

Getta Life

# Getta Life Limited

## Inspection report

2 Sandy Lane  
Harp Place  
Coventry  
West Midlands  
CV1 4DX

Tel: 02476632349

Date of inspection visit:  
22 July 2019

Date of publication:  
08 November 2019

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Getta Life Limited provides care and support to people living in their own home or their family home. People using the service include people living with a learning disability, autism and/or physical disabilities. At the time of our inspection, there were 27 people being supported by the service.

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

Following the last inspection, the provider, registered manager, management team and staff had worked continuously to provide people with outstanding care and support. They understood that maintaining this high level of care required dedication and commitment, and we saw this across the whole staff team. Staff were focussed on continually developing areas of the service with person centred support at the heart of these improvements. Staff were dedicated to supporting people to improve their independence, access to activities that met their interests and being active in the local community. The management team continued to develop their extensive knowledge of supporting people living with a learning disability and upskilling their staff team. This meant that people received high-quality care from staff who truly understood their needs.

The management and leadership of the service were exceptional. The registered manager and management team had an excellent understanding of the provision of care and support for people living with a learning disability. They had continued to actively seek education opportunities for themselves and their staff to build on their detailed knowledge. This meant people received care and support in line with current best practice. Managers and staff had an exceptional knowledge of people's needs and health and social care professionals gave us extremely positive feedback about the service.

The registered manager was committed to continuous learning and fostered a supportive and enabling culture for both people and staff. People, their relatives and staff were highly complementary about the management of the service.

People received a truly person-centred service which promoted excellent outcomes for them. This included supporting their independence and control over their own lives. Following the last inspection, the management team focussed on further developing people's independence to enhance their quality of life.

The management and staff team continued to foster a caring and compassionate culture which put people at the centre of their care. People were supported to follow their interests and staff supported them to overcome any barriers to make the most of new opportunities. Staff really cared for people they supported and were invested in maintaining and promoting their wellbeing.

Staff had an in-depth knowledge of the people they supported and worked with them daily to improve their quality of life. Activities were led by people's choices and were reflective of their social, cultural and wellbeing needs. Staff really focussed on people's interests to enable them to have new experiences. People

were supported to be active in their local communities and develop new skills to broaden their horizons. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's nutritional and healthcare needs were met in a timely way. Staff received a range of training opportunities that were specifically designed to enable them to effectively support people using the service.

People were safe and risks to people were identified, assessed and managed safely with an enabling and empowering focus so no one was restricted. Staff supported people to take positive risks and were flexible in their approach. There were enough staff to meet people's needs safely and recruitment processes were robust with people included so they had a say about who might be employed to support them. Medicines were managed and administered safely, by trained and competent staff who supported people to have as much control as possible.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Rating at the last inspection

The last rating for this service was outstanding (published 29 November 2016).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally Well Led.

Details are in our Well Led findings below.

# Getta Life Limited

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency and supported living provider. It provides personal care to people living in their own houses and flats, so that 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We inspected the service on 22 July 2019. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that someone would be in the office to support the inspection.

Inspection site visit activity started on 22nd July 2019 and ended on 24 July 2019. We visited the office location on 22nd July 2019 to see the manager, office staff and speak with people; and to review care records and policies and procedures. Following our visit to the office we made phone calls to relatives and health and social care professionals to gain their views of the service.

#### What we did before the inspection

We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This

information helps support our inspections. We reviewed notifications sent to CQC about important events at the service and information sent to us from other stakeholders for example the local authority and members of the public.

#### What we did during the inspection

We spoke with five people who used them and seven of their relatives, the registered manager and six members of support staff. We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care. We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and three staff recruitment records.

#### What we did after the inspection

We spoke with two health and social care professionals to gain their views of the service people received and have incorporated this feedback into this report. We also contacted seven relatives of people who were unable to provide their views of the service to gain their views about the care received.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

- Staff continued to have a good understanding of safeguarding and there were systems and processes in place to protect people from the risk of harm. One person told us, "I am safe, they (staff) are very good." Staff were confident managers would act should they have concerns for people's safety. A member of staff told us, "I know people are definitely safe. If there were any concerns I know that (registered manager) would refer it to the right organisations and make sure the person was okay."
- People felt comfortable with staff and had built trusting relationships with them. People told us they felt safe and we saw people felt comfortable with their support workers. A relative told us, "We couldn't ask for a better support team. They know [Name] very well and how to keep them safe."

### Using medicines safely

- Medicines continued to be managed safely. There were effective systems for ordering, administering and monitoring medicines.
- Staff administering medicines were trained and had their competency assessed regularly.
- Instructions were in place if people were prescribed "As required" (PRN) medicines. The instructions told staff what the medicines were for and how to detect signs that a person may need them. If "As Required" medicines were given, this was recorded on the Medicine Administration Record (MAR) as well as the reason why it was needed. This helped to ensure people weren't given medicines unnecessarily.

### Assessing risk, safety monitoring and management

- Risks to people continued to be consistently identified, assessed and managed safely. A healthcare professional told us staff knew the person they supported very well and managed risks to them safely. They said staff were, "proactive in working with us to ensure the best outcomes for [Name]"
- Staff had a flexible approach to risk management which ensured good outcomes for people. For example, one person enjoyed going quad biking. Staff risk assessed this activity and put measures in place to support the person. This meant the person continued to enjoy this activity in a safe way. A member of staff told us, "We empower people and their positive risk assessments support that."
- Positive behaviour support plans were in place for people, should they need them. For example, for one person, risks were identified, and clear guidance was available for staff to support the person and keep themselves safe. Approaches identified were positive and focussed on ways to reduce the person's anxiety and maintain a calm environment. This approach supported safe outcomes for the person and staff.
- At every change of shift there was a handover where staff updated the next staff members about any information they needed to be aware of, this included if the person had shown signs of being unwell, what activities they had done and if there were any appointments the person needed to attend.

### Staffing and recruitment

- Each person was supported by a team of staff members. Relatives told us the teams remained consistent therefore knew the person very well.
- Staffing levels remained appropriate to support people's assessed needs. Staffing was well managed, and the team were coordinated to meet the changing needs of people. A member of staff told us, "We have enough time to support people and their care is exceptional. We are able to work really flexibly to meet people's needs."
- People told us there were enough staff to meet their needs and that they were reliable. One relative said, "The staff are very reliable, I've never had any problems with them. [Name] is always supported by the same people who they know."
- Recruitment processes continued to be robust and ensured staff were safe to work with people before they started work at the service. People and relatives were involved in the recruitment process and met potential new staff during their interview. This allowed people and relatives to be involved in choosing new members of staff who had the right characteristics to work with the person they would be supporting.

#### Preventing and controlling infection

- Staff had training in infection control and information was readily available in relation to cleaning products and processes.
- Staff told us they had access to personal protective equipment (PPE) such as gloves and used these when providing personal care.

#### Learning lessons when things go wrong

- Accidents and incidents continued to be managed safely and lessons learned to improve the care people received.
- Staff reported any incidents to the registered manager who reviewed them to identify learning and ensure action was taken to reduce the risk of them happening again.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were very complimentary of the training they received, and this was tailored to meet the needs of people they supported. One member of staff told us, "The training is really person centred and specific to the individual. They go the extra step to make sure all staff who work with people with specific needs are trained." Another member of staff said, "The training and support is really very good, the managers are very experienced in autism and learning disability."
- People and their relatives were unanimously complimentary of staff skills and knowledge. A relative told us, "They're [staff] incredible, they have excellent knowledge about how to support [Name]."
- Staff continued to receive regular support and supervision. Reflective practice was a key part of staff supervision to ensure they continued to develop their skills effectively. The management team completed observations of staff practice regularly to ensure people received safe care, in line with their needs.
- New staff received an induction which included training, shadowing senior staff and getting to know people. A member of staff told us, "I felt very supported during my induction, I learnt a lot and was able to get to know the person I support."

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

- People continued to be supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes. This was reflected in people's care plans.
- Where people had specific dietary needs, these were known by staff and well planned for. One person required their food to be pureed, staff always took a small blender with them when the person wanted to eat at a restaurant or café to ensure their food was at the correct texture.
- Staff used professional guidance to safely support people's nutritional needs. For example, one person required their food to be pureed and thickener to be added to liquids to reduce their risk of choking. This guidance was clear and detailed in their care plan and staff knew the person's needs well.

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

- People were supported to access healthcare services such as GPs, dentists and opticians as and when needed.
- Staff worked with other agencies in a timely way to promote positive health outcomes for people. One person who was diagnosed with epilepsy had a period when they experienced a higher number of seizures. The registered manager and staff worked closely with healthcare professionals to change the person's medicines and developed relationships with paramedics which helped to reduce the number of hospital

admissions for the person. The person had a fear of being in hospital, so these measures helped to maintain their emotional wellbeing whilst addressing their physical health needs.

- All healthcare professionals praised the partnership working by the management and staff team in meeting people's needs effectively. One healthcare professional told us, "They appear to genuinely care for the people they support. Nothing is ever too much trouble for them."

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

- Initial assessments of people's needs were very detailed and reflective of people's care, health and wellbeing needs. People's needs continued to be assessed when they started receiving the service and regularly thereafter. This meant their preferences were known by staff. This involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability, religion and sexual orientation were considered as part of people's initial assessment, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- People were asked for their consent before being supported. We observed staff asking people what they would like to do before assisting them. For example; one person was preparing to go shopping. Staff supported the person to take the lead in preparing for the outing and listened to their choices.
- Staff and the management team had a good understanding of the principles of the MCA and how to support people in line with these principles.
- If people lacked capacity to make specific decisions, best interest meetings were organised. The process involved a multidisciplinary team which included the person, relatives and health and social care professionals, who knew the person well. This supported good outcomes for people. For example, one person lacked capacity to make decisions about their finances. The registered manager arranged a meeting with a variety of professionals and the person's relatives to make a decision in their best interest to support their money being managed safely.
- When a person did not have capacity to make decisions there were detailed mental capacity assessments which gave staff information on how to support the person in a way that they preferred.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People, their relatives and healthcare professionals unanimously told us that staff were exceptionally caring. A relative told us, "They are very good, we were worried about having other people support [Name]. It wasn't easy to take that step back, but they have been so very good. They listened to all of our concerns and worked with us. [Name] is so happy now." Another relative told us, "My relative is happy and content, there is nothing I would change at all." A healthcare professional said, "They [staff] are a very compassionate and caring service, they are very involved in ensuring the best for people they work with."
- Staff were truly caring in their interactions with people. Staff, without fail, showed empathy when talking with people. One person responded well to staff touching their hand, they were happy and smiling with staff as they were holding their hand whilst talking with them. One person told us, "They are very kind." Another person said, "I am very happy."
- People continued to be supported by a management and staff team who provided truly person-centred care. Since the last inspection staff continued to build and develop their relationships with people which ensured they were getting the most out of life. For example, two people lived in the same house and when they started using the service they had access to one car between them. Staff quickly identified that the people had very different interests and sharing one car was limiting how they lived their lives. The registered manager supported the people to get a car each, which meant they were able to build on their independence.
- Another person became very anxious in new situations. Prior to using the service, staff visited the person in hospital over a number of months in order to build up their trust. Staff also built strong links with other healthcare professionals involved in the person's care and who continue to be involved in the person's care reviews. This helped to increase the person's confidence and ensured they felt safe with their new care team. As a result of this, the person has not needed to return to hospital and has been able to develop new interests. A member of staff told us "It is fantastic to see them flourish."
- Compassion, respect and kindness were core values of the service. It was clear that staff continued to help people achieve the best quality of life possible. Following the last inspection, great emphasis had been placed on ensuring people had the opportunity to have new experiences. Each person had an annual review of their care needs which was undertaken with staff, relatives, people close to them and health professionals. These reviews were held in a place of the person's choice and celebrated what the person had achieved. The reviews were also used to plan new goals and experiences people wanted to achieve over the following year. People took pride in showing us photographs and videos of holidays they had been on, places they had visited and activities they had done. Staff explained how they went above and beyond to ensure people were supported to do the things they enjoyed and achieve new goals. One person had never

been on holiday without their relative own before and with the support of staff was planning their first independent holiday. The person told us they were looking forward to this.

- Staff displayed a real empathy for people and we observed them to have an excellent rapport with people. It was evident that staff knew people very well and that people felt well cared for. For example, one person if they became anxious would display behaviours which could cause injury to themselves. Staff were very perceptive of this person's needs and actively wanted to gain a better understanding to improve how they supported them. The registered manager sourced specialist training in this area to improve staff knowledge. The training helped staff to understand how to respond to any early signs of anxiety and how to support the person with their emotions. This had resulted in the person feeling less anxious and there had not been any incidents of injuring themselves in the 12 months prior to our inspection. A member of staff told us, "I now recognise small signs and know how [Name] wants me to respond to support them. This has really improved their safety and their emotional wellbeing." The person was open with staff during the inspection and happily discussed their plans with them, showing they had a trusting relationship with staff.
- People were supported to maintain relationships that were important to them and staff thought about how they could best support people to develop these relationships. The managers had created an ethos within Getta Life that people's safety and well-being was improved by being part of the local community and by establishing genuine, caring relationships with other people. One person benefited from these strong relationships following the death of their partner. The person had already developed friendships in a local community group who supported the person following their bereavement. These relationships also helped the person to focus on activities they could plan and look forward to and the person chose to go on holiday with a friend from the group. A relative told us, "I can't believe how lucky we are with Getta Life, they feel like a family to [Name]. They run social events where staff and families join in, everyone is always made to feel included."

Respecting and promoting people's privacy, dignity and independence

- Staff truly supported people to live as independently as possible. Promoting independence had been a key focus across the organisation, following the last inspection. Staff had thought about how they could support all people using the service to gain some level of independence, however big or small these steps might be. For example, one person had been employed by Getta Life to help with administrative tasks and gain employment skills. They told us they enjoyed coming to the office and working with the staff there. Another person was an active member of a local church and had been given keys to the church hall. They were responsible for opening the building and setting up the hall for a weekly music group. This gave them a sense of pride for being trusted with the responsibility.
- Respect for people's privacy and dignity was at the heart of staff practice. Staff were very mindful of people's personal space and support plans gave instructions of when a person would like time on their own. A relative told us "They (staff) are very respectful of [Name's] home. Even though staff are there every day they still knock and wait for [Name] to let them in."
- Staff respected people's human rights, equality and diversity. Staff gave us examples of how they supported people's diverse needs including those related to disability. One person had complex health and learning needs. Staff did not see this as a barrier to them enjoying new experiences. The registered manager supported staff with additional training and support to care for their needs in the community. The person chose to do a variety of activities and showed us photographs of visiting new places and enjoying picnics. A member of staff told us, "We support them as a person not as a diagnosis. It is our job to work creatively to find ways for them to safely experience things that interest them. I love seeing them so happy and living life."
- People's cultural and spiritual needs were fully respected and encouraged by staff and seen as an integral part of their lives. For example, one person was very religious and attended church regularly. The management team skilfully selected a staff member of the same faith to support their visits to church.

Another person had been supported to develop friendships with people from a similar cultural background and by doing this had met a person who had known their family members before they had moved to the UK. This helped the person learn more about their family history and culture.

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

- People were consistently supported by the same members of staff. This meant staff knew people very well and had an excellent understanding of how people communicated and expressed themselves. Staff adapted their approach to ensure people could make decisions about their care. For example, staff utilised different communication techniques daily, so people could make choices about their day. One person communicated using Makaton, a form of sign language. Staff had been trained in Makaton so that they could communicate with the person and understand how they wanted to be supported.
- If people were unable to express their views verbally, they had access to the use of technology to support them such as photos and pictures on electronic tablets.
- The provider sent out regular questionnaires to people, their relatives and staff to provide feedback on the service provided. People's questionnaires were presented in a pictorial format to aid their understanding and ability to express their views. People told us staff knew how to help them communicate to express their views. One person told us, "They ask me what I want."
- Staff continued to be exceptional at helping people and their relatives express their views. One person told us they liked to lead the handover of information between shifts and staff supported them to do this. This helped the person to be involved in making decisions about their care and that it was a collaborative process.
- People and their representatives continued to be constantly involved in their care. One relative told us, "I take part in all the reviews and ask when I feel things could be changed." The registered manager told us how they acted as an advocate to ensure people had access to the high-quality care and support they needed and deserved. The registered manager was aware of how to refer people to independent advocate services if this was requested by a person.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care was exceptionally personalised to meet the needs of individuals. People remained at the centre of care planning and were actively involved in the process. We saw that people's views on their care were actively sought, on a regular basis, to ensure it was delivered in the way they wished. Staff had focussed on how to involve everyone in their care regardless of communication barriers. For example, one person found it difficult to plan for future events and this could cause them to feel anxious. Staff ensured that discussions were made about the current situations and would regularly reassure them that "We'll talk about tomorrow, tomorrow." Staff were then able to tailor conversations to focus on what the person wanted without causing any undue stress, whilst still ensuring the person was able to fully express their views. A relative told us, "They [staff] always involve me, [Name] had a review recently and phoned me straight away to arrange a time I could be there and gave me plenty of notice."
- Individual care plans were exceptionally detailed. Care plans were written in a very positive way which supported people's aspirations and self-esteem. Setting out clear guidance on how people wanted to be supported. We observed staff use this guidance effectively. For example, one person was living with epilepsy. Their care plan assessed their risks and abilities to take part in activities of their choice, such as swimming. Their epilepsy was not seen as a barrier, they regularly went swimming with staff who had training to support them if they had a seizure this ensured the person had an enjoyable and fulfilled life.
- One person was looking for a new person to share their home with them. Staff supported the person to create a profile of a potential housemate which included characteristics they did and did not want the person to have, as well as details about their interests and preferences. This was given to the person's social worker so only suitable people would be invited to meet the person and potentially share their home.
- People were supported and encouraged to be involved in a variety of activities which offered them a range of opportunities, specific to their personal interests. Staff recognised that meaningful activities were essential to people's quality of life. Staff had been increasingly focussed on ensuring that people's access to activities was led by people's choices, centred around their local community.
- Staff were responsive to people's health and wellbeing needs. Staff understood people very well and were able to identify small changes in their mood or early signs of a change in behaviour, this enabled them to respond in a timely way and seek medical help from medical professionals if this was required

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carer's.

- The registered manager had understood AIS and what this meant for people they supported. Since the last inspection, the registered manager ensured staff received enhanced training in supporting people with a learning disability, including how to overcome people's significant communication needs. This meant people were supported by staff with exceptional knowledge of how to meet their communication needs. We saw people interact successfully with staff in a variety of ways such as verbally, using sign language and by observing their body language. Staff had created a communication book with a person using pictures that they could show to express what they wanted to communicate. It was evident staff understood and listened to them. People's support plans were written in formats that they could understand, for example in "Easy Read" format or using a larger font. This meant people could review their own care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were truly treated as individuals and could express themselves in the way they wanted to be seen by others. Since the last inspection, staff had worked sensitively to support people to express their identity and supported them to feel safe in their local community. Staff encouraged people to explore their individuality which allowed them to live the life they wanted, with respect and acceptance.
- Staff understood and were particularly sensitive to people's personal needs. Since the last inspection, the registered manager had improved staff's understanding of equality and diversity through further training opportunities. One person had formed a romantic relationship which had since ended. Staff had supported them to see the person and to go on dates and following the end of the relationship staff supported the person to express their feelings and had provided comfort.
- The registered manager and management team went above and beyond to reduce social isolation for people. They organised a range of activities, which all people using the service were invited to, such as a fun day. People showed us videos of the event and we saw people were enjoying themselves and engaging in the activity and with others.

End of life care and support

- Staff were very empathetic to people at times of loss. For example, one person had recently suffered a bereavement. Staff spent time supporting them emotionally and creating positive ways to remember their loved one.
- There was no one receiving end of life care at the time of this inspection. End of life care was considered by staff and people's wishes for the end of their life were recorded in their care plans, should they wish. Staff received training in this area of care and support.

Improving care quality in response to complaints or concerns

- There were robust systems in place to deal with concerns and complaints. The registered manager responded to complaints in a timely manner and in line with the provider's policy. Relatives told us that they were very comfortable around raising concerns, but they had not needed to.
- The provider continued to develop their response to concerns and complaints to ensure they learnt from any issue to continually improve care for people. For example, a complaint had been made by a relative about a member of staff; this was fully investigated by the provider and resolved positively.
- The provider had their complaints policy in accessible formats to aid people's understanding and ability to make a complaint, should they need to. Staff knew people well and supported alternative ways of communication including using pictures to find out if people were happy about their care.



# Is the service well-led?

## Our findings

Well -Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The culture of the service was exceptionally positive and enabled people to live how they wanted to. It was clear that people were at the heart of the service and staff were focused on providing an extraordinary standard of personalised support. A healthcare professional told us, "Staff have worked in a person-centred way to meet people's needs and have been flexible in their approach to how they do this, so that the person has opportunities for meaningful activities and relationships."
- The provider's caring values were embedded in the leadership, culture and staff practice across the service. The registered manager told us, "Person centred care comes right from the start, in setting our values and beliefs with staff." This belief was, 'to help the individuals in our care to experience the best life they can.' Staff truly embodied this aim for people. We observed several incredibly caring and positive interactions between people and staff throughout the inspection. It was evident to see that people felt well cared for. One person told us that the registered manager was "very helpful" and "nice".
- The management team planned and promoted person-centred, high-quality care and good outcomes for people. This considered the physical, spiritual and social aspects of a person's life, by providing opportunities for people to enhance their skills through access to a variety of activities. This was constantly and consistently achieved for all people using the service. For example, one person was living with autism and exhibited behaviours that could be considered unsafe when in the community. Before using the service, the person never had trips out to activities they enjoyed due to this. Staff had worked tirelessly to create a trusting and safe bond with the person, and trialled short trips out over a long period to build the person's confidence. Staff told us this would have been unheard of before their support and they now go out regularly into the community and live their life as any other person would. The person's communication and social engagement skills had improved dramatically due to staff support. One member of staff told us, "Their quality of life has changed so much. They can now do every day activities like anyone else because they trust the staff to look after them." We saw lots of photos of them enjoying spending time with staff at different local attractions. A relative told us "[Name] now goes out every day, they are happy, and I am happy knowing [Name] is experiencing more things."
- A health and social care professional told us, "I would use Getta Life as an example of what small providers can deliver in terms of high-quality support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements



- Management of the service was highly effective. The registered manager had a clear understanding of quality performance and the regulatory responsibilities of their role. Staff were proud to work at the service and told us they were motivated by the management team. There was a low staff turnover and high staff retention rates which meant people were supported by a consistent care team who they knew well.
- People received care from a highly qualified and skilled care team. The registered manager and management team had vast experience in supporting people with a learning disability and held a range of qualifications. The provider was a registered learning disability and mental health nurse whilst the registered manager was also a registered learning disability nurse and a social worker. They regularly updated their knowledge to ensure care and support was delivered in line with best practice. This meant staff were supported by a skilled management team, who shared their extensive knowledge of how to support people well. The registered manager and provider would regularly work alongside staff to support people and to complete checks of the staff members' skills. This helped the registered manager and provider to share their knowledge and skills with staff.
- Staff spoke positively of their work and support they received and were highly satisfied in their roles. One staff member said, "The management here are the best. I have worked in a lot of places and I have never been so well supported." Another member of staff told us, "I really feel valued here. The registered manager is so busy but always has the time to see you. They are really respectful of your work and family life. They are so supportive."
- People, their relatives and staff were highly complementary, without exception, of the registered manager and the management team. A person told us, "(The registered manager) is very good, I am happy."
- The registered manager implemented innovative ways to drive quality improvements focussed around people's individual needs. They led their team by example and were very active within the services. For example, since the last inspection they had focussed on improvements to staff's access to information and thought creatively about how develop their knowledge and skills. The provider had identified that it was difficult for staff to gain knowledge from their peers in other organisations so had supported staff to join an online learning and support forum for staff who support people with learning disabilities. This forum enabled staff to access webinars, an online library and provided updates to national guidelines and news. Through this forum a member of staff attended the Houses of Parliament and took part in a political debate about learning disability services. Any new information was brought back to the service for the benefit of people who used Getta Life.
- It was important to the provider that their team leaders had the correct skills to support care staff and in turn meet people's needs. To enable this each team leader had completed a level 5 NVQ in health and social care or a certificate in counselling. This was to ensure they had the correct skills and ability to listen and support staff.

#### Continuous learning and improving care

- The management team were dedicated to continuous learning and saw this as vital to developing and improving the service they provided. The management team were very in-touch with changes within the health and social care sector and accessed training and support for staff to keep their practice up to date. They maintained strong links with national organisations, such as 'Skills for Care' to ensure their staff received up to date and relevant training, to continue to develop their understanding of supporting people with a learning disability. The management team shared their experience and skills with all staff by working closely with them delivering care and support to people, modelling best practice to staff. For example, one person required new equipment for transferring safely. A member of the management team spent time with all staff who worked with the person to ensure they were fully confident before supporting the person alone. They also completed regular observations and spot checks to support staffs' learning.
- The registered manager continued to develop their own skills and knowledge, for the benefit of people who used the service. For example, they were passionate about people having a "good death" and was in

their second year of a three-year Doula course which focussed on respecting people's end of life wishes and providing a calm and dignified death. The registered manager and staff had supported a person who was at the end of their life. They explained that they had respected the person's request to die at home and at the end of their life they had arranged for the person's loved ones to be present. The registered manager followed the person's end of life wishes and this had also helped provide comfort to the person's loved ones. A priest who knew the person told us "[Name] had a very peaceful end to their life, it was very respectful."

- People were supported by a team dedicated to improving the standard of care they received. The registered manager recognised the importance of sharing best practice across other providers to improve quality of care for all. They had recently been asked to take part in a national "Think Tank" about supported living due to their excellence in learning disability support. This focussed on sharing best practice and how other providers could learn from Getta Life in providing outstanding care. The provider also used this opportunity to learn from other organisations to ensure they continually developed the outstanding service they provided to people
- People were supported by an exceptionally skilled team of staff who had been nationally recognised for excelling in providing care for people living with a learning disability. The provider has continued to work with Transforming Care and was planning on producing new books and films about ensuring people receive good health care, and the importance of having your own home. The provider plans to use these to continue to provide education for other organisations.
- Since the last inspection, there had been a shared drive or continuous learning across the organisation, led by the provider and registered manager. All members of staff had completed a new training programme called "Being with me." The aim of this training was to help staff focus on being fully present during their interactions with people and to review how they work to truly understand the people they support. The registered manager told us that by working with people together in meaningful ways means the people they support "Are seen as people with skills and capabilities which enables them to contribute to planning their care and to their community." The registered manager went on to explain that some people worked with children in a nursery and others had created reading groups at a local library. A member of staff told us, "We keep providing outstanding care as we are always looking to improve, there is no complacency here. We are always looking at new ways to support people to improve their lives."

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

- Staff actively sought and respected the views of all people using the service. The registered manager and staff focussed their quality assurance processes around people's feelings and satisfaction of using the service, as people's quality of life was at the forefront of the service. They used a variety of tools to support people to express their views in a positive way, and they actively listened to people's feedback. This included informal discussions and observations, questionnaires and care review meetings.
- Feedback from staff, people and relatives was welcomed by the registered manager and this was used to drive quality improvements. The voice of people at the service was respected and listened to. One relative told us, "They always listen to [Name] and if they want to do anything differently staff will always support them. It is natural to the staff to be guided by [Name] in everything they do."
- Staff told us they were fully engaged and passionate about the service they provided. They said this was because they felt valued and trusted in their roles by the registered manager. One member of staff told us, "My opinions are listened to, always. The management team trust that we know the people we support really well and always make time to listen to us. One person loved animals, we discussed it with the registered manager and it was arranged for [Name] to help look after a local schools' pets on weekends. This has given them a sense of responsibility."

## Working in partnership with others

- Partnership working was a key strength of the whole staffing team. The registered manager and staff worked exceptionally well with others to ensure people's needs were met in a timely and coordinated way. For example, one person had very complex needs and had gradually been transferred to being supported by Getta Life. The management team continued to work closely with psychiatrists and the mental health team to ensure the person's needs were met. Another person's health had deteriorated resulting in a change in their vision. The registered manager and staff had worked with health professionals and a national charity to find ways to adapt activities the person enjoyed so they could continue following their interests
- Health and social care professionals commented very positively on communication with all staff. They all felt that staff had an excellent understanding of people's needs which allowed them to support people effectively. One healthcare professional told us, "Getta Life is an excellent service who deliver person-centred support packages of high quality and the provider works in partnership with numerous agencies to get the best outcomes for everyone they support." Another healthcare professional said, "From a health perspective they will seek medical help when changes are observed. They appear to respond to changes in people's needs by looking at how they can change to meet the person's needs rather than the person changing." This meant that the focus was on what people could do, rather than what they could no longer do.

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

- The provider had an excellent understanding of the duty of candour, honesty and openness were core values of the service provided. For example, when a concern was raised about how a member of staff had administered medicines they worked openly with the local authority to investigate and analyse these errors and provided staff with additional training. This quick and honest approach to addressing the issue meant that medicines practice improved as the issues were understood and staff were upskilled through training. This significantly reduced the number of recording errors. The provider shared the outcome of their investigations with the relatives of the person and offered the opportunity to discuss them.
- The registered manager promoted an open and honest service and led by example. They submitted notifications to the CQC in a timely way and displayed their previous inspection rating clearly in their offices and on their website. We saw they were accessible to people and staff throughout the inspection.
- People had information in formats they could understand with details of what they could expect from the service and how to contact the registered manager or provider if they wanted to.
- The provider and the registered manager were active in the service and provided support for people and knew the people using the service well.