

Rainbow Personnel Limited

Chorley House

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Chorley House is a small residential care home providing accommodation, personal or nursing care and support for up to 4 people with learning disabilities and/or autism. At the time of our inspection there were 4 people using the service.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People were supported extremely well by staff who had a strong understanding of how to promote their independence and provide the maximum choice possible. Staff supported people to achieve their goals and aspirations by providing support where needed and promoting and identifying people's strengths. People enjoyed a fulfilled life with activities meaningful to them both within the service and while accessing their local community. They were able to personalise their rooms with personal items which were important to them. The support people received was adjusted to specifically meet their individual needs. The provider undertook robust compatibility assessments when considering new people coming into the service, how this would impact them and the people already living at the service.

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.

Right Care: People's diverse needs were considered in all aspects of the service; this included care planning, risk assessing and the day to day support people received. Staff were guided on how to provide extremely individualised person-centred support with detailed care plans which provided clear guidance on people's wishes. The provider worked in partnership with external professionals involved in people's care and ensured decisions involved them, the people important to them and people who knew them well. Staff had a good understanding of how to support people safely and demonstrated their knowledge of safeguarding. Communication needs were identified as a priority. The provider and staff understood the importance of adjusting their approach to people's preferred way of communicating. People received support to maintain a healthy diet while having their choices around meals respected; people decided when they wanted to eat and were able to choose from multiple options. People's medicines were managed safely, and they were

consulted on how they wished to take their medication; staff asked people if they wanted their medication and involved them by explaining what each medicine was for.

Right Culture: One of the key strengths of the service was the registered manager and the values they implemented within the service. People led inclusive, empowered lives. This was consistently driven by the registered manager and subsequently staff who felt they were supported well by the registered manager and provider. People were supported by staff who fully understood best practice in relation to promoting their strengths and offering support only where required. People were constantly supported to achieve their goals and develop their aspirations through innovative care and support. Quality of life was enhanced by a culture of consistent development, improvement and working in partnership with people, and those important to them including external professionals. Any concerns or complaints were managed professionally, transparently and with integrity.

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

Rating at last inspection and update

The last rating for this service was good (13 September 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the governance of the service, complaints and staff practice. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Chorley House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by an inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chorley House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Chorley House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the start of our inspection. This was because the service is small and

people are often out and we wanted to be sure there would be people at home to speak with us. Follow up inspection visits were unannounced.

Inspection activity started on 24 May and ended on 6 July 2023. We visited the location's service on 8, 10 and 15 June 2023. We carried out further analysis of evidence sent to us by the provider during and after our visits to the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 3 relatives to understand their experience of the care and support provided. We spoke with 5 professionals who work with the service and 8 staff including the nominated individual, the registered manager and 6 support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We made observations of support provided and how communication was tailored to people's needs. We reviewed a range of records including 2 people's care plans, daily records and medication records. We looked at 3 staff files in relation to recruitment, staff supervision, competency assessments and training. A variety of records relating to the management of the service including audits, policies and procedures were also reviewed.

Alongside our visits to the service, we used technology such as video calls to enable us to engage with staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's focus on keeping people safe was highlighted consistently throughout the inspection.
- People told us they felt safe at the service and were supported by staff who understood how to keep them safe. Relatives and professionals involved in people's support also highlighted they felt support was provided safely.
- Staff received safeguarding training and had a good understanding of different types of abuse and who concerns should be raised with. One member of staff said, "We've had safeguarding training yes, we usually have to do it once a year. I'd report (any concerns) to the [registered manager] if I wasn't happy with the response I'd go to safeguarding at the local authority."

Assessing risk, safety monitoring and management

- The provider ensured the provision of people's care and support was provided safely.
- People had robust risk assessments in place which incorporated person centred information including how people wished to be supported safely.
- The registered manager and staff actively supported people to take positive risks and promote independent risk taking to facilitate people accessing activities in the community and maintaining relationships important to them.
- Where people were accessing activities and meeting friends and family independently, there were robust risk assessments in place and reviews of how activities had gone. People were not restricted by risk assessing and the provider promoted this as a value throughout practice, policies and procedures.

Staffing and recruitment

- Staff were recruited safely with the appropriate checks in place to ensure staffs' suitability to work with people.
- The provider obtained references from previous employers and/or character references to understand staff's values, skills and experience in supporting people.
- People were involved in the recruitment process. The nominated individual told us, "[People are involved] as much as possible, the residents are part of the second stage interview where any applicants that have got through to the second interview will come to the home. They will meet the applicant and have the opportunity to engage in an activity with them. Management will also observe interactions. The person will also have an opportunity to ask any questions and give feedback to management on the applicant, having the service users input is pivotal to Chorley House care and support."

Using medicines safely

- People's medicines were managed and administered safely. Processes were in place for the timely ordering and supply of medicines.
- Medicine administration records (MARs) showed people received their oral medicines as prescribed.
- We identified some gaps in the recording of topical medicines such as creams and for 'as and when required' medicines which the registered manager addressed immediately.
- Medicines were reviewed regularly by healthcare professionals and the outcome of those reviews were well documented by the service.
- We found the administration of medicines was monitored by the service through a daily count of the stock levels. This process of checking the medicines ensured that people received their medicines as prescribed.
- Staff administering medicines had completed safe management of medicines training and staff were being assessed for their competency to administer medicines safely.
- All medicines were stored securely and stored at the correct temperature.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had robust health checks systems in place to ensure safe visiting to the service.
- Visiting was not restricted by concerns relating to infection control or the spread of infection. People were encouraged to maintain relationships including, having visitors to the service.

Learning lessons when things go wrong

- The provider demonstrated a consistent approach to reviewing incidents when things had gone wrong and identifying lessons learnt.
- We consistently found examples of the provider reflecting on activities, accidents and incidents and concerns raised to identify areas where people's support and practice could be improved.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager completed comprehensive assessments of people's physical, mental and emotional needs to understand people's preferences and any potential triggers to a negative experience of support.
- People's needs were assessed with consideration to their protected characteristics including age, sexuality and disability. We found care plans provided staff with detailed guidance on how to support people in accordance with their protected characteristics and how they might impact on their care.
- Assessments and support plans were reviewed regularly in partnership with people. People's views on how they felt their support was provided were taken into consideration and their choices were reflected consistently.

Staff support: induction, training, skills and experience

- People were supported by a skilled registered manager and staff team. Staff were provided with quality training and the provider consistently looked for ways to develop the skills of the staff team. Training included courses specific to supporting people with learning disabilities and/or autistic people.
- We found staff consistently told us they regularly completed training and the registered manager promoted this. This was reflected in observations of practice and staff's feedback to various questions we asked during this inspection. Training records evidenced staff completed training regularly.
- Staff received regular supervision and felt supported by the registered manager and provider. One member of staff said, "Every month (I have supervisions). I can request them more often if I want to. [Registered manager] is really helpful and supportive."
- We asked people whether they liked living at the service and whether they felt safe. One person said, "Yes, because of the staff."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People ate at the times they chose and the food they wanted to eat.
- People were supported to maintain healthy lifestyles. This was promoted through staff requesting timely support from external professionals if needed and by agreeing healthy diet plans with people.
- People's preferences, choices and dislikes were considered when developing healthy dietary plans. Where needed best interest decision making had been utilised.
- When people required support with accessing external professional support this was requested in a timely manner. This included GP appointments, reviews with social workers as well as other professionals involved in people's care and support. We found the registered manager had extremely good oversight of this and

knew what level of support people had from external professionals.

Adapting service, design, decoration to meet people's needs

- People were able to choose the belongings they had in their rooms and while keeping belongings tidy and organised it was recognised rooms were people's personal space.
- Communal spaces were clean, tidy and fresh. We saw examples of personalisation in communal areas including photographs of activities and themed party's people had enjoyed at home.
- We observed people clearly comfortable in the environment and naturally going where they pleased apart from other people's rooms. This indicated people were in control of their home environment.

Supporting people to live healthier lives, access healthcare services and support

- People had robust health action plans in place with the contact details of professionals involved in their care and support.
- People were supported by staff who promoted exercise, people's wellbeing and a healthy lifestyle. External professionals praised the registered manager and staff for how they involved them in people's care and support.
- The promotion of people's wellbeing and health was evident in all areas; in particular, we observed how people were supported to have relationships with partners. The provider, registered manager and staff all promoted people's rights and understanding of how to safely engage in relationships. Training was being sought to develop the staff team's understanding of how to support people with healthy relationships.
- One professional explained they were informed of support being provided with maintaining healthy relationships. They said, "[Person] needs support with relationships so staff support them with how to be safe and have healthy relationships."

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were empowered to make their own decisions about their care and support. Where needed independent advocates had been sourced to work with people and share their views. An independent advocate said, "Staff will tell me if something is wrong or if [person] wants to do something to uphold [person's] human rights. We've worked to build up [person's] skills for the future and built up a plan; all to take a view in order to protect [persons] human rights."
- Staff demonstrated a strong understanding of people's capacity and how to support people in line with the MCA. The registered manager was committed to further developing staff knowledge and understanding

of the MCA.

- We found examples of decision and time specific mental capacity assessments with decisions made in people's best interests. These were reviewed regularly with people, involved professionals and people's relatives where appropriate.

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 our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People received exceptional care and support with kindness and respect from a staff team who demonstrated the values of right care, right support and right culture. We observed interactions between staff and people which were extremely person centred, natural and demonstrated people were used to this type of tailored, individualised care and support.
- Without exception, people, relatives and professionals involved with people's support told us how highly they valued the service. Staff understood how people with learning disabilities, complex needs and/or people who are autistic can lead fulfilled lives and successfully achieve their goals and aspirations. One professional told us, "I work with 2 individuals over at Chorley House. My impression regards the service is outstanding in all areas, I identify this looking at staff, management and their link with the individuals they support. I observe from the individuals I have; the least restrictive approaches are made and [people] are constantly reviewed, supporting the client and their mental state/presentation."
- One person wanted to develop social and meaningful relationships. Staff involved the person in planning and risk assessing the kind of activities they wanted to access, which included social groups and voluntary work. The registered manager sourced the support of advocates, linked in with local community services and involved relevant professionals. Holistic and robust risk assessments were developed to support the person to access multiple activities in the community including volunteering at a local café and attending local social groups. This person had developed meaningful relationships with friends and a partner.
- We saw examples of the provider, the registered manager and staff going above and beyond for people. For example, when people expressed a desire to access an activity, spend 1 to 1 time with staff or needed support with periods of heightened anxiety and distress, staff responded by working extra hours to facilitate the support people needed. On our first visit to the service, we observed a member of staff had stayed on shift to support people to access activities they'd chosen to do. Additionally, there were multiple examples of how staff in their own time identified projects for people to access which promoted equality. These included volunteering at local BAME groups, supporting people to celebrate and promote equality during pride week and creating activities which represented different cultural celebrations.
- Another person had required a period of time in hospital, during which staff and the registered manager worked closely with the person to ensure they remained engaged with staff, so work undertaken with the person to build trust with the service was not impacted by their hospital stay. The registered manager, shared evidence of communication they'd maintained with the person to promote them returning to the service. This resulted in the person returning to the service and actively engaging with the support provided. The staff team's role and commitment to the person was clear and evidence in the continued success of the placement when previous placements had consistently broken down.

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

- People were encouraged to express their views at all times and evidence within people's care records, support plans and from our observations demonstrated an extremely inclusive culture. Where needed, the registered manager had sought independent advocates to support people with decision making and to advocate on their behalf. We saw this directly impacted the support provided and ensured people chose how they were supported.
- People were consistently asked about their goals and aspirations. The provider worked in partnership with external professionals, relatives and people to ensure they achieved their goals and aspirations. This included, accessing employment, the local community, independent travel and the promotion of safe relationships with partners. The provider drove a least restrictive approach to providing support which empowered people to be in control of their care and support.
- People, relatives and relevant professionals were involved in reviews of people's care. Staff were praised for the support they offered, and the registered manager and provider were praised for the culture they implemented at the service. Professionals told us how the least restrictive model of support and inclusivity of care provided by the service directly and positively impacted on people's wellbeing and quality of life.

Respecting and promoting people's privacy, dignity and independence

- Staff had an extremely detailed understanding of how to promote people's independence and protect their privacy and dignity.
- People being independent wherever possible was a consistent theme throughout their support plans. The registered manager led a 'least restrictive' approach to support and staff understanding of how to enable people was extremely robust. People told us about personal goals they'd achieved. When reviewing what support had been offered, we found significant risk assessment reflection and review work had been carried out.
- External professionals recognised the empowering support staff, the registered manager and provider offered to people. They explained how this positively impacted on people's access to achieving things which were important to them. They also told us how staff recognised the risks associated and balanced empowering people with keeping them safe. One professional told us, "It's a high functioning home with lots of access to activities. Staff have a good relationship (with people) and keep them safe. They're aware of the risks and it can be difficult to supervise and can be complex."
- We noted how all staff knew people in detail. They consistently demonstrated putting people in control of daily decisions to do with their care and support. Staff knew who information should be shared with and the rights people had relating to privacy. One staff member said, "Ok first, the [people] come first and that's their home. We speak to them respectfully, communicate politely, and support them with decisions and to do the things that are important to them. The task they find difficult to do, that's where we support them."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for 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

- People's care plans reflected the principles of right support, right care and right culture. References around their support were clearly identified and guidance for staff on people's care needs was extremely detailed and clear.
- People's care and support plans described their needs in detail, including specific guidance on how they wished to be supported and what was important to them. Also, information about what they wouldn't want staff to do. Plans identified how not meeting people's needs, in the way they wanted could cause a breakdown in areas of support. Records highlighted positive outcomes for people.
- Staff understood in detail how people's needs varied and demonstrated adjustments in their approach to supporting individuals in line with their preferences. One staff member said, "Oh god yes, [people] do whatever they want to do, sometimes staffing levels and planning is needed but they always do what they want to do."
- People's care plans demonstrated a care planning was strength based. They reflected people's aspirations while showing consideration for their emotional wellbeing and support needs.
- Reviews of people's support and care needs were completed regularly. This included considering how decisions made not only impacted the person but the relationships they developed with other people living in the service. Professionals and relatives told us they were included in meetings and reviews about people's support. One relative said, "The manager comes to all the meetings and helps me (to attend remotely). I'd give them 10 out of 10 compared to the other places [person] has been." A professional told us, "It is a pleasure working with this service and its staff team, as I am ensured that although [person] has complicated issues around daily management, they are effectively supported and cared for."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly identified in robust communication plans. Their preferences were extremely well represented across their other support plans to ensure poor communication did not impact any area of care delivery. Communication plans included key words and phrases to avoid, people's preference in how they were addressed and any aids which were needed.
- For one person this included communication around the administration of their medication. To reduce

the person's anxiety and involve them in receiving their medicines staff explained what each medicine was for and requested the person's consent to administer it. This meant the person felt in control and instances of declining their medicines reduced.

- The registered manager had ensured any information, notices or guidance placed around the service were accompanied by easy read versions. This had been identified in some people's care plans and subsequently, where needed, care plans were completed with easy read information to promote accessibility for people.
- When further support was needed around communication the staff worked in partnership to ensure people received exceptional support. For example, the provider held a graduation event during the COVID-19 pandemic to celebrate people's achievements. Due to restrictions, relatives and professionals could not attend the service. However, one person was supported to practice a speech they had written and shared this via a video call while giving their speech independently.

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

- A key strength of Chorley House was the promotion of people's interests, access to activities and relationships. People's activities were tailored to their individual choices and preferences in an extremely person-centred way. The staff completed robust reflection of activities and the day's events in people's daily notes and hand over records. These were then reviewed to identify areas where activities could be further developed. We identified examples where people had stated an activity they wished to access or an interest they wished to pursue which were assessed, planned for and ultimately achieved.
- The provider worked in line with any restrictions placed on activities by professionals involved in people's support while also working with a clear commitment to helping people to achieve their goals. This approach helped people achieve aspirations they hadn't done prior to living at Chorley House.
- External professionals told us activities were organised and accessed in line with people's choices. People told us of activities staff supported them to access. This included going on day trips to other cities, taking part in sports, voluntary work, recreational activities and social gatherings. People praised the staff team for the support they received. One person told us, "I like it here. We're going Blackpool, I trust [staff member] and like their company. I'm staying overnight, no rollercoasters!"

Improving care quality in response to complaints or concerns

- The provider had an robust approach to recording, managing and responding to complaints. Complaints about the service were limited; when complaints had been made, they were taken extremely seriously and the first priority was the wellbeing of the people living at the service.
- We reviewed a complaint, the response and follow up work which in part had prompted this inspection. There was no evidence the provider, registered manager or staff had placed people at risk of harm. We identified risks were managed well by the provider, registered manager and staff. The registered manager had acted professionally and gone above the requirements of dealing with the complaint professionally to show empathy and understanding. The provider was open and transparent in their handling of complaints and any information requested was provided; in addition, the provider shared information which had not been requested to evidence further actions taken.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of our inspection. They recognised there would be a need to gather the thoughts of people when appropriate on how they would want to be supported at the end of their life.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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

- The provider demonstrated a strong commitment to continuously developing the service. The registered manager and provider both implemented an inclusive, open and empowering culture which focussed on and succeeded in achieving extremely positive outcomes for people. People, relatives and professionals were extremely complimentary about the leadership of the service.
- The provider worked in partnership with external professionals and relatives consistently for the benefit of people living at the service. For one person, the provider had identified additional guidance was needed in relation to staff understanding of decision making. To ensure staff's approach was person centred the registered manger requested the person's case worker attend the service and deliver bespoke training relating to how people's capacity to make decisions can fluctuate and what to do when this happens..
- The provider had initiatives to celebrate staff achievement and show they were valued members of the team. Staff felt supported by a provider who was open and present and a registered manager who was described as, "a really great manager". One staff member said, "[The registered manager] has been there for me with things inside of work and supportive of things outside of work. They've also supported my university degree with placements and [the nominated individual] helped me by going to a different service temporarily to fulfil the placement I needed."
- Staff told us how the support they received from the management directly impacted their willingness to go above and beyond for the service and people. One staff member said, "[The registered manager and nominated individual], honestly, they can't do enough for the staff and [people]. So, we go beyond the extra mile for them."
- The provider promoted equality, mental health, diversity and human rights. They appointed champions in a multitude of areas giving responsibility to staff to focus on key areas which could then be shared with colleagues and people. This promoted an inclusive and healthy approach to developing best practice. There were champions for mental health, dignity and respect, relationships and the equality and diversity.

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 demonstrated a strong understanding of their responsibilities under duty of candour. This understanding was shared by the staff who understood who to contact when things had gone wrong.
- Relatives felt they were kept up to date with any accident, incidents or issues at the service. One relative said, "I do go to the care reviews and get regular feedback. Staff will also provide updates to me (when needed)."

- Professionals were consistently updated when accidents, incidents or issues arose. One professional said, "When things come up, [staff] will always ask what we can do. Safe place and staff are on it. They will confirm who to report things to and follow up with learning disabilities nurse or the nursing assistant."
- Professionals told us how the staff team were always willing to learn different approaches to managing risk; while noting this was not frequent due to the registered manager and staffs skills. One professional told us, "[People] and [staff] get on well with each other and it is well managed. Issues are not always escalated as they are well managed by staff who ensure there is no breakdown in the environment. Staff approach managing accidents and incidents by looking from the angle of promoting empathy and learning from the other person point of view. They are proactive in sharing any concerns and all are approachable to speak to (about accident and incidents)."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had an extremely robust programme of auditing which incorporated overview from external partners such as the local authority's quality assurance team. Audits were utilised as development tools, to check on compliance with good practice and regulations while identifying areas where the service could continue to improve. The management team demonstrated they were exceptionally motivated and dedicated to leading a service which delivered the highest level of quality support to people while maintaining compliance. This was apparent across all records, the standards of staff and our interactions with the registered manager.
- The registered manager's presence within the service was keenly and positively felt by staff and people; we observed them leading activities, offering direct support, liaising with professionals and carrying out managerial tasks with empathy, professionalism and drive. The registered manager described the key achievements of the service and told us, "It's [people's] progress definitely. I know there's risks and incidents but in the past those were daily and weekly for some of the [people] and now it's just not like that. Having committed and good staff retention has helped enable a continuity of care which hasn't interrupted their happiness with staff. It's taken a lot of hard work and being really open and honest when things haven't gone well, but also when there's positives. I'm constantly thinking of ways we can develop the service and keep improving and I think that's really important."
- There was an open, caring and positive culture amongst the staff who demonstrated strong values in line with those of the registered manager and provider. The provider and registered manager clearly worked in partnership to promote shared responsibility for the day to day running and management of the service. Their presence within the service helped to maintain the levels of outstanding quality support people received.
- The provider's quality assurance and auditing framework ensured thoroughly robust levels of oversight which incorporated person centred care checks on work undertaken to promote people's development. This helped the provider to consistently find ways in which to develop people's care. Despite the current level of quality support people received the registered manager had identified areas for further development. These included, staff understanding of people's rights to relationships, medicines management and connecting with psychologists to explore further training and guidance around more recently identified mental health diagnoses. This meant consistent innovation of people's support and the service was taking place. For example, the registered manager had arranged for a local pharmacist to provide training, despite achieving high compliance percentages on their most recent medicines audit completed by the local authority.

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

- The provider was fully committed to engaging in new ways of working, learning and developing their

understanding. They ensured any factors which could be considered to improve people's care were shared with staff to further enhance their knowledge. For example, the registered manager had identified research around a specific diagnosis that could impact one person who lived at the service. They requested they be placed on a course to gain up to date knowledge and requested additional training be offered to staff.

- The registered manager ensured any development of people's support was exceptionally inclusive. For example, people who had a Positive Behavioural Support (PBS) plan in place were involved in developing them from start to finish. PBS is a person-centred framework for providing long term support to adults with learning disabilities and autistic people who have periods of anxiety which cause them heightened distress. The PBS plans in place were comprehensive, detailed and provided clear guidance on how people wished to be supported during times when they felt anxious. It was recognised consistently by professionals, the support provided by staff and led by the registered manager was not only extremely person centred but had reduced the frequency in which people experienced period of heightened anxiety and distress.

- The provider had linked with local higher educational settings to provide students with an opportunity to develop their work experience of working with people with complex needs and personalised support. The registered manager recognised the value of sharing the experience with students and listening to their feedback on new ways of working and ideas. The registered manager had consistently accessed this programme and encouraged students to give feedback on their experience.

- The registered manager promoted development in every area of the service. This included when staff identified areas in which they wanted to develop. Feedback from professionals who had worked previously for the provider was extremely positive. One professional told us, "[The registered manager] was my mentor, shadowing them helped me to deliver a high standard of care" and "[The registered manager] involved me in professional team meetings and allowed me to attend them independently to enhance my confidence and my professional development. They encouraged me to enrol on the leadership and management level 5 (qualification) because they saw potential in me. I pursued my personal goals of having my own service. [The registered manager] supported me with pursuing my ambition."