

One Fylde Limited

# One Fylde (Libra House)

## Inspection report

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24 January 2023  
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27 January 2023

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

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.

### About the service

One Fylde (Libra House) is a domiciliary care agency and supported living service providing personal care to 90 people. At the time of the inspection there were 76 people receiving support in their homes, mostly in shared supported living houses, and 14 people were visited and supported by the home care service in their own family homes.

Not everyone who used the service received 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.

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

#### Right Support

The service was exceptionally well led and managed to a high standard. It had strong values and principles which were demonstrated in the person centred care and support people received.

People were empowered 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. When people lacked capacity to make specific decisions, we found the service was following the best interest's principle. Relevant authorisations had been granted by the Court of Protection where people's liberties were deprived.

People's needs were assessed, and care plans were developed to promote positive risk taking. People's homes and décor were personalised and reflected their personalities, showing their choices and decisions had been respected. Adjustments had been made in people's homes to promote their independence and keep them safe. Staff had been employed following robust recruitment procedures and were trained in the safe storage and administration of medicines. Staff were knowledgeable on what actions to take should they witness any safeguarding concerns or hear any allegations of abuse.

#### Right Care:

The service had enough staff to meet people's needs and keep them safe. The management team advocated stability and continuity of care in people's homes. Staff knew people they were supporting well, including their health and wellbeing needs and championed their likes and wishes and promoted their best

interests. Staff were trained and skilled to offer support and guidance to quickly lessen or minimise people's distress. Staff and visitors had access to protective personal equipment to limit the risk of infection. Staff knew how to ensure people had the option of eating a healthy diet.

The service recognised the need to promote people's mental health. They had created opportunities for people to be valued members of their local communities and for external peers to have the opportunity to share in their hobbies and passions. Vocational and social activities were implemented to develop people's skills and enhance their self-worth.

#### Right Culture:

Staff were very caring, kind, and showed a genuine interest in the wellbeing of people. They provided care and support to people in a respectful and compassionate way, respecting their individuality and culture. People were comfortable and relaxed in the company of staff.

The management team created new roles within the service that focused on challenging discrimination and worked in partnership with community based services to ensure people received the same care, treatment, and services all citizens received. The management team collaborated with staff and with outside agencies to make reasonable adjustments so people could experience daily living experiences while managing risks and keeping people safe. The provider carried out regular audits and could evidence lessons were learnt when things went wrong.

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

#### Rating at last inspection

The last rating for the service One Fylde (Church Road) was good, published on 09 March 2018.

The last rating for the service One Fylde (Headroomgate) was requires improvement, published on 20 October 2021.

These two locations merged and were registered under One Fylde (Libra House) on 22 March 2022.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### 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?

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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# One Fylde (Libra 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.

#### Inspection team

Three inspectors and 2 Experts by Experience carried out this inspection. 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

This service provides care and support to people living in a number of '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. This service is also a domiciliary care agency. It provides personal care to people living in their own houses and family homes.

#### 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 the Care Quality Commission 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 were 3 registered managers in post.

#### Notice of inspection

We gave the provider a short period of notice of the inspection of One Fylde (Libra House), because some of the people using the service could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. Inspection activity started on 24 January 2023 and ended on 27 January 2023. We visited the location's office on 24 and 25 January 2023.

### 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 visited 9 supported living tenancies and met 12 people and one relative. We observed people's interactions with staff and if they were happy and comfortable in their presence. We looked to see if people's homes reflected their personalities, met their physical and sensory needs, were clean and if the culture was caring and empowering. We also telephoned and spoke with 16 relatives for their feedback on One Fylde (Libra House).

During the inspection we spoke with 14 community support workers and one agency staff member. We spoke with 2 directors of operations and quality (1 was also a registered manager), 2 other registered managers and the director of finance and support services. We also spoke with 4 area managers, 1 head of support north, 1 quality and improvement project lead, 6 team leaders and a training consultant.

We reviewed a range of records. This included 12 people's support plans and several medication records. We looked at a variety of records relating to the recruitment of 5 staff, the management of the service, including policies and procedures, risk assessments and audits. After the inspection we looked at training data and quality assurance records and continued to seek clarification from the registered manager to validate evidence found.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Staff were trained in medicines administration and their competency assessed before they supported people. If errors were made, robust systems were in place to retrain and reassess staff competencies. Administration errors noted were addressed during the inspection.
- Medicines were managed safely. People were supported by staff who followed systems and processes to prescribe, administer, record and store their medicines safely.
- Medicines administration records were audited regularly, to ensure any errors were addressed and to check people received their medicines as prescribed. People confirmed they received their medicines as prescribed.

### Assessing risk, safety monitoring and management

- The provider supported people in positive risk taking. People developed skills and confidence so they could experience the same opportunities and choices others had. Becoming more independent meant people did not always require constant staff support around daily living skills.
- The provider assessed people's needs, compatibility and the risks related to shared living before people moved in together. There was a 'getting to know each other' transitional period where people met their prospective co-tenants. Staffing levels reflected the level of support people required to manage the risks and remain safe.
- Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is a plan for a person who may need assistance to evacuate a building or reach a place of safety in the event of an emergency. Each shared home had a General Emergency Evacuation Plan (GEEP). The GEEP guided staff on how and in what order to alert people that they needed to leave the building to remain safe.
- The provider was also the landlord. This had allowed them to ensure people's homes were adapted to meet their needs and keep them safe.
- The provider managed risks to people's safety. They assessed, managed and regularly reviewed people's identified health risks and strategies to manage their health conditions and emotional distress. One relative told us their family member's emotional distress had significantly reduced.

### Staffing and recruitment

- Systems were in place to ensure staff were recruited safely. Records confirmed a range of checks including references and, disclosure and barring service (DBS) checks had been requested and obtained prior to new staff commencing work in the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider ensured appropriate staffing arrangements were in place to meet people's assessed needs. Where people needed more than one staff member to support them this was provided. Where staff required additional training to manage people's underlying health conditions, this was provided.
- People were supported by a core team of staff. This commitment to staffing continuity enabled strong, deep relationships to form, and this had a very positive impact on people's lives.
- Staff induction processes including those for agency staff, promoted safety and a continuity of support. Staff knew how to consider people's individual needs and wishes. We observed positive interactions between people and staff.

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

- People were protected against the risk of abuse. Staff received training to understand what abuse was, how to recognise it, what steps to take, and who to contact to keep people safe. The provider had policies and procedures to support staff to keep people safe.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One staff member said, "[Person] is safe because he has got staff that know him, and that is the most important thing for [person]."
- Staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns. One staff member told us, "If you see something wrong, you have to say something."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff practice reflected the government guidelines.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices at the office base, and in people's homes.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was supporting visits for people living in their own homes in accordance with the current guidance. One relative told us, "I can visit when I like but have got into a routine of going every Friday, I know I could go other times if I chose to." A second relative said, "They [staff] are happy for us to go when we want." One staff member told us, "This is an open house for relatives, which works really well."

Learning lessons when things go wrong

- Learning from incidents and investigations took place and appropriate changes were implemented. For example, where incidents had taken place, involvement of other health and social care professionals was requested where needed.
- After our last inspection the provider reviewed their quality assurance process and developed the 'One Fylde Quality Way' to enhance and improve the current process. This included, introducing a new electronic system to monitor the domiciliary service and the introduction of two new operational quality improvement leads. After consultation with people, relatives and staff the provider introduced performance indicators or key life indicators based on what people they supported told them was important to them.



# 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

- The management team were aware of the current national best practice guidance, including on how to support people with learning disabilities and autistic people and how to protect their wellbeing and rights. For example, staff knew how to support people well and to offer alternate support to medication when they got distressed.
- House moves were planned with potential co-tenants, and multi-disciplinary teams. These included staff members, local authorities and family members before it was agreed that their needs could be met, and the person moved into their new home.
- 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 involved in these reviews.

Staff support: induction, training, skills and experience

- All staff completed mandatory training as well as additional training which was relevant to people's specific needs. One staff member said, "I am fully up to date with my training. I enjoy the in-house training." A second staff member told us, "Yes access to training is very good and always offered. Also, I wanted to do some IT skills training which was not on their mandatory list. It was sourced for me. Now I have been offered to do advanced computer training. The company is really supportive around training."
- All staff completed an induction when working at someone's home. One staff member told us, "I found it useful. I had 3 weeks shadowing. I didn't know the ladies, they [staff] go through everything. You learn something new every day."
- 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. Two people had photographs of foods to help them make their own meal choices. One relative told us, "They're [staff] always doing the best thinking of new ways to encourage [family member] to eat and drink."
- People were supported to make healthy eating choices, where appropriate. One person proudly showed the certificates they had received from a weight management group to celebrate their weight loss. They told us they felt better after losing weight.
- People had received expert support and care due to having difficulties eating, drinking and swallowing. Their individual needs around nutrition and hydration were described in their care plans with clear guidance for staff around support they required. This included when people could be at risk of choking or required specific support around mealtimes to enable them to enjoy their meals. One relative told us about their

family member who receives their food by PEG, "They [staff] have all had the full training with the nurse for that." PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach.

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

- The provider worked well with other professionals to ensure people's health needs were met effectively and in a timely manner. One relative told us, "They're [staff] quite ingenious in looking at ways to make sure [family member] gets to appointments."
- Each person had a hospital passport. This is a document about a person's health needs should they be admitted to hospital and how to support them effectively. Hospital staff may find it difficult to provide good quality care if they do not understand the care and support needs of the person with a learning disability. Staff and one relative confirmed the document was used alongside staff providing support when the person was in hospital.

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

- People's homes were adapted to meet their needs. This included accessible bathrooms and ceiling hoists to help with moving and handling.
- People's homes were adapted to keep them safe. To aid their timely exit, some people's homes and bedrooms were adapted so people who had poor mobility could leave quickly in an emergency.
- People's homes and décor reflected their preferences, likes, hobbies and experiences.

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. 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, 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.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place for the provider to deprive a person of their liberty. When people lacked capacity to make specific decisions we found the service was following the best interests principle.

# 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

- The provider was committed to providing continuity of support to people. This had a positive impact on people's wellbeing, reduced their anxiety levels and provided stability. Interactions between people and staff were warm, kind and showed they knew each other well. We observed staff praised people's achievements which was warmly received with big smiles and positive changes in their stature and body language, enhancing their self-worth. One relative told us, "There is a core team and I think they are able to communicate with my [family member] better than we can at times because they know her well and see her often."
- Managers carried out regular observations of staff practice, to ensure a kind and respectful approach throughout the service. One staff member told us, "Everything is person centred here. [People supported] are our main priority."
- We saw people were not treated less favourably because of their protected characteristics. For example, people had personal relationships, accessed public transport, used community facilities and were supported to make lifestyle choices with all subsequent risks managed appropriately. One person showed photographs of his girlfriend and discussed gifts they had given and were planning to give. One relative told us, "Oh yes, staff treat [family member] with kindness, respect and compassion." A second relative commented, "Care staff support [relative] to live her life, respectfully treating her with care, 100%."

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

- Care plans held information on people's hopes, dreams and aspirations.
- Care plans held information to guide staff on how to listen to what people are saying. Guidance included observing body language, facial expressions and allowing people to guide you [staff] by hand to what they wanted.
- People were offered support to make decisions about their care. Advocates were sought to make decisions on people's health and finances when required.

Respecting and promoting people's privacy, dignity and independence

- Every person we met during the inspection projected a positive impression of themselves. People wore clothing that was well fitting, reflected their culture and was relevant to the individual.
- People's personal information was securely stored within their home. This meant the service was protecting people's private and confidential information and only sharing documents about people when necessary.
- Staff worked closely with people to promote people's independence. One person's vocabulary had increased after staff spent time encouraging them to say new words. A second person had become more

independent after being supported to have an operation and participate in their necessary aftercare. One relative told us, "Staff will take [family member] shopping and encourage her to indicate to them what she would like to buy." A second relative commented, "I am amazed at what they can get my [relative] to understand and to do for herself." A third relative said, "The carers are encouraging my [family member] to have some responsibility for her meal plan and they sit down and go through it with her and she is starting to choose things that are healthier for her."

- People's privacy was respected and upheld. One relative told us, "Yes, I think they [staff] do, certainly they're very conscious, she doesn't like anybody to help her in the bathroom and she doesn't like anybody going in her bedroom very much and they only go in when it's necessary. They do need to go in now and again, but they don't just go in without asking her. They are very respectful to her."
- One Fylde (Libra House) had completed a Data Security and Protection Toolkit self-assessment. This demonstrated it was practising good data security and that personal information was handled correctly.

# 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. The key question has been rated good. 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

- The service significantly improved people's quality of life and self-esteem. Before having an operation on their eyes staff helped one person practice with eye drops to ensure their aftercare was successful (which it was). This has led to an increase in their self-worth, independence and a decrease in agitation. Staff supporting a second person had training to ensure they could offer safe support with one aspect of their personal care. This had been successful, and the level of support required had decreased as had their anxiety. On giving feedback on a family member's mental health, one relative said, "Definitely responsive to her needs, we have been very lucky, particularly over this very difficult time for [family member]. It's been very challenging for them [staff], to try and get her out of this [illness], but she's coming out now, so that's great for them, as well. They are really pleased about it, but we're taking a step at a time. They're very sensitive about not pushing her too far to do stuff."
- The provider had commissioned personalised training to meet people's needs after feedback from staff stating they required more practical training on dementia. An independent trainer had met with team leaders so they could understand the complexity of each person and their varying levels of need. The trainer plans to visit each person in their own home to see how living with dementia affects them on a day to day basis. The registered manager told us this will help staff increase their skills and offer more person centred support.
- The provider's pre-assessment processes were thorough to ensure the provider was right for the person and they could meet the person's needs. They also considered the needs and preferences of people who were already supported by One Fylde (Libra House). Compatibility between the person moving in and people already being supported was reviewed as part of the pre-assessment process.
- The registered manager provided people with a consistent staff team who knew people exceptionally well. This made sure people had a familiar and trusted support network that fostered positive relationships. Staff had comprehensive knowledge of people's likes, dislikes and preferences. One relative told us, "[Relative] loves her staff and they love her." One staff member told us, "Until recently, I was classed as the new girl, and I had been here 2 years."
- The provider chose to take control of their supported living houses previously managed by an independent housing association, to provide a more responsive service. This involved consultation with people, relatives, legal experts, social workers and best interest discussions. The provider ensured that each person had their own tenancy agreement and as a tenant they had control of who supported them. Having One Fylde (Libra House) as their landlord did not mean they One Fylde (Libra House) had to provide the support. One staff member told us, "Since One Fylde took over the repairs get done quicker." Property managers were available 24 hours a day to offer guidance and take responsive action.

## 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.

- The service was focused on delivering person-centred results to people, many of whom had profound physical and learning disabilities. Care plans we read guided staff on suitable ways to interact to foster positive relationships. One relative told us, "Staff have excellent communication with [family member]. They have learnt to approach him on his terms. They respect his routines and work together as a team to build into his routines. They are an excellent team."
- Each person had a communication passport. This was a document that had signs people displayed when they were angry, upset, happy or sad. Passports provided clear information to staff as to how to interact with people. This included, this is what [person] says and this is what we think it means as some words had multiple meanings. This additional knowledge enhanced staff observational skills and safeguarded people's wellbeing. Staff were able to tell us about the people they supported and their needs, preferences, likes and dislikes.
- One Fylde (Libra House) provided easy read versions of meeting minutes, tenancy agreements and targets for the future. For the easy read tenancy agreement, it was explained One Fylde (Libra House) wanted to make it easier for people to have a clear document. The initial agreement was reviewed by people and changes made before the document went operational.

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

- The provider recognised valued activities can promote positive physical and mental health. The provider ensured people engaged in activities they enjoyed regardless of any physical or learning disabilities. They were particularly creative at supporting people to feel good and increase their self-worth. People had the opportunity to learn the necessary skills that supported them to gain voluntary and paid employment, this included administration and reception work. At their media suite one person video recorded themselves practicing ventriloquism. Other people went to loudly play guitar or sing and rap. Another person, to learn editing skills while another person used the creative arts technology to design and print Christmas cards which were then sold.
- The provider and staff understood the importance of forming positive relationships to reduce the risk of social isolation and of people becoming withdrawn. They scheduled a full week of activities people had the option of accessing. These activities were also available to people not supported by One Fylde (Libra House). These included, drama, yoga, arts and crafts, jazz dance and photography. One relative told us, "[Family member] gets input into what they want to do; they've got freedom that they are allowed to do anything they want to do."
- The provider provided free internet access in the homes of people they supported. This had strengthened relationships and benefitted people who video called family members abroad and made free audio calls with relatives on a regular basis.

Improving care quality in response to complaints or concerns

- The service had an effective complaints policy and systems to ensure complaints would be documented, investigated and responded to within clear timeframes.
- People and relatives knew how to make a complaint but generally told us they had no reason to. One relative told us, "[Family member] will and knows how to make a comment about things. If he does want to speak to the office, if he gets riled about it then he will." A second relative said, "I've never heard [family

member] complain, and I have never needed to raise a complaint."

#### End of life care and support

- The provider had systems to support people with end of life care. End of life care was included within people's plans of care, when appropriate. Although none of the people supported at the time of our inspection were being cared for at the end of their lives, we were informed the service would work alongside health professionals to coordinate end of life and palliative care so people could remain at home.
- The registered manager told us they had provided end of life support in the past and had documented people's and their relative's preferred priorities when it came to their end of life care wishes. One relative told us, "This has been brought up, but we feel that it is not yet the time to consider further."

# 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

- Throughout the inspection, it was apparent that the service met the principles of right support, right care, right culture. People were empowered to make choices about how to live their lives and who should support them. They were supported to become empowered, valued members of their local community, and the size, setting and design of the service was in line with current best practice.
- The provider was creative in empowering people. They had a competition around safeguarding and what it meant to them. Responses were submitted in different formats such as video role play, podcasts and posters. A member of management said, 'This got the conversation started in people houses and the community around safeguarding and empowered people. Staff members discussed preventing the risk of abuse or neglect, by giving people more knowledge.'
- 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. One staff member told us, "I love my job and love coming into work."
- The provider told us, 'One Fylde has looked at ways at how we can support our colleagues and recruit new colleagues with great benefits. This includes candidates, who come through the door, current colleagues; this raises morale and wellbeing, which in turn benefits the people we support.' Benefits included having mental health first aiders to support staff, financial initiatives such as a free payroll lottery resulting in a staff member receiving a financial prize and the buying and selling of annual leave.

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 registered managers and provider understood their responsibilities in relation to duty of candour. This is a set of legal requirements that services must follow when things go wrong with care and treatment. They understood when to inform us and the local safeguarding team of important events. Notifications had been submitted in a timely manner.
- The registered managers were open with people, their advocates, professionals and staff when things went wrong and ensured action was taken.
- The registered managers worked in an open and transparent way including when complaints were received and any incidents or accidents occurred. This was in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong. This was reflected in One Fylde (Libra House)'s vision, values and commitment document which included, 'we promote open, honest and respectful communication'.



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

- There was a strong framework to monitor quality performance, risks and regulatory requirements. The registered managers had the skills, knowledge and experience to perform their roles and a clear understanding of people's needs and oversight of the services they managed. They successfully challenged the risk to people's lives. A medical decision had been made to have a DNACPR remain in place after the person's health had improved. They liaised with relevant health professionals and local authority to get the DNACPR revoked. This success has been shared throughout the service. When people have since been supported in hospital and when a DNACPR has been issued, this has been questioned and challenged where appropriate. DNACPR stands for 'Do not attempt cardiopulmonary resuscitation'. DNACPR means if your heart or breathing stops your healthcare team will not try to restart it. As a result of people's experiences, the provider provided information to Learning Disability England's ongoing investigation of the misuse of DNACPRs.
- The provider and registered manager supported people to live in their own homes with their own tenancy agreements. People's personal and private areas of their homes reflected their likes, personalities and choices.
- Robust governance processes were effective and helped keep people safe, protected people's rights and provided good quality care and support. These included supporting people to manage their budgets, risk, personal health and health and safety. Incidents, accidents, safeguarding concerns, complaints and compliments were analysed by the management team.

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

- People had a significant level of contact with health and social care professionals, as well as community links with local shops and leisure centre. The provider had a locally based media centre. The centre had recently accepted a volunteer sent by their local job centre. This enhanced their life as well as supporting people supported by One Fylde (Libra House) to increase their network of friends. One staff member told us, "The social and learning development aspect of the centre is phenomenal."
- One Fylde (Libra House) had organised recycling and gardening teams, comprised of people using the service, who worked with businesses in their local community. The provider commented, 'Their pride in their work contributes to their self-esteem, their role brings them a sense of purpose and the physical nature of the job promotes good health and well-being. It's a win-win!' One of the local business shared feedback, 'One Fylde's Recycling Team are wonderful, they do an excellent job.'
- The management team had exceptional skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. One staff member told us they could raise concerns with the management team, "[Deputy manager] is absolutely amazing, as is [registered manager]. You can speak with them at any time."
- Staff were dedicated and knew and understood the provider's vision and values for enabling people to enjoy fulfilling lives. People we met were excited about an upcoming party at the pub or plans to cook a meal for a friend or to keep to their own routine and go and pay their rent.
- Regular meetings took place where staff could discuss their views, share feedback and receive updates on the service, policies and procedures.

Continuous learning and improving care

- How people had their finances managed had to be reviewed. The provider successfully challenged discrimination and ensured, where possible, any changes met people's choices and their needs. This involved meetings and best interest meetings with people, banking representatives, local authorities, social workers, relatives and Dosh. Dosh is a financial advocacy service that supports people with a learning

disability to manage their money. A member of management told us, "People like routine and we have maintained their routine where possible. We have advocated well. People now have quicker safer access to money. They are less anxious, and it is a more positive experience for people." When people could not manage their own finances, the provider had sought advocates to work with and on behalf of people. One relative told us, "I have just started being much more involved in my [relatives] finances. I am now my [family member's] appointee." A second relative said, "I have been through the Court of Protection and am my [relative's] deputy and appointee."

- The provider worked in partnership with their local hospital to review the admissions experience of people with a learning disability. They offered guidance on how risks could be lessened and what adjustments could be made to make it easier for people with a learning disability to access health services.
- Excellent and effective 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 carried out and there was a strong focus on reflection and continuous learning at all levels of the organisation.