

SM Voice Advocacy Limited

# SM Voice Advocacy Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The service provides care and support to people living in supported living settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. This inspection looked at people's personal care and support.

The service has been developed and designed in line with values that underpin the Registering the Right Support and other best guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can lead as ordinary life as any citizen.

This comprehensive inspection took place on 10 and 11 April 2018 and was carried out by one inspector. The inspection was announced, which meant the provider and staff knew we would be visiting. We announced the inspection to ensure that people we needed to speak with would be available.

At the time of inspection the service was supporting three people, at two separate addresses. Two of the people were being supported to live with the experience of a learning disability and other associated health needs.

The service had a registered manager in place at the time of our inspection. 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.

People experienced outstanding care that was extremely flexible and responsive to their individual needs and preferences, from a dedicated staff team who consistently went above and beyond what was expected of them. The personalised care provided consistently achieved exceptional outcomes for people, enriching the quality of their lives and improving their physical and mental wellbeing.

People were fully involved in their care and support and lead active and fulfilling lives. Staff were totally committed to supporting people to achieve their hopes and dreams.

The service worked closely with healthcare professionals to provide outstanding end of life care and support, which ensured people experienced a comfortable, dignified and pain-free death, whilst ensuring their wishes were acknowledged and respected.

People were kept safe from harm by staff who knew what to do in order to maintain their safety. The registered manager supported people to understand what keeping safe means, and how to raise any concerns they may have. Staff promoted people's independence by discussing any risks to their safety with them and how these could be managed safely. Risks to people were assessed and action was taken to

minimise any avoidable harm. Medicines were managed safely and administered as prescribed, in accordance with current and relevant professional guidance.

The provider operated thorough recruitment procedures to ensure staff were safe to work with people living with a learning disability or mental health needs. Risk assessments detailed the number of staff required to support each person and there were always enough staff to provide care and support to meet people's needs safely.

Staff supported people to safely manage the control and prevention of infection by maintaining high standards of cleanliness and hygiene in their homes, particularly in relation to the safe preparation of food.

Staff raised concerns with regard to safety incidents, concerns and near misses, and reported them internally and externally, where required. The registered manager analysed incidents and accidents to identify trends and implement measures to prevent a further occurrence.

The provider had enabled staff to develop and maintain the necessary skills and knowledge to meet people's needs effectively. Where required, staff completed additional training to meet individuals' complex needs.

People were supported to eat and drink enough to meet their nutritional needs. Risks to people with complex needs whilst eating had been identified and were managed safely.

Staff supported people to maintain their health and ensured they were referred promptly to appropriate healthcare professionals whenever their needs changed.

The registered manager and staff clearly understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were involved in making every day decisions and choices about how they wanted to live their lives and were supported by staff in the least restrictive way possible. The service tenaciously supported people whilst engaging with other professionals, to ensure their human rights were recognised and protected.

People experienced good continuity and consistency of care from staff who were kind and compassionate. People were relaxed and comfortable in the presence of staff who invested time to develop meaningful relationships with them.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

The service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known. People were supported to complete stimulating activities of their choice, which had a positive impact on their well-being.

People were supported by staff to maintain special relationships with friends and relatives to ensure people did not feel lonely and were protected from the risks associated with social isolation.

Arrangements were in place to obtain the views of people and their relatives and a complaints procedure was available for people and their relatives to use if they had the need.

The service was well managed and well-led by the registered manager who provided clear and direct leadership, which inspired staff to provide good quality care. The registered manager was passionate about providing people with the right support, that enabled them to grow and develop. The registered manager had developed an open and inclusive service. They had a clear vision and set of values based on social inclusion that the staff fully understood and delivered in practice. Staff felt listened to, supported and involved in the development of the service.

The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had developed positive and trusting relationships with people that helped to keep them safe.

Staff were risk aware and supported people to manage risks to their safety, whilst promoting their independence.

There were enough suitably skilled staff deployed to meet people's needs safely.

People's medicines were managed safely by staff who had their competence to do so regularly assessed.

People were protected from the risks associated with infections because staff supported them to maintain high standards of cleanliness and hygiene within their homes.

The provider ensured learning from accidents and incidents was implemented to ensure there was no recurrence.

### Is the service effective?

Good ●

The service was effective.

People's needs and choices had been assessed and staff delivered care and support in line with current legislation and guidance to achieve effective outcomes.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy, balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going

healthcare support when required.

People were involved in decisions about the environment within their homes.

### Is the service caring?

Good ●

The service was caring.

People were consistently treated with kindness, respect and compassion, and were given emotional support when needed.

Staff supported people to express their views and be actively involved in making decisions about their care

People were treated with dignity and respect at all times and without discrimination.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The registered manager and staff were focused on providing person-centred care and support, which achieved exceptional outcomes for people.

The service worked closely with healthcare and palliative care professionals to provide outstanding end of life care, which ensured people experience a comfortable, dignified and pain-free death.

The service used the learning from complaints and concerns as an opportunity for improvement.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager had promoted a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people.

Staff understood their role and responsibilities, were motivated and inspired to provide high quality care and support by their registered manager.

The provider had developed good links to local community resources that reflected people's needs and preferences.

Robust quality assurance processes identified areas for improvement.

The registered manager worked effectively in partnership with others to achieve successful outcomes for people based on good evidence based practice.

# SM Voice Advocacy Limited

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014. A service provider is the legal organisation responsible for carrying on the adult social care services we regulate.

This unannounced inspection of SM Voice Advocacy took place on 10 and 11 April 2018. When planning the inspection visit we took account of the size of the service and that some people supported by the service could find unfamiliar visitors unsettling. As a result this inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed information contained within the provider's website.

During our inspection we spoke with three people using the service, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process which enables us to look in detail at the care received by an individual in the home. We pathway tracked the care of three people using the service and one who had passed away the week before our inspection.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including mealtimes, during activities and when medicines were administered. We spoke with the staff including the registered manager, two deputy managers and five care staff.

We reviewed four people's care records, which included their daily notes, care plans and medicine administration records (MARs). We looked at eight staff recruitment, supervision and training files. We



examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering February and March 2018, health and safety audits, medicine management audits, infection control audits, emergency contingency plans and minutes of staff meetings. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit we spoke with four relatives and three friends of people. We also spoke with 10 health and social care professionals, including two independent mental capacity advocates (IMCA) and three Court of Protection appointed deputies. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions; including making decisions about where they live and about serious medical treatment options. A deputy is appointed by the Court of Protection to manage either the finances and/or health and welfare matters of another person, for example; decisions over where to live or what medical treatment to receive. The Court then monitors the deputy every year to make sure they are carrying out their role properly. These health and social care professionals were involved in the care and treatment of people supported by the service. We also spoke with commissioners of people's care.

## Is the service safe?

### Our findings

People and their families consistently told us they felt the service was safe. Staff had developed positive and trusting relationships with people that helped to keep them safe. One person told us, "Yes, they [staff] always look after me because they are my friends." Another person told us, "They [staff] are like my family and look after me." One person's friend told us, "The carers know [named person] so well and what to do to keep them safe." A relative told us, "The staff are excellent. If they have any concerns they let us know immediately which is very reassuring." Another relative told us, "The relationships between [their loved one] and her carers is to be commended. I now feel confident that she is in safe hands."

The service had effective safeguarding systems, policies and procedures and staff had completed the provider's mandatory training. Although there had been no safeguarding incidents since the service began to provide care for people, staff understood their roles and responsibilities to keep people safe from avoidable harm. For example; staff were able to demonstrate their knowledge about the different types of abuse and what action they would take to ensure people were safe. This included protecting the person from immediate harm and reporting their concerns to external bodies such as CQC.

People's risk assessments were reviewed regularly to ensure staff had the most current information to meet people's needs safely and to manage any identified risks. People and their relatives, where appropriate, were involved in the completion of their individual risk assessments to ensure they were person-centred, proportionate and reviewed regularly. Staff thoroughly considered equality and human rights legislation whilst completing risk assessments, which promoted their independence and personal safety. For example, adopting positive behaviour support strategies, rather than reactive physical interventions.

People told us that staff promoted their independence by discussing any risks to their safety with them and how they could manage them. One person told us, "I do a lot of things on my own but [named staff] always talks to me about keeping safe and what to do if I'm worried." Relatives, friends and professionals consistently spoke about how the registered manager and staff were 'risk aware' and positively supported people to manage risks safely.

Staff understood people's risk assessments and the action required to keep people safe. We observed staff support people in accordance with their risk assessments, which kept them safe and met their individual needs. During shift handovers we observed staff sharing important information about people including how they were feeling, the management of their medicines and important health appointments. Staff shared information about risks consistently and accurately to ensure they were managed safely.

There were arrangements in place to address any foreseeable emergency, such as fire or contagious illness. All relevant safety information such as the evacuation plan and fire safety plans was readily accessible. Each person had a personal emergency evacuation plan and hospital passport.

Incidents and accidents were recorded appropriately and investigated where necessary. Any learning or changes to support plans or guidelines were discussed at staff meetings. This meant the provider took

action to reduce the risk of further incidents and accidents.

Each person had their individual dependency assessed to ensure the level of staff support required to keep them safe in any situation was provided. Risk assessments detailed the number of staff required to support each person during their individual activities.

Staff told us there were always enough staff to respond immediately when people required support, which we observed in practice. Rotas demonstrated that the level of staffing required to ensure people were safe was always deployed. The provider had arrangements to deal with unforeseen circumstances when staff were not able to work or there was an urgent requirement to meet people's changing needs. For example, the management team provided cover, supported by other staff on overtime. The service did not rely on agency staff from other providers.

Staff told us they underwent relevant pre-employment checks to ensure their suitability to support people who experienced living with a learning disability, which records confirmed. People told us they were involved in the recruitment of new staff and their views were taken into consideration. One person told us, "I like to ask them about what they like to do and if they like the same things as me." The provider promoted people's safety through their recruitment practice.

Risks to people associated with their behaviours were managed safely. Restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs. During our inspection we observed timely and sensitive interventions by staff, ensuring that people's dignity and human rights were protected, whilst keeping them and others safe.

We observed staff provided care and support which promoted and maintained a good balance of safety and independence. For example, letting staff know what they were doing and how they would keep in contact.

People were supported to live in a safe environment. For example, staff supported people to complete health and safety checks within their homes and to report any issues, such as required repairs, to the landlord.

Staff managed medicines consistently and safely, and involved people and their families, where appropriate, in regular medicines reviews and risk assessments. Some people required support with the management and administration of their medicines and some people required supervision and prompting. We observed staff supporting people to take their medicines by their chosen method, in a safe and respectful way, in accordance with their support plans.

Staff had their competency to support people with their medicines assessed regularly. Where medicine errors had been identified, the provider took prompt and appropriate action to ensure staff had their training refreshed and their competency reassessed. Any learning identified from such incidents was shared with staff to ensure people were protected from a future occurrence. The provider had systems and processes in place to ensure medicines were managed safely in accordance with current guidance and regulations.

The provider had a prevention and control of infections policy and procedure based on best practice guidance. People were supported by staff to keep their respective homes clean and hygienic by staff who underwent the provider's training and understood their roles and responsibilities in relation to infection control. We observed staff followed current national guidance to ensure people were protected from the risk of infections.

Staff had completed food safety training. We observed people, supported by staff, following correct procedures when preparing and storing food. People were protected from the risks associated with the preparation of food.

# Is the service effective?

## Our findings

People, their family and friends consistently felt the service provided effective care and support. People told us staff understood their needs and how they wished to be supported. One person told us, "They are really good because they are helping me to learn lots of things so one day I can live on my own."

Visiting health and social care professionals consistently told us the registered manager and their staff had developed and implemented effective transition plans. These transition plans supported people with complex needs to settle quickly. Staff told us the transition process was very important because it allowed them to get to know people and their needs before they began to support them.

Relatives and friends found the assessment and transition process completed before people received a service, to be very reassuring and instilled confidence in the staff from the beginning. People told us how they had been introduced to staff before receiving any support. One person told us, "I liked meeting [named staff] because we got on so well and I knew I would be happy with them."

People and where appropriate their relatives told us they were involved in this assessment process and had received information to support them to understand the service that could be provided.

One family told us, "It wasn't easy letting go so we appreciated all the time spent by the manager and staff allaying our fears." A relative told us, "I was particularly impressed with the quality of carers at the start who gave [their loved one] the confidence and support to gain a level of independence that I didn't think she could achieve."

People and relatives were confident staff were appropriately skilled, competent and knowledgeable about their needs. One person said, "Yes, staff know me and understand what I can do and where I need help."

People received a service user guide presented in a format to meet their communication needs. This provided people with information about the principles of what supported living means and reflected current legislation, standards and best practice. People and their relatives had a clear understanding about the support they received that enabled them to live independently in the community, in their own tenancy.

The registered manager told us they received information and alerts from health and social care professionals, which kept them up to date of changes within legislation, latest research and best practice. The registered manager shared any relevant information with the staff team. This meant people could be assured their needs were known and met by staff resulting in good outcomes for them.

Supervision and appraisal were used to develop and motivate staff, review their practice and focus on professional development, for example; one member of staff was being supported to obtain nursing qualifications. Other staff told us they were supported by the provider to obtain other qualifications relevant to their role.

The provider's induction and training programme was based on nationally recognised standards and

ensured that all staff had completed the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that care workers are nationally expected to achieve. New staff shadowed experienced staff to learn people's specific care needs and how to support them. This ensured they had the appropriate knowledge and skills to support people effectively. One staff member who had just completed their induction told us they were confident the induction process had given them the skills to carry out their role and support people effectively. Staff consistently told us the registered manager often worked alongside them and was a good 'role model'.

Staff received well organised training and supervision to maintain and develop their skills and knowledge, which enabled them to support people and meet their needs effectively. Records demonstrated the provider's required training had been refreshed regularly to keep their knowledge and skills up to date.

Where people had more complex needs staff training was developed around their individual needs, for example; people who required support with stoma care. A stoma is an opening on the front of your abdomen, made using surgery, which allows waste products to be collected in a pouch on the outside of your body. Staff had received individual training from a specialist stoma nurse tailored to meet the specific needs of individuals who required this support.

Some people experienced behaviours which may challenge staff and others. Prior to one person receiving any support from the service the provider arranged for staff to complete bespoke training. This focussed on positive behaviour support tailored to meet the individual's needs. This meant people could be assured they were supported by staff that were appropriately trained to understand their unique needs.

People were supported to stay healthy. Records showed that people were supported to manage their health needs, including access to primary and specialist health care services, such as GPs, dieticians, opticians and dentists. Each person had individual health action plans which detailed the completion of important monthly health checks. The registered manager consistently applied processes for referring people to external services and had developed effective partnerships with relevant professionals.

People's physical, mental health and social needs were thoroughly assessed to ensure their care and treatment was effective and achieved the desired outcomes. Assessments of people's needs were comprehensive and regularly reviewed and updated. People's care plans were developed on evidence based guidance and recognised best practice. Professionals told us that prompt referrals had been made to make sure that people's changing needs were met and consistently reported that staff effectively implemented their guidance.

People were fully involved in decisions about their choice of meals and drinks and were supported to plan, shop, prepare and cook meals. Staff were knowledgeable about people's dietary needs and risks associated with nutrition, for example choking risks. We observed staff support one person to eat safely in accordance with their support plan, mitigating the risk of choking, whilst promoting their independence and dignity. Relatives and friends consistently told us staff promoted their loved ones independence and respected their choices but also encouraged healthy eating. One person proudly told us, "I now eat healthy things that are good for me." We observed people happily creating a shopping list with staff and discussing more healthy options, which they now enjoyed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

Social workers praised the determination of the registered manager and staff to ensure people were involved in as many decisions as possible and had their human rights protected. People received consistent, person-centred care and support when they were referred to different services. For example, one social worker praised the registered manager for tenaciously advocating to NHS and hospice staff for them to follow the MCA in terms of increasing an individual's participation and following appropriate best interest decision making processes and advanced decisions.

People who lack mental capacity to consent to arrangements for necessary care or support can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in supported living are through the court of protection. A 'Deputy' is a person appointed by the Court of Protection to take decisions that a person is unable to make for themselves. We spoke with three 'Deputies' who had been appointed by the Court of Protection to support different people. Each deputy praised the registered manager and staff for their tenacity in ensuring people's rights were protected.

Staff clearly understood the principles of the MCA. Records demonstrated capacity assessments and best interest decisions had been made for specific decisions where a person lacked mental capacity to make these themselves, for example; in relation to serious surgical procedures.

## Is the service caring?

### Our findings

People valued their relationships with staff and felt that they often went 'the extra mile' for them, when providing care and support, which made them feel 'special'. People consistently told us their needs and wishes were at the heart of the service.

Relatives, visiting professionals and commissioners of people's care consistently praised the caring attitude of the staff. A relative said "It's not just a job for them, their love and dedication really stands out. Another relative told us, "The standard of care is exceptional because the staff really do try to make their dreams come true."

People told us they were fond of their staff team because they listened to their wishes and what they wanted, which made them feel that they mattered. People consistently praised staff for promoting their independence, self-confidence and self-esteem and for enriching the quality of their lives. One person told us, "I am just so happy because I am doing the things I want to do with my life and they make me feel I can do anything with their help."

Relatives consistently reported the registered manager was focused on the staff approach to people and developing caring and trusting relationships with them and their families. Staff spoke fondly about their special memories whilst supporting individuals, for example; gaining the trust of an individual who had experienced severe anxieties and did not easily respond to people.

Staff knew people well, including their preferences, personal histories and backgrounds, which enabled them to provide person centred support. For example; one person who was particularly close to their lifelong foster parents, preferred to be addressed by their family name and became upset when this did not happen. We reviewed documents which demonstrated the support provided by staff to help them formally change their name by deed poll to that of their foster parents.

People's care records included an assessment of their needs in relation to equality and diversity. Staff underwent training and understood their role to ensure people's diverse needs and right to equality were met. Staff supervisions and competency assessments ensured that people experienced care which respected their privacy and dignity, whilst protecting their human rights.

People were treated with dignity and respect, for example; staff promoted people's independence by supporting them to do everything they were capable of for themselves and developing other skills and capabilities. One relative had provided written feedback to the provider, which read, "I have been particularly impressed with the quality of carers that she has had, and for the love and kindness that they showed her. The relationship between [loved one] and her carers is to be commended. I have also appreciated the attention to detail, in the little things like painting her nails, to the bigger things like caring for her when she is unhappy or hurt."

Where required people had the opportunity to be supported in their decisions by an advocate. An advocate



supports people to ensure they can make their own choices in life and have the chance to be as independent as they want to be. Staff recognised when people required support from advocates, for example; when making advanced decisions about their end of life care.

People consistently told us how their staff team had made a significant improvement to their life. One person told us, "They encourage me to do things which has improved my confidence. They always tell me they are confident I can do things which makes me believe I can." Another person told us, "I can go out now because they help me. I talk now and don't lash out. I talk." Staff gave examples of how they had supported people to become involved in their local community, for example; developing friendships with neighbours.

The registered manager praised all of the staff who worked willingly over their scheduled hours, without being asked, if people being supported, needed additional support. People told us their achievements were down to the support, patience and approach of the staff that supported them. People provided examples showing how staff had gone above and beyond expected levels of service by providing additional support at times when they were not on duty. For example, one person told us how staff regularly just popped in to see them for a chat or a cup of tea, especially if they had been a little depressed. One person and their partner, who experienced living with a physical disability, described how staff had voluntarily supported them to move house in their own time without being asked.

People's support plans focussed on the individual person and provided staff with guidance that promoted dignity, respect and independence at all times in the delivery of care and support. For example, staff were given detailed information about how people wanted their support to be delivered. The registered manager provided clear and direct leadership about the standards of care and support people should expect and receive from staff.

Staff consistently interacted with people in a calm and sensitive manner, in accordance with their communication plans. We observed the positive impact of staff relationships with people and how these contributed towards their wellbeing.

Staff understood the principles of good care and were able to explain the impact it could have on people if they did not provide support which complied with these. Staff had received training in equality and diversity and the provider's policies and procedures, which provided additional support and guidance, were readily available to staff.

Staff understood their responsibility to respect people's privacy and treated information about them confidentially, in accordance with the Data Protection Act.

## Is the service responsive?

### Our findings

Throughout our inspection people, their families and friends, health and social care professionals and commissioners of their care, consistently described the quality of care provided by the service to be exceptional.

People and those with authority to act on their behalf, were fully involved in the planning of their care and support. They consistently told us the registered manager was passionate about protecting people's rights and enabling them to have as much choice and control as possible.

People particularly praised the registered manager and staff for supporting them to live the life they chose, based on their individual and unique needs and preferences. One person said, "I feel much more confident and independent now. They [staff] are like my best friends and are always there if I need help or if I'm worried."

Staff actively involved people, their family and friends in their care and support plans, so that they felt listened to, valued and empowered. One relative provided feedback about their loved one's placement in supported living, which read, "I would like to thank you and your team for making it as easy as possible for us all, and for the wonderful care and kindness that she has received. It wasn't easy letting go, and I appreciated the time that you spent personally helping me to allay the fears that I had for her happiness and for her dignity."

People experienced outstanding care that was extremely flexible and responsive to their individual needs and preferences. People's care plans were person centred and contained detailed support that identified how their assessed needs were to be met. Care plans fully reflected people's physical, emotional and social needs.

Visiting health and social care professionals reported that the provider placed people's needs and wishes at the heart of their service. They told us that staff were focused on providing person-centred care and support which consistently achieved exceptional outstanding results. One professional told us, "I would have to say that the care that was provided to [the person] was extraordinary. They really thought about his needs and how they could make his life the best that it could be. They impacted his life in such a great way."

Social workers supporting two different people told us how previous providers had continually failed to provide responsive care that met their needs. Prior to providing a service to this person the provider recruited staff who had the required skills to support this person's needs, then provided positive behaviour support training tailored to meet this individual's unique needs.

The social worker told us the impact of the person centred care on the quality of the person's life and wellbeing was "Absolutely remarkable." They told us the person no longer required two staff to support them, the care staff did not use any form of physical intervention or administration of medicine, when they displayed behaviour which may challenge, and they were no longer excluded from accessing the

community. The social worker told us, "I have nothing but praise, the transformation has been amazing. You wouldn't believe it is the same person. They [staff] have truly enabled and enriched her life so she now has friends, is able to socialise in the community and is very happy." Similar comments were made in relation to these circumstances by the person's family members and other supporting professionals.

A health and social care professional told us that the person centred approach implemented by staff supporting this individual had been so successful that the person had been discharged from the care of the community mental health team, which records confirmed.

One person was living with a condition which caused them to experience periods of extreme pain and adversely affected their physical and emotional well-being. Health professionals made positive comments relating to the dramatic reduction in the amount of prescribed pain relief taken by the person in this respect. They told us this reduction was attributable to the person being supported to engage in a much more active and healthy life style, which focussed on their capabilities, rather than their disability.

The registered manager assured people received consistent, coordinated, person centred care when they used different services. For example, the determination and tenacity of staff engaging robustly with consulting health professionals, led to an earlier diagnosis of a serious illness, which could then be treated.

Social workers praised the registered manager for flexibly responding to people's changing needs and wishes, and relentlessly championing their human rights. For example, engaging health professionals to ensure best interest processes were completed in relation to advanced decisions regarding resuscitation and pain relief.

Staff were aware of people's diverse needs, for example; some people liked to practice their religious faith and attended a place of worship; staff were aware of this and respected the persons' wishes. Staff had completed training in relation to equality and diversity and were committed to treating all people equally and without prejudice and discrimination.

People, their families and supporting professionals consistently told us that the staff were extremely resourceful while supporting people to achieve their dreams and ambitions. For example one person hoped in the future to live independently, together with their boyfriend. Staff had discussed with them the life skills that they would need to acquire to realise their dream and had developed an incremental plan with them to support them to achieve this. Staff had also engaged with the family of the person's boyfriend to ensure their support was also being managed accordingly. The family told us the support provided by the service to maintain and develop this relationship was "Amazing". They praised the flexibility and imagination of staff to support the 'young couple' to enjoy special events and occasions together, which often entailed changing their duties.

People told us staff had an excellent understanding of their social and cultural diversity, values and beliefs that influenced their decisions on how they wanted to receive care, treatment and support. For example, a social worker told us that whilst at a previous placement one person's self-esteem, self-confidence and pride in their personal appearance had been undermined. Before this person received any support the deputy manager completed an assessment and devised a 'feel good plan' with them to support their recovery. This included resourcing a new home, which they 'loved' and a healthy eating and exercise plan. When the person told staff they were worried about going to the gym alone, staff enrolled themselves and accompanied the person. Staff received specific training from an instructor about how to support the person with their individual routine. Staff had reinforced the link between diet, exercise and good health and supported the person to embrace and maintain their new regime. The person's social worker told us, "He

lost a lot of weight and looked so much better, which led to him taking so much more pride in himself and his achievements." The service has gone the extra mile to find out what people had done in the past and evaluated whether it can accommodate activities, and tries to make that happen.

Arrangements for social activities, and where appropriate, education and work, were innovative, met people's individual needs, and followed best practice guidance, so people can live as full a life as possible. For example, one person was supported to work in a pet shop and had been supported to develop their confidence to use public transport independently.

Staff enabled people to be as independent as they could both within the service and in the community. Where appropriate, people were developing their independence and life skills, such as shopping and cooking. People's families consistently praised the staff for their commitment to providing fulfilling activities which enriched the quality of life for their loved ones.

Whilst completing one person's financial support plan, staff identified they were not receiving benefits that were reflective of their needs and entitlement. Staff supported the person to make further applications, including two appeal processes, which resulted in the person receiving higher rates of benefit, which were used to fund activities of their choice to enrich their lives. A social worker told us the person centred support provided to this person had a significant impact on their mental health and wellbeing.

The registered manager identified that people being supported with complex needs were spending large amounts of their funding on transport to attend health appointments. In response to this situation the provider invested in a company car to be used to support people with their transport needs. One person told us this had enabled her to go out more and do more activities. This had improved their personal confidence, made them less anxious and helped them establish new friendships, which prevented them being socially isolated.

Health and social care professionals consistently reported that staff effectively addressed people's needs in relation to protected equality characteristics, for example; advocating for people's rights to be involved in best interest meetings about their hospital treatment and ensuring relevant IMCA referrals were made.

The registered manager told us they were aware of their responsibilities in relation to The Accessible Information Standard. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. Prior to being supported by SM Voice Advocacy one person who had a hearing impairment had not received effective support. Staff spoke with the person and found out that they did not like their previous hearing aids so did not wear them. Staff supported the person to undergo another hearing examination, which resulted in more comfortable devices being prescribed and in a colour of their choice. This has led to them wearing the hearing aid when required.

The registered manager, staff and health and social care professionals told us about a person who had passed away just before our inspection visit. As this person's health deteriorated their end of life wishes were discussed with them and their representatives.

The registered manager was adept at helping people and their families to explore and record their wishes about care at the end of their life, and to plan how they will be met. This made people feel consulted, empowered and valued. The registered manager and staff went the extra mile to ensure all of the person's final wishes were understood and met. These included tracing an estranged sibling and visiting another sibling who was being supported in a care home. The registered manager of this care home told us how they

had been impressed with the dedication of staff to support the person's wishes to meet their sibling.

The service provided compassionate explanations to the person so they understood what their treatment options were, for example; in relation to where they preferred to die and issues regarding pain relief and resuscitation. The registered manager arranged for a visit to a local hospice which reassured the person about the care they would receive. Whilst the person was in the hospice, staff visited frequently to provide comfort and personal care, such as a wet shave. Staff also ensured that other attending health professionals understood and respected their wishes, for example; with regard to continence care and pain relief.

We reviewed documents from the person's friends and their social worker, which praised the registered manager and staff for the compassionate support they had provided at the end of their life. The registered manager and staff supported the person to fulfil some simple wishes shortly before they passed away, including going out to eat their favourite meal and a trip to the funfair.

We reviewed a thank you letter received from the person's friends after their death. They reflected on the great love and compassion shown by the staff team and the registered manager in particular. Comments referred to going for lunch and visiting the funfair as, "A stroke of genius that really did bring him great joy at a terrible time" and "Although we will miss him terribly, we couldn't have been happier to know that you were with him at the end."

Staff enabled people close to the person to understand what was going on and supported them to spend quality time with the person, especially the person's girlfriend. The registered manager told us they were immensely proud of their whole team for the loving and caring support they had provided during difficult circumstances. The registered manager had recognised the emotional impact on their staff caused by these circumstances and had arranged bereavement counselling for staff, if required.

Friends and professionals told us that the registered manager and staff had surpassed all expectations with their dedication to making sure all of the person's final wishes were respected and for making their funeral arrangements.

There were regular opportunities for people and staff to feedback any concerns during review meetings, staff meetings and supervisions. Feedback from people and staff was analysed and fed back. Feedback was consistently positive, with many complimentary comments about the support provided, the staff and the overall service. For example one written piece of feedback from a relative read, "I would also like to thank you for your prompt and professional response to any concerns I may have regarding her care or decisions that have been made, always taking the time to listen and to explain any reasons for actions taken. I am happy to raise any issues, big or small, in the knowledge that you will address these in a reasoned manner, and with her best interests at heart."

People and their relatives knew how to complain. The provider's complaints policy and procedure was made available to people in a format which met their needs. People told us if they had a complaint they would raise it with the registered manager and were confident action would be taken to address their concerns. Relatives told us the management team made a point of speaking with them when they visited to make sure their loved one was happy and whether there was anything they could do to improve their quality of life.

Where complaints highlighted areas of required learning and improvement the registered manager had taken positive action, for example; ensuring staff underwent further training when poor practice had been identified.

## Is the service well-led?

### Our findings

The registered manager was dedicated to ensuring people received the most personalised service possible. People consistently told us the service was well managed. One person told us, "She [The registered manager] is lovely and makes sure we are happy." Another person told us, "She looks after everyone."

People and their relatives trusted the registered manager and their deputy and felt confident to express their views and concerns. Families consistently made positive comments about the registered manager and staff's devotion to their loved ones.

One relative told us about their concerns when their family member first received the provider's supported living service. They said, "The manager is a great role model and sets the standards and have created a great team who follow her lead." Family members consistently praised the registered manager for developing and encouraging close bonds between people using the service and staff. One family member told us, "I used to worry about what would happen to [their loved one] when I'm no longer here, but now I don't have to because she will not receive better care anywhere. [The registered manager] will see to that."

The registered manager was totally committed to enabling people fulfil their full potential. We observed that standards of care and support were high and clearly understood by staff. People consistently told us they were empowered to have choice and control of their life which achieved good outcomes for them. People, relatives and professionals directly attributed the quality of care and support provided to the person centred approach of staff, which was passionately driven by the registered manager.

The registered manager had carefully recruited staff who were inspired to promote people's independence and support them to lead enriched and fulfilled lives. Staff told us the registered manager and deputy manager were approachable and supportive. Staff enjoyed working at SM Voice Advocacy because the management team put people's needs and their care at the heart of everything they did. One staff member told us, "The manager is so supportive and always there for you at anytime. " Another staff member told us, "She is fiercely loyal and committed to the people we support. She inspires you to want to be like her."

Staff told us the registered manager actively reviewed the day-to-day culture within the service and took every opportunity to reinforce their aims, through positive acknowledgement of people and staff's achievements.

People and staff told us the registered manager had created an open and inclusive environment, where everybody felt their contribution was valued and recognised. We observed the registered manager and deputy were highly visible and readily available to people and staff.

People, relatives and staff told us that there was a close family atmosphere in the supported homes, where people cared for one another, which we observed in practice. They told us that the registered manager had developed and maintained these qualities within the service.

Staff understood their role and responsibilities and had confidence in their management team. Staff told us the registered manager frequently worked alongside them and provided constructive feedback about their performance. Staff reported that the registered manager was quick to recognise and thank them for good work.

People and staff told us they were fully supported by the registered manager whenever they raised concerns or sensitive issues. The registered manager dealt with the issues promptly, in an open and transparent manner. Two members of staff praised the registered manager and deputy for the way they had dealt with personal issues in a discreet and tactful manner. Staff consistently praised the registered manager for their emotional support, tact and diplomacy whilst dealing with sensitive issues.

Relatives told us they experienced excellent communication with the service and staff always knew what was happening in relation to their family member whenever they called or visited. Throughout the inspection we observed how the registered manager consistently provided staff with clear guidance on the care and support people required, for example; how to support people providing reassurance to people who were becoming anxious.

Health and social care professionals and care commissioners consistently told us the service was very well organised and staff knew how to effectively support people with learning disabilities. Health and social care professionals told us they experienced good communication with the management team and staff who were always open and honest. Relatives told us they experienced excellent communication with the home and staff always knew what was happening in relation to their family member whenever they called or visited.

Quality assurance systems were in place to monitor the quality of service being delivered, which were effectively operated by the management team. Staff completed a series of quality audits including care files, health and safety, medicines management, fire safety and maintenance, to ensure the service complied with legislative requirements and promoted best practice. Action plans were developed following each audit and monitored to drive the continuous development and improvement of the service.

The registered provider had an improvement plan, this included actions identified through internal audits and checks. This told us that the provider had procedures and systems in place that demonstrated the service was continually driving forward improvements to the service people received.

As part of the provider's quality assurance checks, people who used the service, relatives, staff and external professionals were invited annually to share their experience of the service by completing feedback

The provider worked effectively in partnership with key organisations, particularly individual social workers and palliative care and nursing specialists. The registered manager engaged with people's appointed deputies, IMCA's, and relevant health specialists, who consistently recognised their commitment to empowering people and promoting their independence.

Professionals told us that the registered manager consistently made prompt referrals when people's needs had changed requiring their expertise and guidance. Health and social care professionals and commissioners of people's care told us the service was well organised by the registered manager who knew how to support people with learning disabilities and mental health needs.

Professionals consistently reported how they were impressed with the registered manager's commitment to the people supported by the service and their ability to mentor and inspire a keen and enthusiastic staff



team.

Health and social care professionals told us the staff were committed to implementing their guidance to ensure people experienced care based on best practice. One social care professional told us how effective implementation of their guidance, driven by the registered manager and staff, had resulted in a significant reduction in incidents where a person experienced behaviours that may challenge.

People were encouraged to be involved in the development of the service. There were monthly meetings where people and staff were able to discuss any concerns or ideas to improve the service. Staff told us the registered manager was a good listener which made them feel their point of view was valued. Relatives and health and social care professionals told us that the registered manager sought feedback when they visited. Staff supervisions were completed monthly.

The registered manager understood and met the legal requirements and public health and safety obligations of their role, for example; the prompt submission of required information to relevant authorities.

The registered manager kept up to date with current research and best practice, demonstrated with examples of newsletters, guidance and alerts from NHS, the local authority and CQC.