

Excellence Care Ltd

Excellence Care

Inspection report

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Tel: 01268988500

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Excellence Care provides time-limited care and support for people with enduring mental health problems, complex needs and learning disabilities. People live in a large complex of individual flats in Basildon and in five shared houses across South Essex.

The majority of the people receiving a service from Excellence Care do not receive support with their personal care. 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. The organisation had increased in size since our last inspection. At the time of the inspection the service was providing personal care to 5 people at the service.

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

At the last inspection the service was rated as good overall with outstanding in well-led. At this inspection we found the service had continued to improve and the overall rating was now outstanding.

People's needs and views were central to everything that happened at the service. People told us the service was somewhere they finally felt safe and respected. A person said, "Without them I don't know where I would be."

Professionals said this was a unique service, which had a vital role in supporting people to live independently and achieve positive outcomes. A health professional told us, "Credit where it is due. Too few services can or will provide this kind of care for adults with complex difficulties."

The registered manager was an outstanding leader who inspired people and staff to reach their potential and have pride in their achievements. Their passion and commitment to excellence spread throughout the service ensuring it was continually evolving to reflect learning and best practice.

The service developed innovative and best practice strategies to support people safely. Staff had an enabling approach to managing risk and empowered people to be fully engaged in developing their own solutions. Staff took preventative action to support people's mental health and enable them to continue living in their local community.

Staff had access to high quality, practical support and training and were exceptionally skilled and dedicated. Care plans contained detailed clinical advice outlining the support people needed. People's voice was threaded throughout the plans. When they disagreed with professionals and staff their views were respected and promoted. Since our last inspection, new style care plans had been introduced to ensure information was given to people in ways they could understand.

Staff were focused on the wellbeing of the people they supported. They worked in close partnership with

professionals to support people to remain healthy. People told us they particularly valued the support they received to help them stay out of hospital.

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.

Since our last inspection the service had been registered to provide support to people with learning disabilities. We found the service upheld the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

Support was highly flexible and personalised, adjusting to people's changing needs. Staff treated people with dignity, respecting their right to make choices. People developed lasting relationships at the service which they valued and maintained when they no longer received support from the service. The registered manager promoted opportunities for people to feedback about their support. This feedback was used to make the service better.

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

Rating at last inspection

The last rating for this service was good, with well-led rated as outstanding. (published 25 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this service and plan to inspect in line with our timetable for services rated outstanding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was exceptionally 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?

Good 

The service was 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.

Excellence Care

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 two inspectors.

Service and service type

This service provides care and support to people living in 'supported living' settings, 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 they are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also asked the registered manager to let people know we would be visiting.

We visited the main office and one of the satellite schemes on 29 October 2019.

What we did before the inspection

Prior to the inspection we gathered and reviewed information we held about the service, including information we had received from the provider. 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 and plan our inspections.

During the inspection

We visited the offices at the main supported living scheme and spent time in the communal areas, so that we could informally spend time with the people using the service. We also visited one of the satellite shared houses. During our visit we spoke in-depth to one person who received personal care and with other people who lived at the schemes. Where people who received personal care did not wish to speak with us we observed their interaction with the staff supporting them.

During our visit, three people who had recently left the service and a relative of a person who did not currently receive personal care asked to speak with us to give their views of the support they had received. These have been included in the report as key stakeholders, to reflect the service's role in supporting people to transition to more independent living.

We met with three members of care staff, two senior care staff, the registered manager, the clinical lead and the psychotherapist attached to the service.

We reviewed a range of records, including four people's care records. We looked at information relating to the management of the service, including staff files and quality audits.

After the inspection

We had contact with six professionals to find out their views about the service.

The registered manager sent us extensive information about the service after the office visit.

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 improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- Risk was managed exceptionally well at the service. Since our last inspection, the registered manager had implemented a new system called Risk on Presentation (ROP) which helped staff to capture and act on concerns before they escalated. Staff carried out regular checks on people's wellbeing and used the ROP tool to rate and monitor levels of risk over time. Staff had guidance on what to do if a person's risk levels started to rise. Actions included offering the person a session to discuss their concerns or referring to outside agencies. This innovation represented exceptional best practice, supported people to remain safe and helped prevent hospital admissions.
- This new system involved more comprehensive monitoring than previous approaches used at the service. However, innovative tools to record observations meant ROP was proportionate and easy for staff to administer.
- People benefited from the introduction of ROP. Staff had used the approach to promptly spot a minor change in a person's wellbeing. They supported the person to check for a urine infection and to seek treatment. This preventative and systematic approach ensured action was taken to prevent further deterioration in the person's mental health.
- People's involvement and engagement was central to all considerations about safety and risk, including the ROP system. A person's care plans stated, "It is anticipated that [person] will be successful in [task] if they are very much involved with the decisions and is consulted throughout." A professional described the enabling approach used by staff, "The person is given the opportunity to give their view and make choices, so that safe practices are least restrictive to the person's right and freedom."
- A member of staff described how safety within the service could change in 10 minutes. They told us ROP and excellent communication across the service minimised risk and helped protect people and staff from harm.
- Professionals described how preventative systems such as the ROP helped to keep people safe. One professional told us, "Staff give progress on the individual's mental health state and will provide a clear guidance on management if there is the potential risk of causing harm to the person and the public in the community."
- Senior staff carried out risk assessments prior to a person receiving support from Excellence Care. These were extremely detailed and in line with best practice. Risks were outlined in a non-judgemental and factual manner, ensuring staff had the necessary information to keep the person and others safe. Staff used their comprehensive knowledge of people to review risk assessments as circumstances changed.

Learning lessons from challenging situations and when things go wrong

- The service evolved continually, learning from new experiences and constantly developing to make things better. A senior member of staff told us, "We talk about failures and about the things which went wrong. We look at them, so we can improve on them."
- An incident had occurred which had prompted the registered manager to review arrangements for monitoring people and develop the ROP system. The response was practical and proportionate, and implemented with consultation with people and staff.
- The registered manager described how they and a member of staff had used learning to improve the care planning process following a deterioration in a person's mental health needs. The member of staff had then worked with the person to ensure their care plan looked at the person as a whole, rather than focusing on their clinical needs. This process had benefitted the person and learning from this experience was being rolled out to the wider service.

Systems and processes to safeguard people from the risk of abuse

- Staff were vigilant about people's safety and knew what to do if they had concerns. They escalated their concerns to senior staff and to local agencies, as appropriate for further investigations.
- People described the service as a place of safety. One person told us the service was a haven and another person said, "A lot of good things have happened here, not going back to hospital has been good and keeping me safe."
- Some people at the service made choices which placed them at risk of harm. Staff were skilled at supporting people to recognise risk whilst promoting their right to make their own decisions. For instance, they suggested alternative ways a person could manage their money while keeping overall control of their finances.

Staffing and recruitment

- There were safe and well-ordered recruitment systems in place. The registered manager had adapted their recruitment since the last inspection, so the focus was on staff values and transferable skills, rather than just recruiting staff with experience in mental health. They told us they now had access to a wider pool of staff who could offer varied expertise and knowledge. They had recently recruited a member of staff with experience of working with people with learning disabilities, who was having a positive impact on the quality of care.
- The registered manager asked people for their views on the staff who supported them, adapting the qualities and gender of the staff team in response to people's feedback.
- Staff were deployed efficiently and flexibly. There was a 'floating' worker who could step in and support the changes required by the personalised style of support.
- Staffing adjusted well to people's changing needs. The registered manager set up half hourly checks when a person was discharged from hospital and arranged for another person to have additional support in the community to minimise risks to safety. A person told us, "If I had a bad time they ask me, and I say I want to go on 30-minute observation."
- The well-established staff team worked remarkably well together, creating a calm, unobtrusive circle of support around people. The calibre of staff appointed meant standards were maintained in the registered managers absence.

Using medicines safely

- The service had a key role in ensuring people took their prescribed medicines consistently. People who needed support to take their medicines had detailed care plans which provided staff with guidance about their responsibility and areas of potential risk. The ROP tool, described above, monitored systematically whether people were taking their prescribed medicines, which enabled staff to intervene effectively to support people's wellbeing.
- When people's mental health and circumstances fluctuated staff creatively adapted their support. For

example, a person had agreed for staff to ring them when they were away from their flat to remind them to take their medicines.

- Staff recognised that for many of the people they supported taking medicines was key to avoiding hospitalisation. They made extraordinary efforts to support people in a crisis, such as taking vital medicines to a person who was away from the service to minimise the risk of their mental health deteriorating.

Preventing and controlling infection

- Staff had an enabling and holistic approach to minimising the risk of infection. When staff supported a person to develop cooking skills they also focused on encouraging essential cleaning skills.
- Staff were trained in infection control and there were checks in place to ensure people received the necessary support in this area.

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.

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

- People described how they benefitted from crucial and skilled support at the service. A person told us, "They do a lot. I appreciate that, if I didn't get that help I wouldn't like it one bit, I would become unwell."
- Staff supported people to understand and be in control of their health which had a positive impact on their mental health and wellbeing.
- Staff promoted a holistic approach to maintaining good health which enabled people to achieve excellent outcomes. Staff worked with a person with diabetes to look at how all areas of their life impacted on their physical condition. They supported the person to learn about diabetes and set personal targets around diet, exercise and monitoring their wellbeing. This included working together to introduce home-cooked, reduced sugar meals. As a result of staff input, the person's blood glucose levels stabilised, and the levels of insulin required reduced.
- The service had an in-house psychotherapist who knew people well and worked intensely with them to help achieve agreed goals and address concerns. This was particularly useful where people were waiting for services to become available or where people's mental health meant they were not able to engage with external agencies.
- The service worked closely with other agencies, such as substance misuse services. Staff supported people to engage with these services in a preventative manner which meant people received the help they needed at the right time. This pro-active approach minimised the risk of people's mental health deteriorating.
- There were detailed and flexible plans to support transitions, for example, when people moved from hospital to receiving care in the community from Excellence Care. These were set up in consultation with people and specified the role of different professionals who were part of this process.

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

- The registered manager ensured guidance to staff was practical, enabling them to focus on providing direct care. Information about best practice was adapted to make it relevant to the service. For instance, there was a short, jargon-free pamphlet with key facts about Mental Health law.
- The registered manager described how they had recently altered their assessment process, so the focus was not on the source of the referral but on the needs of the people being referred. They told us, "Our assessments are based on the needs of our service users and it is only logical that we start making this the primary focus of our referrals."
- Care plans were based on meaningful consultation with people and included their view on their needs. Where this was different to the staff or professional's view, plans outlined what had been agreed between the person and staff. This agreement was recorded in a respectful and open manner. A professional told us,

"Their written support plans are person-centred and flexible."

Staff support: induction, training, skills and experience

- Staff had exceptional skills and knowledge which enabled them to meet people's needs in a person-centred manner. They had access to a comprehensive range of training courses and were encouraged to develop professionally. A member of staff told us, "I thought I couldn't do [a training course] but the support and encouragement from the team and from the management made me believe in myself."
- Staff attended specialist training when a person had specific needs. A member of staff told us they had been on an epilepsy course to ensure they could support a person safely. Professionals described a skilled staff team, "The team showed a wide variety of skills to meet the individuals needs and demonstrated an understanding of and willingness to work with the individual. I visited the property several times and noted that the service had provided a good level of holistic support."
- The registered manager had sourced several best practice tools to support staff and develop their skills. They had recently introduced a new system to help staff recognise where they could improve their practice. This included an opportunity for people to give their views on the staff who supported them, such as how respectful staff were. This highly inclusive approach empowered people to feel in greater control of their support.
- New ideas and approaches were welcomed at the service. New staff were encouraged to share their knowledge and help develop existing staff skills. For example, a person had achieved improved outcomes when staff used a new approach called the speech bubble process to communicate better with them over their care needs.
- New staff received a detailed induction. This included practical sessions aimed to prepare the new member of staff for some of the more complex scenarios they might encounter.
- Staff received regular supervision and an annual appraisal which enabled them to reflect on their wellbeing, work related issues and training needs. The provider had invested in bespoke arrangements to ensure staff were well supported and supervised. Care staff were supervised alternatively by senior staff and by the psychotherapist attached to the service.
- We received positive feedback about the supervision arrangement, "I can vent to [psychotherapist] in a personal way and to [senior] in a professional way which is nice." This structured and nurturing support resulted in high staff morale and retention, so people were supported by a consistent and motivated staff team.
- The registered manager met frequently with the psychotherapist who supervised staff to discuss themes and underlying issues. This information was used to make the service better, such as arranging additional training when there were gaps in staff knowledge.
- Team meetings took place regularly and were used to drive improvements. Senior staff used a meeting to remind staff of the importance of supporting blood tests for people taking Clozapine, a key medicine to help people manage their mental health needs.
- Professionals remarked on the clinical knowledge of the leadership team which ensured staff had access to high quality guidance. A professional told us senior staff provided, "Intensive support to their care staff including gaining knowledge of wide range of mental illnesses and management plans."

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.

- All the people at the service had been assessed as having capacity to make decisions about their day to day care. There were safe systems and excellent levels of knowledge to ensure the service worked within the MCA. The registered manager had recently referred a person to the relevant authorities for re-assessment, due to signs their capacity to make decisions was starting to fluctuate.
- There was an empowering culture at the service which promoted people's right to make decisions. Key or contentious decisions were often written into a contract which was signed by the person and staff.
- People's choices and wellbeing were prioritised over set routines and tasks. Appointments, such as health checks were planned with people; however, staff adapted these plans flexibly. There was a focus on working creatively and flexibly as people's views changed to achieve improved or desired outcomes.
- Staff provided people with encouragement and guidance to help them make decisions which promoted their wellbeing. When people made choices which did not follow this advice, staff support was non-judgemental and respectful.

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

- Due to their complex mental health needs, some people at the service did not always eat and drink enough to maintain their wellbeing. They benefited from support from staff which ranged from encouragement around healthy eating, to helping prepare food. A person's care plan stated, "[Person] has started to use the microwave a little now without as much support from staff and has been informed that this is an achievement to be proud of."
- The support with meals was key to promoting people's overall wellbeing. The registered manager described how staff worked with a person to develop a weekly food plan so that by taking control of what they ate they reduced significantly their levels of anxiety and prevented a deterioration in their mental health.
- People's nutritional needs were monitored and reviewed regularly, and referrals made to specialist services such as dieticians where required. A member of staff described the support provided with a person with their dietary needs, "We are in constant communication with the autism specialist and are meeting today with dietician."

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 good. At this inspection this key question remained the same. 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

- We observed people spending time with staff in the communal lounge and noted the atmosphere was calm and welcoming. A professional told us, "They offer a comprehensive service, genuine caring concern for the clients in their care."
- Staff took pride in people's achievements. A member of staff told us how pleased they were when a person made their first joke in the service. They said, "I've never seen [person] so happy to engage."
- Staff and people described how the service became like a family to some people, especially when they had been estranged from their families and friends. A person told us, "You get tough love from [registered manager]. They tell you to buck your ideas up." The caring relationship people had with the registered manager empowered people to gain in confidence and achieve their outcomes.
- People who had recently left the service spoke of the important part the service played in their lives. One person said, "Excellence Care have been with me day and night. They have helped me with my recovery of my mental health. I now have a bright future ahead of me instead of the darkness that I experienced in hospital."
- A family member wrote in a thank you letter to the service after the death of their relative, "He loved you all and classed you as his family. Thank you for making [person] happy."
- Staff described two examples where they had respected people's equality and diversity. Their open and non-judgemental attitude reflected the inclusive culture throughout the service and an excellent understanding of diversity.

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

- People's care records frequently included complex and sensitive information about their lives. Each person's voice was threaded throughout the records, so they had the opportunity for their view to be respectfully represented and recorded, especially where they disagreed with any statements.
- Systems worked around people in a flexible manner, considering the support they needed to communicate their views. In one of the schemes, a residents meeting included a session for all the people at the scheme followed by time with individual people to enable all their opinions to be captured.
- Staff were exceptionally skilled at negotiating compromises, so people retained control of their care, whilst remaining safe. A person had fallen and refused to go to A&E but agreed after discussion with staff to go to the GP for an assessment.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to regain their independence after periods of fluctuating poor mental health. There

were clear aims and goals to support a person to transition to more independent living. A professional told us, "I found staff are always encouraging and empowering the individual person to be positive."

- Confidentiality was promoted throughout the service. Dignity audits checked staff did not discuss people's needs in front of other people. We observed staff speak about people respectfully, even when a person had created challenging situations for the staff who supported them.
- People and staff communicated well to promote dignity and privacy when people received visitors, whilst supporting them to remain safe.

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 people's needs were met through good organisation and delivery.

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

- Staff adapted their support to changing circumstances and focused on people's safety and wellbeing to achieve the outcomes outlined in their care plans. Staff negotiated to keep in touch by phone with a person who was not engaging with the service, until they felt able to meet staff in person. A professional told us, "Staff listen to the person if a plan is not going well and if the individual's needs have changed. Staff listen to ideas and accept changes from the individual."
- Changes in support were prompted by both people and staff. A person's notes stated, "[Person] was approached by staff for a 1:1 session because they are a little anxious today." On the following day, staff recorded it was the person who approached staff for support.
- There were regular case conferences where staff discussed people needs and any concerns. This helped staff provide consistent support based on up-to-date information. There were also regular reviews with people to ensure their views were taken into account and to check the service continued to meet their needs.
- People had a choice about the care staff who supported them. The registered manager had recently employed more female staff in response to feedback from people about their preferences when receiving care.

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 adapted well to ensure information was communicated effectively. The registered manager had devised a new questionnaire which could be used by people, family and staff to ensure the service communicated appropriately with them. This included questions such as, "How would you like us to communicate with you?"
- A person had stated they wanted key information to be given to them face to face, rather than in writing. They told us, "My keyworker speaks to me and explains things in a way I understand." A member of staff had arranged for an information leaflet to be translated into another person's chosen language to ensure they understood the service they were receiving.
- Since our last inspection the service had trialled a new style of care plan for people who needed information in a more accessible format. A member of staff told us, "[Person] enjoyed making the care plan and picking photos. It made me so happy to see them involved." The member of staff described how the registered manager had asked them to help other staff members develop their skills in this area.

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

- Staff helped people address issues of social isolation and re-build bridges with family and friends. The registered manager described how some people had met their family for the first time in years with staff support and encouragement.
- People achieved positive outcomes and developed their interests through gentle encouragement from staff. Staff supported people to attend college, work towards employment and re-awaken or develop new interests.

Improving care quality in response to complaints or concerns

- Due to the open communication at the service, there were few complaints as concerns were resolved informally at an early stage. A person told us, "I can't imagine complaining but would go to the manager, but there is nothing to complain about. Their name Excellence Care is fantastic, they are excellent and really care."
- A recent survey of the people at the service stated they did not know how to make a complaint. The registered manager had responded enthusiastically to this feedback and there were now a number of new ways supporting people to make a complaint, including a comments box and increased resident meetings.

End of life care and support

- No one at the service was receiving end of life care and support, however arrangements were in place to meet people's needs should they require palliative care.
- Staff spoke fondly about people who had died whilst receiving support from the service. They told us about the part they had played in people's achievements, such as enabling them to make peace with family and friends.

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; 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

- Feedback from people and professionals was exceptionally positive. They told us this was a service which stood out as an example of best practice. A health professional told us, "The support that people we have placed here has been of an excellent standard, the service is always responsive to people's needs."
- The registered manager was inspirational, unflagging and led by example. They had told staff in a team meeting, "The organisation is a support-based organisation and not office based." We found this person-centred ethos promoted throughout the service. Care records, though detailed, were written in an accessible style which enabled staff to focus on the person they supported.
- Initiatives were in place which challenged power relationships between staff and people. For instance, the new communication questionnaire outlined in the responsive section of this report included staff and people, recognising that staff could also have communication needs.
- The in-house psychotherapist told us "When I meet with people and staff we discuss issues then we get practical." This reflected the realistic, 'can-do' culture of the service, which centred on achieving improved outcomes for people.

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

- The registered manager had introduced effective systems and appointed additional staff to support the growth of the organisation since our last inspection. For example, they described how the new administrator helped senior staff concentrate on managing the service.
- Team leaders now completed a monthly report which let the registered manager know what was happening at the different schemes and helped them check what action staff had taken following an incident or concern. Where a person had been hospitalised, the registered manager checked they had received the necessary support with their health and any changes in medication and support were reviewed upon discharge.
- Checks on the quality of the service were practical and improved the service. As well as internal audits carried out by senior staff, the provider arranged for an external auditor to visit the service. The auditor had recommended improvements to support people to continue to safely take their medicines when they were away from the service. Since our last inspection, the service had been awarded ISO 9001 accreditation. This is an international standard which is awarded to organisations who have demonstrated their consistent ability to provide services that meet customer and regulatory requirements.

- Roles were clearly defined at the service. Where there was a vacancy in one of the schemes, staff received clear communication on who was responsible for each task, while recruitment was underway. This helped ensure tasks were not forgotten.

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

- The registered manager listened to people and used their feedback to shape the service. They had set up a client forum to give people an opportunity to voice their opinions. Since the last inspection people were encouraged to vote about staffing decisions, for example to vote for which member of staff was going to be the dignity champion.
- There was a new "you said, we did" noticeboard which highlighted improvements which had come about as a result of feedback from people, such as the increase in female staffing.
- A series of videos had been recently co-produced with people and staff, which were on the organisation's new website. The registered manager told us this was, "An attempt to share their experiences and life history and further develop our work of challenging stigma, stereo types and discrimination."
- Staff engagement and morale was excellent. Staff were proud to work for the organisation. A member of staff described how the registered manager had enabled them to progress within the organisation despite specific circumstances. They said, "The registered manager is probably the first boss I have had who pushes your strengths and is happy to hear you want to do something differently."

Continuous learning and improving care

- The registered manager was passionate about promoting best practice and adapting external guidance to improve the service. They had introduced new systems on oral health and accessible communication following new guidance published by the CQC.
- There was exceptional learning from the history and experiences of the service to improve safety and quality. The newly implemented 'Risk on Presentation', outlined in the safe section of this report, reflected an innovative example of best practice tailored to the specific circumstances of the service.
- The registered manager continued to inspire staff to improve care and to develop their leadership skills. A member of staff spoke passionately about the new role of dignity champion. The registered manager described how the member of staff was promoting dignity at the service, such as introducing a new audit and new training materials, based on best practice guidance.
- Recruitment was targeted and expanded knowledge within the staff team. The service was benefitting from the skills and knowledge of a new member of staff who had worked with people with learning disabilities and was helping to develop this new area of support.

Working in partnership with others

- The service worked extremely well with other professionals and organisations to ensure support was joined up and supported people to continue to live within the local community.
- Professionals told us it was a pleasure to work with the service. A professional said, "I go to lots of different places this is the best place because [the registered manager] leads it properly. I don't know of a colleague who doesn't like to come here. These are good people."
- The comprehensive monitoring and early preventative intervention to support people who were at risk of deterioration meant referrals to other organisations were completed in a timely manner.
- The registered manager engaged positively with the local authority and with other networks, such as local providers of accommodation for people with mental health needs. This helped limit isolation and in the sharing of best practice.
- Staff worked well with local agencies, such as the police, to support inclusion in the local community. A professional described how the service was situated in a neighbourhood with diverse needs, "Yet there are few problems with the local population."

