

Accordia Supported Living Services Limited

Accordia Supported Living

Services

Inspection report

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Ratings

Overall rating for this service	Outstanding	★
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?	Outstanding	★

Summary of findings

Overall summary

About the service

Accordia Supported Living Services Limited is a supported living service offering care and support to people in individual flats in one house. The service supports younger adults with a learning disability or with autistic spectrum disorder who may have an associated mental health diagnosis, some of whom have legal restrictions placed on them. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. Three people were being supported with personal care at the time of our inspection.

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

Staff and the management team ensured that people and their families were at the centre of the delivery of care. People were treated as individuals whose life and experiences were considered and factored into care planning. People were engaged in selecting their own support team and others administered their own medicines and carried out health and safety audits of their flat. The service used creative, innovative and personalised methods to help people reach their goals and improve their quality of life. People were encouraged to take part in activities which were important to them and had opportunities to access the local community amenities. The service had a culture of open and honest discussions and carried out especially detailed investigations into any concerns raised.

The service was consistently well-led. People were at the centre of their support and the focus of everything the service did. This approach was central to shaping the service being provided to each person. There were high levels of satisfaction expressed by service users, family members and external professionals and each staff member told us they felt their contributions to the service were valued and respected by the provider. There were clear roles and responsibilities within the service and the registered manager understood their regulatory and legal requirements. Comprehensive audits were undertaken, and quality improvement was promoted. We saw evidence that learning from incidents contributed to continuous improvement of service delivery. The service was extremely proactive in engaging with other professionals and making links with the local community to achieve good outcomes for people.

People told us they felt safe with the staff who supported them. Risks to people were assessed and procedures were in place to help keep people safe. The provider's systems protected people from the risk of abuse. All staff were aware of their responsibilities with regards to safeguarding people. Medicines were managed safely and people were protected from the risks associated with the spread of infection.

People were supported by staff who were well trained and competent in their role. They received additional specialised training and had regular supervision to discuss their roles. There was a strong emphasis on staff development and empowerment. Staff complimented the provider with regards to the training and development opportunities afforded to them and benefited from regular supervision. 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.

We observed there was a kind, caring and respectful culture in the service and people told us staff treated kindly. People experienced continuity of care and we saw they engaged confidently with members of their support team. People were encouraged to be as independent as possible which had a positive effect on their self-esteem. Staff were committed to enabling people to live their lives in a way which was as close to their choosing as possible.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

People lived in independent flats and staff supported them to make their own choices, including being part of selecting their own support team. Staff focused on people's strengths and on what they could do to ensure they led a fulfilling and meaningful everyday life. Staff promoted people's independence and supported their access to the local community.

Right care:

People received kind and compassionate care and were supported in a person-centred way. People lived in their own flats and staff respected their privacy and dignity. Staff understood how to protect people from poor care and abuse and worked well with other agencies to achieve this. People's care, treatment and support plans reflected their range of needs and this promoted their health, mental wellbeing and enjoyment of life.

Right culture:

The leadership team and staff showed commitment and respect to those whom they supported. People received good quality care and support because trained staff and specialists could meet their needs and wishes. Staff spoke with passion and knowledge about their role, central to which was to empower those whom they supported to live their best life possible and in the least restrictive way. Staff told us how the needs and views of those whom they supported were paramount and must be respected at all times. The provider ensured risks of a closed culture were minimised and people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

This service was registered with CQC on 17 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Accordia Supported Living Services

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

The inspection was carried out by one inspector.

Service and service type

Accordia Supported Living Services Limited is a supported living service offering care and support to people in one house. It provides care and support to people living in a 'supported living' setting, 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.

Notice of inspection

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 the provider or registered manager would be in the office to support the inspection. We also wanted to minimise disruption to people who use the service when we visited them in their own home.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We reviewed records and documents at the service location. We visited people's flats and spoke with one person who used the service about their experience of the care provided. We observed how staff supported another person and their interactions with staff. We spoke with five members of staff including the registered manager, senior care workers and care workers.

We reviewed a range of records. This included two people's health and care records, as well as communications from healthcare professionals. We looked at five staff files in relation to recruitment and staff supervision. A wide variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and a variety of other documents requested by the inspector. We spoke with two family members and two care workers. We received feedback from a professional from the local authority who had frequent contact with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of abuse. Effective systems, procedures and policies were in place to safeguard people appropriately.
- People told us they felt safe. One person told us, "I feel safe being here, staff help me this." A family member told us, "Yes, [relative] is happy with the support they receive from staff. I would agree [relative] feels safe with the support they are receiving from staff."
- Staff had completed safeguarding training and understood their responsibilities. Staff whom we spoke with knew what to do if they had any concerns about safety and were confident concerns would be dealt with properly. One member of staff described the safeguarding training as, "Very in-depth and very intense."
- Safeguarding records were appropriately completed and showed the registered manager alerted the local authority safeguarding team and CQC promptly of safeguarding concerns. A professional from the local authority told us, '[Provider] always notify us of any safeguardings, staff will always send an email to the professionals involved, alerting us and requesting our advice.'

Assessing risk, safety monitoring and management

- The provider had systems in place to identify, assess and reduce risks to people. Comprehensive risk assessments were in place and tailored to each person and their individual needs. They were reviewed regularly and included guidance for staff on how to provide safe care to reduce the risk of harm or injury whilst respecting people's freedom and independence.
- Where people were supported to access the community, their risk assessments included any restrictions in already place on the person and required safe staffing levels.
- Staff were very aware of how the presence of new people to the premises could significantly impact one person's behaviour. When this inspection was announced, the inspector was asked to send a photograph in advance. When we visited this person's flat, they referred to the photograph on the wall and resumed their activities without demonstrating any upset. Staff told us they had prepared the person for the inspector's visit, which reduced the risk of any potential incident.
- A family member told us, "I have good relations with [relative's] support team and I have to say they are very aware of their safety."
- Staff demonstrated a good understanding of risks to people and how to manage them safely so that people were provided with safe care. A staff member said, "We have quite intense risk management plans in place, it's very important to understand where people's behaviours come from, as this is essential to manage risk safely."
- A professional from the local authority told us, 'Communication between the staff and our community teams has always been proactive. This is how we worked together to set up the support for [service user],'

taking into account their associated risks.'

Staffing and recruitment

- There were sufficient staff to support people. Staff were carefully matched to people's individual needs and personalities and each person was able influence the outcome of appointing their own dedicated support team. They were encouraged to give feedback on new members of staff assigned to their support team and any concerns or objections raised about those staff members were taken into consideration. A family member told us, "[Registered manager] took notice of [relative's] lack of connection with any potential new member of their team."
- The registered manager told us that they experienced recruitment challenges, which reflected a national picture in the social care sector. This was managed by having the same long-term agency workers, who received the same training as permanent members of staff and there were systems in place to ensure as little disruption as possible to the service users.
- Family members we spoke with were confident about how staff were matched to their relatives. A family member told us, "[Relative] needs a particular type of personality to get the best out of them and so far, Accordia have managed to recruit good matches."
- The service followed safe recruitment practices and had conducted the relevant checks before staff began to support people. Records showed completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely

- Staff had received appropriate training and their knowledge around administering medicines was regularly checked. Staff told us they felt confident to support people with their medicines.
- People were encouraged to be independent with their medicines where appropriate. There were clearly documented person-centred plans and accompanying risk assessments in place to support this.
- One person demonstrated how they managed their own medicines with a low level of staff support. They signed their medicines administration record each time they took their medicine, which their support team checked. We saw all their medicines were documented in 'Easy Read' format and they were aware of what each medicine was for.
- Where people were fully supported by staff, we saw that medicine administration records were appropriately completed without any gaps or errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.

Preventing and controlling infection

- Staff followed appropriate infection prevention and control practices to ensure people were safeguarded from the risk of infection. There were easy read posters which demonstrated safe hand hygiene and the service had sufficient supplies of personal protective equipment (PPE).
- The service safely managed infection control and had coped well throughout the pandemic. Up to date policies and procedures had been implemented in line with government guidance.
- Staff wore masks at all times and other (PPE), depending on what function they were supporting the person with. The provider had a COVID-19 risk assessment and contingency plan in place.
- The provider's clinical lead provided training to all staff which included infection transmission, how to break the cycle and how best to protect service users and staff.

Learning lessons when things go wrong

- Incidents and accidents were recorded and thoroughly investigated, often with healthcare professionals involved in people's care. There was an open culture around reporting incidents and near misses, and

actions were implemented in response to these.

- Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident.
- Where incidents had occurred, the service had used these to make improvements and any lessons learned were shared with staff. Staff told us they had a debrief following any incident. One told us this was "Post incident debrief is very valuable and usually includes the service user. The end goal is to fulfil person's care plan safely." For one person, we saw they were invited to meet with their support team and healthcare professional network following every incident. Minutes reflected this person's engagement with the network and their active role in developing strategies to reduce further recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support were delivered in a way which met people's individual needs and supported people to achieve good outcomes and people's needs were comprehensively assessed prior to admission. Some new placements took many months of planning with multi-disciplinary teams local authorities and family members before it was agreed that their needs could be met and the person moved to the service.
- A family member told us, "I have been very involved with all meetings from the very beginning. It is so obvious that all the staff just want [relative] to continue to progress."
- People's care and support needs were regularly reviewed to ensure care plans were up to date and were still relevant. Family members and professionals were also engaged in these reviews.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered around each person, and all staff completed mandatory training as well as additional training which was relevant to people's specific needs.
- One staff member said, "We complete training which enables us to support people's differing care needs. We get set training days to keep on top of things." Another told us, "Our induction is extensive and covers a very wide range of information. We shadow a more experienced member of staff."
- A member of staff from a local authority wrote, 'The staff received training specific to [service user's]. They engaged with staff from the multi-disciplinary team to fully assess needs and risks to ensure they understood how to safely support [service user] in the community.'
- Staff had regular supervisions and appraisals. These meetings provided staff with an opportunity to discuss their wellbeing, outcomes, targets and training needs.

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

- People were engaged with planning, preparing and cooking their own meals, whilst promoting healthy eating. We joined one person as they prepared their evening meal and they said, "I get help to plan and do my shopping. Staff come with me to the shops and point out the healthy stuff."
- We observed a session where staff engaged in a cooking session with a service user which was relaxed and calm. There was a weekly menu on the wall and staff showed us how the person chose their preferred foods represented on the menu.
- People were weighed each week for a variety of reasons. For example, one person had previous issues with food and had not received the support they needed to develop a positive relationship with food, with the result their weight fluctuated significantly. Staff engaged the person, with support from their family members, to explore a healthy diet. The outcome of this was that they discovered a passion for cooking, which they were doing during our visit to their flat. Their family member told us, "The physical effects on

[relative] are amazing. They look good and I know they feel good." The provider told us the person was weighed regularly in order to ensure they maintained a steady and healthy weight.

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

- The service worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. Collaborative working with external health professionals continued in spite of the pandemic.
- People's records confirmed that there was a high degree of engagement with relevant healthcare professionals. Where one person's assessment and subsequent placement at [the service] was planned over a number of months with many healthcare professionals, one healthcare professional wrote, 'This was the best experience of multi-disciplinary working I have had.'
- People had regular psychiatric and occupational therapy input. One person told us they scheduled all of their own meetings with professionals and showed us how they put it onto their calendar.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and staff understood their responsibilities under the MCA and worked within it. We observed how staff interactions with people were preceded by gaining the person's consent.
- A member of staff said, "I always give options so that [service user] can make their own choice. This is how it should be for everyone."
- Due to the complex needs of some of the people at the service, there were restrictions placed on their liberty. Where people lacked capacity, decisions were made in line with legal requirements and in people's best interests. Professionals, court and relatives were involved where appropriate and least restrictive practices were adapted.
- Staff were trained in use of an accredited management of behaviours intervention technique, which included 'breakaway' and safe holding techniques. Such interventions were rare and were recorded in incident reports. Staff told us the training they received gave them confidence to engage with the service user to de-escalate and divert behaviours in order to make a situation safe.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were well supported and cared for. We observed kind and caring interactions between staff and people. One person told us, "I love it here; I have a kind care team and keyworker; I am glad I am not in hospital, it's much nicer here."
- People were supported to express their views and aspirations which staff listened to and where possible actioned, so that people could live the life they desired. For example, one person wanted to fulfil their dream of having a car. After much research, the person was assisted to choose a car and they told us, "I am getting a car in my favourite colour blue in February which staff will drive me in and I can visit my [family member]."
- The registered manager spoke of their commitment to supporting people to live their best life possible. They said, "People who have come out of hospital or sub-standard care provision after long periods of time require and deserve a high standard of care. It is our duty to make this happen."
- Every effort was made to ensure people were supported to express their views so that staff understood their preferences, wishes and choices, including where people may not communicate verbally. A staff member told us, "We use lots of available background information and this helps us to adapt how we communicate with individuals."

Respecting and promoting people's privacy, dignity and independence

- The service was committed to promoting people's independence, in a manner that enhanced their self-esteem and helped them to live a life of their choosing as far as possible. The level of person-centred detail in people's care records confirmed this.
- Staff encouraged people's independence and took proactive actions to enable their independence. One staff member said, "Living here has empowered [service user] to take control of their own care and treatment, after so many years of living elsewhere with a rigid routine."
- People lived in their own flats and we saw staff knocking on people's front doors, calling out who they were and waiting for the door to be answered or for people to invite them in. Staff described the ways in which they encouraged people's privacy and dignity, particularly for those people who had a large support team around them at all times. We saw how they enabled people to have some personal space whilst still being safely supported from a discreet distance.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. 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

- The provider took great care to ensure people were supported by the same small team of regular staff. Describing some of the positive benefits of this approach, the registered manager told us, "Careful selection of support workers means they are compatible with individual service user's complex behaviours."
- A family member told us, "Accordia spent such a lot of time recruiting staff with particular types of personality to match [relative] which brings the best out of [relative]. They also said they believed the success of their relative's placement was largely due to the provider's inclusiveness, "Communication was there from the start of our engagement with the service so we developed a trust in the staff and knew they had [relative's] best interest at heart at all times."
- For one person, it was observed that they responded particularly well to support from male carers. Whilst their team was made up of both males and females, their head of care, keyworker and night-time carer were male. Their staff rota showed that this person had at least one male on each shift. The registered manager told us, "It is very important that [service user] has this male support. They talks through things they would otherwise not be comfortable to do with their female carers."
- Staff worked closely with service users, their circle of support and relevant professionals in planning care and support which was focused and centred around each person's individual needs, wishes and preferences. Staff from Accordia spent time in one person's previous placement, initially observing then working alongside their support team at that time. The registered manager told us, "We used this time to pick up key pieces of information, including triggers and de-escalation methods. This was a very good decision, we could observe extreme behaviours from a safe place and saw how their team managed them."
- One staff member told us, "[Service user] met their proposed support staff at their previous facility before moving in here. Our staff spent time with them, co-working and observing how the staff there offered support. This meant that [service user] was very confident coming here because they knew who was going to support them."
- For another person, their pre-assessment took place over a period of 10 months, with Accordia staff engaging with the person in a variety of healthcare facilities. During this time there were frequent multi-disciplinary team meetings with healthcare professionals. The consultant who led the discharge process wrote to the provider and the person's healthcare team, "[Service user's] discharge to [service] has been an absolute success." They also said they intended to write and publish a paper to demonstrate the way in which the process was managed between Accordia and all other interested parties which resulted in such a positive outcome.
- A member of staff told us how the bespoke support provided enabled people to grow in confidence and independence by, "[Staff] empowering [service users] to take decisions; they now drive their own action

plans and make sure they are getting the results they want, which is brilliant."

● This was especially evident for one person who had been in institutional care for most of their lives. They told us, "I have my own flat and I am learning how to live here. I am in charge of setting up my meetings and I do my own cooking but still need a bit of help with this." For another person, they were supported to access local shops to buy ingredients for their chosen recipe of the day. Their family member told us, "I am so delighted that [service user] is able to combine their interest in cooking with going out into the community, this is a new skill for them."

● One social care professional told us, 'We have always worked closely with the staff at Accordia and any recommendations made by the multi-disciplinary team have been followed to the letter by them. [Service user's] care and support plan is totally relevant to their needs. [Service user] has made significant progress in the short time they have been discharged into the care of Accordia.'

● The registered manager told us how they engaged the services of a specialist in autism and trauma in order to identify one person's goals and develop ways in which to eliminate any barriers to achieving those goals. The impact of this was staff learned and understood how to support the person to access the local community and take car journeys in a safe and secure way. As a result, their world has expanded, they have greater access to their family members and they are engaging in activities previously not open to them. One member of staff told us, "This is a provider that is committed to improving the lives of people who live with autism."

● The provider engaged the support of a Positive Behavioural Support (PBS) team to work with staff to enable them to develop different ways of working with individuals. A staff member told us, "The PBS team has been so helpful; they identified patterns of behaviour which we may not have seen, so we were able adapt our way of working. [Service user's] PBS support plan is discussed each week, evaluated and adapted as necessary." They said that following an intensive period of observation by the PBS team, it was identified that incidents were more likely to happen where the person was unoccupied for any length of time and told us, "We know to avoid periods of boredom or inactivity for [service user] and to fully discuss with them what they want their next activity to be." We saw that the person's activity timetable was divided into thirty minute periods to support this.

● The person's family member told us, "Staff manage any incidents and then investigate and learn from this by adjusting [relative's] support plan. They report this to me and to the authorities. I really like that they always reflect and see they could do things differently. There has been a huge reduction in incidents and we are so happy with that." We looked at the provider's trend analysis of incidents for this person and saw this approach had a positive impact on their behaviour. There was a significant reduction in incidents, which reduced from nineteen in August 2021 to eight in November 2021.

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

● We observed that the provider's exceptionally responsive, person-centred care had a positive impact on people's well-being and increased their independence. A family member spoke of how they have seen their relative grow in confidence in the relatively short period of time they were at the service. They said, "[Relative] has got their personality back. They are more independent and staff enable this by respecting his freedom to choose and offering those choices, supporting them out into the community. The staff try so hard with this socialisation and [relative] has so much more freedom now. For me it is wonderful, we have longer physical contact time together, hours instead of minutes."

● The service enriched people's lives by supporting them to access a variety of stimulating and engaging activities that truly reflected their individual interests. One person had restrictions set by the Court of Protection on how they were enabled to access the local community. With careful planning and consistent teamwork, we saw that this person engaged in the community in a safe way, whilst all the time being supervised in a sensitive way. The impact on them was very positive, they told us with a definite sense of

pride of the personal goals they achieved thus far. These included going to the gym, losing weight and taking responsibility for setting meeting dates with their multidisciplinary team.

- They also told us they had one of their dreams recently fulfilled when they secured a volunteer role with their local authority. They said, "Staff helped me to speak to the County Council and I was asked some questions and I got the job." This provider was required to do a significant amount of advance planning with the person's wider network in order to help them achieve this.
- Staff recognised this person wanted to take on additional responsibilities in the communal areas of their accommodation. A customised health and safety audit was devised and the person told us, "I am doing new things here, I have lots of responsibilities now, like my medicines and learning about building safety [health and safety audit]," and "I know I am doing an important job here."
- A healthcare professional wrote, 'Accordia has really done well by putting systems in place to eliminate risk and reduce [service user's] feelings of being restricted; [service user] is in a much better place because of that."

Meeting people's communication needs

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

- The service was meeting AIS requirements. Personalised and comprehensive communication care plans were in place and people were supported to communicate in a way which best suited their needs. Information about people's communication needs was easily accessible for staff in 'My story' and 'How to support me' documents. Each person had a document which provided all information relevant to their prescribed medicines in Easy Read format. In addition, people were encouraged to give feedback at the end of each shift change about what did and did not go well for them. They circled a range of pictures to represent mood, staff, food and family and their feedback was gathered to inform future shift planning.
- Staff told us how they developed an 'Easy Read' checklist, specific to this person's environment and in full consultation with them. For this person, door and fire safety were of particular importance and were highlighted on the audit with accompanying pictures. They also adapted this person's medicines administration chart [MAR] to enable them to independently administer their own medicines. This person explained, "I have never been allowed to have my own medicines. Now I keep them in a cabinet and have them when I should and write it on this [personalised medicines administration chart]. Staff always check that I haven't forgotten to take it."
- Communication methods such as large print, pictures and other bespoke methods of communication were used to help people remain involved and be able to contribute to decision making in their lives. This included 'Easy Read' formats of 'How to make a complaint about your healthcare' and the provider's advocacy policy.

Improving care quality in response to complaints or concerns

- The provider's open and learning culture deflected official complaints and any comments and no formal complaints were received. The provider told us they adapted an open and transparent approach and fully engaged with service users, family members and external professionals to immediately address concerns and issues as they arose.
- We read communications between family members and healthcare professionals and saw how suggestions and points raised were responded to speedily. The provider's responses gave clear explanations about what actions would be taken in response to matters raised, and where learning took place this was also included.
- There was a complaints policy in place which was also in an Easy Read format and made available to all

service users and family members.

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. 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

- We found there was a consistent theme of commitment to promoting the values of independence, empowerment and inclusion evidenced in people's care records. We saw that most people achieved excellent and positive outcomes. One person told us how, "My life is different now, good different," and they listed the new responsibilities they assumed since moving to the service. These included managing their own medication, taking a role in the health and safety aspects of the building, doing their own cooking and managing meetings with their professional support network and acquiring a community volunteer role.
- Throughout the inspection, it was apparent that the service followed the recommended model of care for people with autism and learning disability and achieved good outcomes for people. It met the principles of Right culture, right care, right support. People's choice, control and independence were maximised; their privacy and dignity and human rights were respected and promoted. People were empowered to make choices about how to live their lives and who should support them. They were able to access the community, and the size, setting and design of the service was in line with current best practice.
- The provider organisation's values and ethos were clear and effectively translated from the senior management team to all staff who worked there. The registered manager told us they strove to ensure that the values of Accordia were embedded into every aspect of a person's support and included empowering service users to take ownership of their care and support and including them, their family members and multidisciplinary healthcare teams in decision making.
- The culture at the service was one of inclusiveness. People played a key role in choosing their own staff team. Potential new staff were introduced to the person at interview stage. Following a two week period where the new recruit shadowed experienced staff, the service user was invited to give their feedback. They were supported to fill in a pictorial 'feedback on new recruits' form and comment on whether they felt the potential new recruit understood how they wanted to be supported, made them feel safe and whether they wanted to continue working with the new recruit.
- Family members were very confident that if something went wrong, they would be fully informed and involved. One told us, "Communication [with staff] is very transparent and they are very sensible. They are really trying to be on top of it all and I know absolutely I am told everything."
- There was an extremely positive and open culture that ensured people were at the centre of everything the service did. Staff spoke very highly of the culture within the service and the wider organisation, drawing comparisons with previous places they had worked in. They said the provider was clear about their expectations of staff, which was to deliver the best service possible to people. One told us, "I am in a very good place; I am very happy; Accordia is the best company I have ever worked for and I get such good

support and training to do my job to the best of my ability." Another said, "Everyone is so approachable, it makes it easy to ask for advice or support."

● People and staff commented that the registered manager and senior staff were visible and accessible and could be easily approached. Each member of staff we spoke with was positive about the high degree of support they got from the senior leadership team. One said, "I think if I didn't get the level of support I do, then this job would be really difficult to sustain." Another told us, "The service is well-managed. It has a very good managerial structure in place where everyone, staff and service users alike, is appreciated and valued for their contribution."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People were placed at the centre of service delivery. We observed one person as they were supported to reflect on their day. They were encouraged to record how their day had been by circling a range of pictures to represent mood, staff, food and family. These records were then reviewed by staff to detect particular trends and what did or did not work for the person on the day.

● One family member told us, "Staff are always available to talk with me; I have very positive opinions of the support [relative] receives." Another acknowledged that since more service users joined, the service had become busier and staff were not always available to speak with them. However, they confirmed that staff always returned their call.

● Staff used consistently positive language when writing or speaking about people. It was evident that they took real pride in people's achievements and progress over time, one told us, "My job satisfaction is achieved through being a part of helping people have a better experience here and seeing how they progress."

● Staff had a sense of pride and a feeling of being integral to the service's success. Those we spoke with said they had a high level of job satisfaction and they were supported to develop their skills and be part of developing and improving the service.

● Staff told us there were regular opportunities for them to interact with the management team. One member of staff told us, "I am proud to be a part of this service. The nice thing is I feel I am listened to [by senior leadership team] and my suggestions are respected."

● We saw numerous examples of innovative collaborations and partnership working between the service and other agencies. For example, there was a close and collaborative relationship with the local police liaison officer. The service had a 'red light' agreement which meant the police responded extra quickly to an emergency call out. In the event of a missing person, the missing person's file went straight to the police liaison officer for a more immediate response.

● This relationship with the police liaison officer also meant that they regularly met with people in their own home and discussed matters of personal safety, with specific reference to the predatory nature of criminals in relation to people's specific vulnerabilities.

● The registered manager engaged with community based groups to ensure people they supported had 'a voice and a presence' in the local community.

● People's records evidenced a significant level of contact with health and social care professionals, as well as community links with local shops and leisure centre.

Continuous learning and improving care

● The provider invested in the learning and development of its staff, which benefitted people through the maintenance of a stable, motivated and highly skilled staff team. There was a progressive and positive approach which ensured staff had access to any specialist training required to support service user's unique needs. For example, staff received training and workshops specific to each individual person's needs.

● At the time of inspection, the provider had engaged the support of a Positive Behavioural Support [PBS]

specialist to work intensively with a person and their support team one day per week in response to a recent incident. Staff described this support as constructive and had since resulted in a significant reduction in the number of incidents. One member of staff said, "There are so many available resources to help us to support people in the best way possible."

- We saw minutes of a meeting facilitated by the provider with healthcare professionals and local authority staff. They reviewed a recent incident and identified reasons which led to it. A post incident support procedure and safeguarding contingency plan were developed as a learning and improvement outcome.
- Systems were in place to check the quality of service, to identify potential concerns and areas for improvement. A variety of audits and checks were being carried out and there was a strong focus on reflection and continuous learning at all levels of the organisation.
- It was evident there was a 'no blame' culture at the service and everyone worked openly and transparently in order to learn lessons and drive continuous improvement. A member of staff told us, "There is no hesitation about saying if I feel I got something wrong; [registered manager] makes it clear that the important thing is to learn from it."

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

- The dynamic nature of the care provided required the management team to have excellent oversight of the service. They continuously monitored the service to drive improvement and empower people using the service to be involved in their own care. For example, people were supported to take responsibility of their own medicine and undertake safety audits of their accommodation. The provider ensured this was done in a safe way. One person told us how they had learned to take their own medicines since moving to the service, "This is a new thing for me and staff always check that I have filled in the sheet [medicines administration record] properly."
- The registered manager and staff team were clear about their roles, and there was a strong framework to monitor quality performance, risks and regulatory requirements. They undertook a variety of audits and checks on a regular basis and completed a comprehensive audit every three months, based on the five key questions CQC inspectors look at during our inspections. Where issues were detected, they were recorded as addressed or in process in the following audit.
- The registered manager kept up to date with current guidance and legislation in a number of ways, to ensure their legal responsibilities were understood and met. There was a number of internal policies and plans, all developed to ensure people's safety and that of the staff. These included infection control, COVID pandemic contingency plan and business continuity plan.
- The provider and registered manager understood their regulatory requirements and the need to be open and honest. The registered manager had reported incidents to CQC and other stakeholders where appropriate.

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

- The provider and registered manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member had an accident or became unwell.
- Staff knew how to whistle-blow and told us they would raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns were not acted upon.