefit the person you support, they obtain the funding and help you to achieve it”, “We provide opportunity for people and management provide opportunity for us. It is really good” and “I thrive on learning I have my level 2 and level 3 diplomas’ in the pipeline and can’t wait to achieve them”.

The service had a proactive approach to staff members learning and development. A staff member responsible for training explained; funding was utilised to give staff the best opportunities to gain training they might otherwise never have the chance of obtaining, which can only positively benefit the people they support. They invested in staff members, giving them the skills and accreditation they needed in order to deliver in house training to other members of the team, and used links with other organisations to promote and guide best practice. For example, the service funded staff to become trainers in non-abusive psychological and physical intervention training (NAPPI), which was accredited training from the British Institute of Learning Disabilities (BILD). The staff member commented, “This ensures we can be certain of the quality of the training that is delivered to our staff. It can reflect the values of the service and can be communicated in such a way that it is specific to the individuals we support”.

Staff received effective support through supervision and appraisals. Supervision was up to date for all staff. Supervision was a two way process, used as an important resource to support, motivate and develop staff and drive improvements. Open conversation provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. Staff confirmed supervision was used to develop and review their practice and offer support. Comments included, “I get a lot out of my supervision, they show concern for me as a person as well

## Is the service effective?

as discussing how I can progress” and “Supervision is a key time to raise anything, it’s welcoming and opening. We discuss things like time management and workload, but also how we are feeling, it’s really good”.

Staff understood and had knowledge of the main principles of the Mental Capacity Act 2005. Staff put this into practice on a daily basis to help ensure people’s human and legal rights were respected. Staff considered people’s capacity to make particular decisions and where appropriate knew what to do and who to involve, in order to make decisions in people’s best interests. A staff member commented, “When we need to we have meetings with a multi-disciplinary team of professionals and staff and make sure what we are doing is in [...]’s best interests”. A civilian advocate confirmed, staff called best interests meetings appropriately and had made changes in practice due to recent amendments in the law to respect people’s rights.

People were supported and encouraged to maintain a healthy balanced diet. Staff protected people from risk of poor nutrition and dehydration. Staff confirmed they would offer advice to people and involve them in discussions about what they would like prepared for them. They said,

“We always encourage healthy eating and encourage people to be actively involved in what they eat and how we prepare the food”. A civilian advocate commented, staff encouraged nutritional food, encompassed people in creating a menu plan and involved people in helping to make their own meals.

People were protected by staff who made prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. Staff knew people well and monitored people’s health on a daily basis. If staff noted a change they would discuss this with the individual and with consent seek appropriate professional advice and support. People were informed about and involved in their healthcare and were empowered to have choice. For example, one person was offered specialist treatment following diagnosis of a medical condition. Staff spoke with the person and communicated why the treatment had been advised and what the benefits were. The person made the decision not to have the treatment. This choice was listened to and respected by staff, and the health care professionals involved.



# Is the service caring?

## Our findings

People were well cared for by staff who had a caring attitude and treated them with kindness and compassion. One person told us, “Staff are caring, if they are not action is taken”. A relative said, “The staff are great, really caring and lovely” and “I’m very very fortunate that Beyond Limits agreed to support my son. I don’t know anyone else I would trust to do what they do. They just get it right”. A civilian advocate commented that they had always found staff to be caring in their interactions with people.

Staff had genuine concern for people’s wellbeing. Staff commented that they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter. Comments included, “I can’t believe I get paid for helping somebody achieve their goals, I try my absolute best to make it happen for them” and “I absolutely love the opportunity I have been given to help somebody lead an independent life. It means so much to me”.

People confirmed their privacy and dignity were respected, and they were encouraged to be as independent as possible. One person confirmed that their privacy and dignity was maintained by staff, commenting, “If not, something would be done quickly by Beyond Limits”. Staff understood the importance of being respectful towards this need. For example, staff commented how a person used to have to request staff sent text messages on their behalf to friends and loved ones. This was something they found uncomfortable. They explained that due to new advances in technology the person was now able to send messages themselves. This enabled staff to give the person the privacy they needed and promoted their independence.

People were supported by staff who knew their individual communication skills, preferences and abilities. Staff were skilled at responding to people appropriately no matter how complex the person’s needs were to help ensure people felt they mattered, and had control. For example, one person used their eyes to communicate. Staff were given time to spend with the person, and read through their care plan so they could fully understand their needs, such as, a gaze at the fridge should prompt a question on food and drink, and then eyes up or down would indicate yes or no so the person could make their choice known.

People received care and support from staff who understood their history, likes, needs, hopes and goals. The director commented, “This is a very individual service, the first thing we do is create a story. We focus on people’s hopes, dreams, gifts, hobbies, interests and talents. It is a bespoke service designed around the person”. Staff were employed who shared people’s interests and were matched to individuals, so staff could respond to people’s diverse need and form understanding relationships. One staff member said, “I was matched with and only work with [...]. We both enjoy singing, dancing and rock music and so we share a bond”. Care records were extremely detailed and evidenced people’s perspectives on their whole life’s aspirations. For example, one noted a person had a dream of writing and publishing a book. Staff confirmed the person had started their book and was well on their way to achieving their ambition. The person confirmed staff did help them to meet their goals, adding, “This is very much at my pace and when I want to achieve them”.

People were proactively supported to express their views. Staff gave people time, and were skilled at giving people explanations and the information they needed to make decisions. People had access to advocacy support and the service had links to local advocacy services. A civilian advocate commented that staff always involved them and kept them informed on how the person they supported was doing. They also stated they were given privacy to speak with the person alone when they visited.

People nearing the end of their life received compassionate and supportive care. Staff ensured people’s wishes were known and used appropriate professionals to help contribute to the care plan. For example, staff liaised with health care professionals to create a ‘social story’ for a person they supported who had been diagnosed with a terminal illness. ‘Social stories’ were created to help teach social skills to people with autism. They are short descriptions of a particular event, which includes specific information about what a person should expect when a situation occurs and why. Staff used this tool to help explain to the person what their diagnosis meant and help them have choice over decisions that would need to be made. A staff member said, “It was important to be truthful, I created a social story with input from staff at St Luke’s Hospice. I then used my relationship and bond with [...], to try and help him understand. I don’t know if he fully understood but it was important to try”. The director

## Is the service caring?

confirmed the person had been supported to make key decisions about their end of life care, and staff would ensure they were respected. Care records evidenced the preferences this person had been supported to make.

# Is the service responsive?

## Our findings

People received consistent personalised care, treatment and support. Once Beyond Limits agreed to support a person, an individual service design was created. The person, those who matter to them and professionals were actively involved in the whole process. Evidence was gathered of the person's life story to date, their skills and their aspirations for their life ahead. The staff team were then recruited to match the person's identified choices of how they preferred to manage their health and have their care needs met. A relative said, "Right from the start they focus on a person's whole life, detail, detail, detail, and as a result people get better and better and better".

People were empowered to have choice and control over who provided their personal care. People were supported to be involved as much as possible in the whole recruitment process from the initial advert to the final interview. For example, one person helped design the recruitment advert that was tailored around their unique needs and choices. They discussed the applications received and selected candidates for interview. They then conducted the interviews themselves. They said, "I make it clear I am the boss and what I say goes". A staff member from their team commented, "[...] is involved in the whole interview process, it is important he hires the right people with the right personalities to do the right job for him. He has the final say". The director confirmed that for those who could not or did not wish to take part in the interview's themselves, the questions asked to perspective employees were specifically designed around the interests, goals and needs of the person they were being interviewed to support. Perspective employees also met with people they would support and were observed interacting with them. Existing members of the individual's staff team could see if they engaged with the person, and gauged their reaction on whether or not the candidate was suitable to be employed to support the person. A civilian advocate commented that they liked the ethos of Beyond Limits and believed them to be empowering to the person they supported with a non-institutional approach to care.

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a

positive difference in people's daily lives and support their needs. Staff struck the right balance between empowering people and including healthcare professionals and family in treatment and support plans. For example, one person wished to gain more independence and build up the muscles in their legs. They requested staff not to use the lateral supports on their wheelchair as they had been trained. The person had accepted the risk this could create, but felt it was beneficial in order to aid their recovery. A physiotherapist had been consulted and advised various exercises that could be completed to aid muscle strength, and equipment such as a stand aid had also been sourced to assist with the rehabilitation. Staff respected the person's decision to take risks, liaised with the physiotherapist, and supported the person at their own pace to use the equipment and work towards accomplishing their goal.

Staff saw support plans as fundamental in providing good individualised support. Each person had a 'working policy' which reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. People's changes in care needs were identified promptly and with the involvement of the individual were reviewed and put into practice by staff. Meetings were then held with the individual's staff team, and the changes were discussed so that each member of staff fully understood the up to date needs of the person. For example, one person had their medicine routine changed from 4 times daily to 3 times per day. This was immediately communicated to all staff within their team, so they all adhered to the new regime and met the person's need. A staff member said, "We have a very strict protocol around this, all staff are made aware of the details and have to sign to say they understand the changes".

People were protected from the risk of social isolation and staff recognised the importance of companionship and keeping relationships with those who matter to them. People were enabled to take part in personalised activities and encouraged to maintain hobbies and interests. For example, one person when they moved into their new home was supported to have a house party. The person wanted their friends, family and staff team to help them celebrate. A staff member said, "It was very important to [...], and was such a good party that [...] thoroughly enjoyed". Another staff member told us, "It is important to remember [...] is a young lad and wants to do what other young lads do, and hang out with his mates. [...] does this

## Is the service responsive?

and has been out to the local pubs and nightclubs with his friends". A relative commented, "Staff are really good with meeting his social needs. They recently took [...] to Bristol and are currently helping him apply for a passport and organise a cruise he wants to go on".

Beyond Limits had clear systems and processes in place to help ensure transitions between different services were managed and planned with efficiency. People were supported to have their choice and preferences met when they faced moving between services. The director commented that careful consideration was given to make sure the area and the place a person moved to reflected their need. They said, "We look at what would make a good house, a good community, a good street. If they want to go to church it is important they would have access to one. Do they need a garden, a spare room etc, we paint a picture with them of their ideal house, and then go out and find it". Staff displayed an awareness of the impact such transition could have on people's lives and wellbeing. Proper plans had been drawn up and delivered in practice and strategies had been put in place to maintain continuity of care. For example, one person moved from nursing care accommodation to their own home in the community. Their newly appointed staff team worked alongside the existing staff in the nursing home, whilst a house was being

sourced. Nursing home staff the person selected were also asked if they wished to join his care team so that consistency in care was maintained. A suitable house was sourced in a location they desired, and the person with their fully established care team moved to their new home. A relative said "The team came together whilst [...] was at his previous home, they got used to how he liked things done. It made the move go without a hitch. His new home is fabulous, everything he wanted, a real lads pad".

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. People and relatives, who had raised concerns, had their issues dealt with straight away. Comments included, "I raised a concern, they listened and they dealt with it", "I had to make one, I was listened to and outcome was to my satisfaction. People didn't think I could be the boss, but I am, and now they know that" and "I would have no qualms going to them about anything. I speak with them regularly about little things and changes are made". A civilian advocate commented they had to mention a concern once and were completely satisfied with how it was dealt with. The registered manager confirmed they had received no written complaints.

# Is the service well-led?

## Our findings

The management took an active role within the running of the service and had good knowledge of the staff and the people who were supported by Beyond Limits. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, their relatives, and staff all described the management of the service to be approachable, open and supportive. Comments included, “There is very much an open door policy here. I have never felt I couldn’t approach or ask anything, the management are always welcoming”, “I would have no hesitation going to the management, they are very approachable” and “I always feel confident to go to the management, I know I will be supported”.

Staff told us they were encouraged and challenged to find new and creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice, share their opinions and ideas, and question practice. Staff talked us through practice they had questioned and the positive changes that had been put in place to address their concerns. For example, one staff member stated that a restructure in management had a negative impact on communication. Staff felt they were not informed about changes that had taken place and why they had happened. Staff questioned the lack of communication and confirmed things instantly changed for the better. They said, “Lots of changes happened really quickly, we didn’t know what was going on. We mentioned this to management and wow! Communication is now brilliant, in fact its communication overload we are all kept in the loop and it’s brilliant”.

The service had a positive culture with a clear vision and a set of strong values. The director told us the ethos of their service was to ensure people lived life to their full potential, play to people’s strengths, never set people up to fail and provide an individual bespoke service to meet people’s needs. Staff understood these values and consistently included them in their practice. Staff comments included, “All that matters is that [...] has the most fulfilled and best life possible” and “What I love most about this company is the values they hold. Everything they do is for the person,

they have the right ethos and motto of people’s right of choice”. A relative said “It was the values of the company that made me decide this is the company that I want to support my son. Everything is about him”.

Staff meetings were regularly held to provide a forum for open communication, to enable staff to get together and offer support to each other. Staff comments included, “Team meeting are a great opportunity to get together, brain storm ideas, troubleshoot problems, and discuss ongoing issues” and “We use meetings to bounce ideas around, come up with new things we can try, to improve the lives of the people we support”. The registered manager informed us they had recently introduced team away days. The idea being to improve communication further, build confidence in each other and look at ways of driving the service forward. One staff member commented, “The new team building days are really important. The whole team get a chance to get together at the same time, and go away somewhere different for a night. [...] will be invited to come with us too, if that is what he wants”.

The service worked in partnership with key organisations to support care provision. The registered manager and the director had helped establish a group, made up of local similar organisations. They met up and shared ideas regarding best practice and looked at changes in social care law. For example the introduction of the new care certificate. Professionals who had involvement with the service confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support.

The service encouraged staff to provide quality care and support. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, “I love my job, 100% the best job anybody could have”, “I love my job, I don’t intend to leave anytime soon”, “I enjoy my job, I recently did some extra shifts to cover sickness. I was sent a lovely bunch of flowers and made me feel appreciated” and “You get congratulated when you have done a good job and continually praised. The work we do is never not recognised, you’re made to feel appreciated and get sent cards and flowers to show it”.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that

## Is the service well-led?

quality of care was not compromised. For example, one audit highlighted that daily notes did not contain enough detailed information, and were not sufficiently organised

so people could access information easily. This was discussed in a team meeting, and was evidenced in a following audit that practice had improved to the service's desired standard.