

Support'ed Limited

Support'ed Limited

Inspection report

York House, Unit 4
Stoke Damerel Business Centre, Church Street
Plymouth
Devon
PL3 4DT

Tel: 07814267761

Date of inspection visit:
06 April 2017
07 April 2017

Date of publication:
23 May 2017

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?	Good ●

Summary of findings

Overall summary

The inspection of Support'ed Limited (known locally as 'Support'ed) took place on the 6 and 7 April 2017.

Support'ed supported the personal care of three people to live in their own home. They worked with younger and older adults with complex needs. People may have a mental health diagnosis, learning disability or be on the autistic spectrum. The inspection was announced three days in advance. This was due to the complexity of the needs of people Support'ed supports. This gave time for staff time to support one person to feel comfortable speaking to us and to arrange for us to speak to family carers of the two other people. Also, we were only able to speak to staff who were off duty and they needed time to arrange to talk to us.

This is Support'ed's first inspection following their registration with us in April 2015.

There was a registered manager appointed to run the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provided care to people in their own homes. The registered manager and directors had spent time designing the service ethos and approach. Personal care was seen as more than washing and dressing and supporting people's continence. Individualised care for those they supported was deemed essential and staff were part of the same ethos and culture. Parent carers were respected and embraced for their knowledge and as part of the team. As a result, care and support was provided to enable people to live a fulfilled and meaningful life.

There was a positive culture within the service. The management team provided strong leadership and led by example. The registered manager and directors had a clear vision, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

Staff were highly motivated and inspired to offer kind and compassionate care and support. All the staff said they enjoyed their work and loved seeing people progress. Regular competency checks were completed to test staff knowledge and to help ensure their skills were up to date and in line with best practice.

One person could tell us verbally about their experiences of the service. They were very positive about the staff and service. For the others, parent carers told us about the immense difference the service had made to their loved ones and family's lives. People who had previously been restricted were now being supported in a different way, which gave them more freedom and an enhanced quality of life. We heard many examples of how people's lives had changed for the better and about how many new opportunities they now had.

Relatives and other agencies were without exception, extremely positive about the service and the care people received. We were told that since Support'ed took over their care people's lives had changed. Due to the care and the skills of the staff team people had progressed, experienced new opportunities and now had more independence.

Other agencies were very positive about the staff team and leadership of the service. We were told that staff embraced ideas and worked hard to ensure people were able to do the things they wanted. The overall view of other agencies we spoke with was that despite the complex needs of people they supported, the service had managed to deliver excellent quality personalised care within their own home.

People were supported to express their views and have their voice heard. Staff were creative and used innovative methods to help people express their views and understand what was happening around them. There were sufficient numbers of skilled staff to meet people's needs and to keep them safe. Staffing levels reflected their care plans and staff were recruited who had the right attitude and aptitude to meet the needs of the individual person. The provider had clear and effective recruitment procedures in place and carried out checks when they employed staff to help ensure people were safe. The parent carers said they believed and trusted that people were safe.

People were protected by staff who knew how to recognise signs of possible abuse. Staff said reported signs of abuse or poor practice would be taken seriously and investigated thoroughly.

Staff were well trained and said training was relevant to their role and kept updated. The registered manager was passionate about developing the skills of the staff team, and had a commitment to people and their relatives about what the service had said they would deliver. Staff were very aware of the risk of potential exploitation on line and in the community and worked to keep people safe from this.

People's medicines were managed very safely. Staff undertook training and understood the importance of the safe administration of medicines. Staff ensured medicines were given in the person's best interests and worked with health professionals to keep people's medicines under constant review. Medicines that were given to control behaviour had been reduced or removed altogether.

Staff worked really hard to enable people to communicate what they wanted and to reduce the need for behaviours that limited their opportunities. Behaviour management plans were in place for people to help staff understand the behaviour people may present, to recognise the triggers and signs and to safely manage the behaviours if they occurred. Staff had a good understanding of people's behaviours and the guidelines in place to prevent behaviours from escalating. Staff and parent carers said the number of incidents had significantly reduced for some people and they felt this was due to staff knowledge, training and consistency of care provided. Positive relationships in the community were now possible as a result of this.

Management and staff understood their role with regards to the Mental Capacity Act (2005). When people were unable to consent to their care or support, or were unable to make decisions, discussions took place with parent carers, other agencies and staff to help ensure decisions were made in their best interest. Staff and the directors were alert to any time they may be being requested to limit people's freedoms. For example, they guarded against limiting people's freedoms in the community. By the use of clear risk assessments and identifying where people were a risk to or a risk from the community, they sought for people to have as full a life as possible.

People's health and dietary needs were well met. People were supported to maintain good health and, when required, were supported to access a range of healthcare services. Annual health checks were

arranged and 'hospital passports' were in place to support any admissions to hospital. Hospital passports contained important information about the person to help ensure their needs were appropriately met if they should require an admission to hospital or another healthcare facility.

Staff were clear they were providing care to people in their own home and mindful that although they were there 24 hours a day seven days a week that they needed to support people's privacy. Measures were put in to support people to have alone time safely as necessary.

The service was responsive to people's specific and diverse needs. Other agencies told us they were always impressed with the creative and personalised care provided to people. Support plans were clear and detailed, providing staff with step-by-step guidelines about people's needs, preferences and daily routines. All the staff we spoke with had a very good knowledge of the needs of people they supported.

Systems were in place to deal promptly and appropriately with any complaints or concerns raised about the service. The provider promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. This reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager and the other two directors took an active role within the service and demonstrated a passion for the service and modelled high standards of care, through a hands-on approach and attention to detail. All of the staff said they felt valued and supported by their colleagues and management team. Other agencies were very positive about the leadership of the service and said the staff team listened and embraced ideas about how to support people.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people who used the service, relatives and other agencies. Learning from quality audits, incidents, concerns and complaints were used to help drive continuous improvement across the service.

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.

Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. People were supported to be involved in managing their risk and exploring risks in a safe way.

People's medicines were very well managed. People were protected from overmedication and a clear policy on 'as required' medicines.

Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Learning was based on a thorough analysis and investigation.

People were protected by robust safeguarding policies and practices including preventing their being exploited.

The right staff with the attitude and aptitude to meet individual needs were employed through a careful, thorough selection process. Parent carers were involved as part of the team.

Good 

Is the service effective?

The service was effective. People were given care from the same faces and people who worked as a team.

Staff were trained in the principles of the Mental Capacity Act 2005 and were extremely knowledgeable about the requirements of the legislation. The service was proactive in supporting people to make decisions about their lives and the support they received.

Staff training was designed around each person to ensure the team had the right skills to meet people's needs. Staff had exceptional skills, knowledge and empathy to provide effective support to meet people's needs. Parent carers were involved as part of training.

People's need to eat and drink well were addressed. Staff looked for creative ways to achieve this for people at risk. Staff were

Good 

praised by professionals on how well they achieved this.

People's health needs were promoted and staff ensured parent carers and appropriate professionals were involved to provide advice and support.

Professionals confirmed the positive joint working to achieve the best outcomes for people.

Is the service caring?

Good ●

The service was caring. People were valued as unique individuals and supported to have control of their lives. Staff went the extra mile to make someone feel happy, more confident and special.

The whole staff team were passionate about the people they supported achieving their absolute best.

People were treated with absolute respect, as equals to staff and their dignity maintained at all times.

The parent carers told us how they had seen their loved ones blossom due to the care of the staff at Support'ed.

Is the service responsive?

Good ●

The service was responsive.

People mattered at Support'ed. The service was individual, focused and designed care, that was very responsive, personalised and flexible to meet people's evolving needs. Parent carers were involved in reviewing and setting the goals for people.

Staff continually demonstrated they knew people well. Staff maintained an enquiring mind to prevent becoming complacent.

People were supported to build and maintain positive links in their community. Activities were designed around the individual.

People and parent carers were encouraged to raise any concerns or complaints. Staff were skilled in identifying when people needed to communicate their feelings. Staff had supported people to develop skills to do this safely.

Is the service well-led?

Good ●

The service was well-led. The directors had a vision about the service and continually looked at its development since the

service was registered. They sought to evolve as a service and continually learn.

The vision and values of the service were consistently demonstrated by the registered manager, other directors and the staff in their interactions with people, parent carers, professionals and with each other.

A range of opportunities were taken to keep the quality of the service under review. Staff were empowered to develop their skills and as a team they shared a strong commitment to ensuring a well-run service.

A flat, inclusive management structure was operated. People, parent carers, staff and the directors were on the same level as each other.

Staff felt supported by the registered manager, other directors and their colleagues.

Support'ed Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 6 and 7 April 2017 and was announced three days in advance. This was because the location provides a domiciliary care service. Also, we needed to give the staff time to enable one person who uses the service to talk to us and to arrange to speak to family carers of the other two people. In addition, due to the complexity of people's needs we could only speak to staff who were off duty and they were given time to consent to this.

The inspection was completed by one inspector.

Prior to the inspection we reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent questionnaires to staff and professionals before the inspection. We received 11 responses from staff and two from professionals.

On the first day of the inspection, we spoke with one person and two family carers by telephone. On the second day we visited the office of Support'ed and spoke to the three directors of the company (one of whom was also the registered manager). On the same day we spoke with five staff on the telephone.

We reviewed the care records for the three people Support'ed staff support and other documents that detailed how the directors were ensuring the quality of the service. This included director meetings, staff meetings, feedback from families, staff and professionals and audits of aspects of the service. We also reviewed three staff personnel files and records of staff training, competency checks and supervision.

Following the inspection, we contacted more professionals linked to the service. Seven professionals gave us feedback about the service. These were two psychiatrists, a psychologist, a deputyship officer, a housing officer, a social worker and a behavioural advisor.

Is the service safe?

Our findings

People using this service had complex needs which potentially put themselves or others at risk. Services prior to Support'ed had struggled to keep services working with them.

The directors and staff were exceptional in how they approached risk. At the initial assessment stage, they met with people who were key to each person, if they could not meet the person themselves. This included parent carers and professionals. They worked alongside parent carers, other family and professionals with the person, in an attempt to understand all they could about the person in order to manage the risk and keep people safe. This was before the staff worked with the person. Once the staff were working with the person, they sought to continually evaluate the person's reactions. If the person was demonstrating behaviour that was challenging, they continually looked at what "we are doing wrong; what is the person trying to tell us but we are not getting?" rather than attribute the reaction to the person.

Risk was managed to enable the least restrictive method of supervision to be practiced by staff. For example, the service had implemented, through best interests meetings, the installation of a video camera in someone's front room to enable them to spend time downstairs alone so support can monitor them if they get up in the night or the early hours of the morning. Previously more restrictive measures were being used (door alarms/locks) to manage this situation with support having to go downstairs to monitor the person's behaviour, as at times they were placing themselves and others at risk. The person did not have the capacity to make this decision for themselves, so required a best interests decision to be made to ensure their legal rights were protected under the Mental Capacity Act 2005 (MCA).

People were supported to have freedoms and play a part in their local community. The risk assessments and care plans broke down every issue that had prevented people accessing the community safely before. For example, two people were stressed by the sounds made by certain groups in the community such as children. Staff made sure areas where large groups of children gathered were avoided. As time had gone by, staff had supported the people to go where small groups of children gathered to increase the areas people could go without finding it stressful. Also, people had been supported in maintaining their tenancy safely. Prior to the service supporting them, the community had struggled to see each person positively due to their special needs. This had resulted in people losing their home. The directors and staff had a risk assessment in place for each person in their home community; this supported staff to identify and minimise the risks to people and those they lived alongside. For example, staff distracted a person away from windows and vehicles. Time was also spent speaking to neighbours to enable them to understand people's needs and ensure neighbours could say if they had an issue. This prevented issues from escalating.

A parent carer said, "We feed into the risk assessments; we are involved throughout. They (the staff) continually try to get to know X and understand what is happening" in this way, X's life had been enhanced in as safe a way as possible.

One professional involved worked closely with Support'ed staff to aid a person obtain and sustain their tenancy. They told us, "Support'ed really led the way, above all other professionals involved at the time, in

finding emergency placements for X and ensuring they did not unduly suffer during this period of time. Their support to X was invaluable. I feel that X would not still be living in the community today without their amazing support". By doing this Support'ed staff the person would unlikely to have managed their affairs without their continued support.

Another professional told us the same person had been considered very high risk in the community and was under multi agency review. It was felt the person would need to be moved out of the area but Support'ed worked alongside the other professionals to prevent this happening. Supported'ed's developed a working relationship with X whilst they were in temporary accommodation and risks were considered high. The professional added that a person-centred approach was utilised and, "The greatest outcome is X is no longer discussed in the multi-disciplinary meetings and is no longer (and has not for a while) been rated as red or amber on our at risk register". This meant the person was now able to live in the community safely.

Staff were recruited safely and carefully. Prior to the staff working with people, the directors worked with people so they could gain an understanding of who the right staff would be. People had their own dedicated team. All checks were in place before staff were employed. Time was taken to make sure that staff were well matched with the people they supported. A team was employed that provided consistency of staff and approach. Only the right staff with the right attitude and interests for the person in question was employed to be part of the person's team. Staff were asked to provide details of their interests alongside asking questions about their values. New staff were observed for people's reaction to them before confirming staff as part of the team.

Family carers were involved in the selecting of the staff to look after their loved one by being part of the interview panel. They were also consulted at every stage as to the suitability of the staff member during the probation period. The team, and any new staff, were introduced slowly and over time. Although staff could work with more than one person, this was not always the case as they may not suit the other people being supported.

Each person required a dedicated number of staff to be on shift at any one time. For two people this was for 24 hours a day, seven days a week. This staffing ratio was always maintained, with the directors being the contingency if other members of the person's team were not available. This was to ensure consistency of staff at all times. Family carers were very much part of the team and always consulted. For example, Suggested changes and additions to people's day and the risks that this could raise were discussed with the parent carers. One parent carer said, "We are an inclusive part of the team."

One parent carer said, "Until Support'ed came into our lives we were pretty much housebound for two years. They spent time putting the right team together and communicated all the time. New staff are chosen very carefully. It takes three months to integrate them slowly into the team. X feels safe with them and wants to go with them. They have risk assessments in place for everything."

Where the staff were responsible for people's medicines, these were managed safely. There were clear protocols in place for when staff were administering any medicines, and communication when this had been completed by parent carers, to prevent the likelihood of errors. Accurate records of administration were kept.

Some people had required medicines prescribed to reduce anxiety and heightened behaviour. Where these medicines were to be given 'as required' there were clear risk assessments and care plans in place. Strategies were given to staff about how to reduce factors that may be causing the heightened behaviour. Staff worked closely with experts in the given area of practice. The advice given was then put into practice

and refined. The philosophy was that any medicines prescribed as an intervention to reduce behaviour were administered as a last resort. For two people who lacked capacity to consent, any medicine administration, including covert, was linked to a mental capacity assessment and best interests decision. Should the medicine to control behaviour have been used there was always a review to look at how it's used could be prevented in the future. There was clear communication between staff, professionals, the directors and parent carers as part of this process. For example, one person's record showed a behaviour management medicine had been used to reduce their excessively anxious state. The use of additional strategies had not worked for the person at this time. The incident was then reviewed with the person's GP and psychiatrist. The strategies available were reviewed to see if other ways could manage the person's anxiety in the future without the use of medicines.

All accidents and incidents were reviewed and investigated with a 'no blame' approach applied to staff and people using the service. The service policy on restraint by physical or medicine means was to use it as a last resort. Staff were trained in restraint however, the use of breakaway techniques was preferred. Staff had developed strategies with people to give time out and safely observed times to allow people to cool down. One of the staff said, "We don't use restraint. We use low level holding such as holding someone's hand." The ability to do this now had been gained over months of careful risk assessing, care planning and working closely with parent carers and professionals.

Robust risk management guidance was in place to enable support to deal with behaviour that challenges others, that includes thoughts about times and places which were suitable to visit. Incident forms were in place to record any use of physical intervention. This was reviewed and monitored by one of the directors and the reason for the use of physical intervention recorded by the support team. This meant staff felt free to say when they had got something wrong. Staff then reflected on how people's lives could be enhanced in the future by using other ways to approach a given scenario.

Support'ed demonstrated a zero tolerance approach to acts of discrimination, bullying, harassment and anyone failing to demonstrate, through their actions, the organisation's values, ethos and approach. Staff were trained to recognise abuse and report it. Staff felt any concerns would be picked up and addressed quickly by the directors. While encouraging and supporting people to have as much freedom as possible, the staff were aware of their duty of care to someone who was very vulnerable. For example, there was a strong element of preventing people supported by staff being exploited within their community. One of the directors was designated officer to facilitate the Prevent Agenda within the service to raise awareness among staff of how to ensure people were not targeted due to their vulnerable status by those who could exploit them. This included people's use of the internet. One of the staff said, "We are listened to if we have concerns" and, believed the policy and practices in respect of safeguarding and whistleblowing were clear.

Is the service effective?

Our findings

Individualised Support and Education Plans (ISEPs) were developed that contained all the information required to ensure the service was effective in meeting people's needs. The ISEP included guidance written in collaboration with the person and or those who knew them best on how to provide the most effective valuing support to the person; risk management guidance; positive risk taking guidance; personal care protocols; individual development guidance and notification of any agreed restrictions made on the person's behalf under the Mental Capacity Act 2005 (MCA). In this way, the service was making sure that people had as many similar freedoms everyone else should experience. A professional explained to us they had received "excellent feedback" from the family members involved with one person in regards to how inclusive and effective Support'ed had been at working alongside families adding, "Support'ed have always kept good communication with professionals involved and attended all meetings relevant to the individual".

The staff worked with the health services that people used, to improve service delivery and actively improve outcomes for individuals. Health professionals were involved in supporting staff to understand people's health conditions. Training was then designed to ensure staff understood how to meet those health needs. People who needed to attend medical appointments were supported by staff to achieve this. Close involvement was had with parent carers. Should a person require hospital admission, staff had created a detailed hospital passport and worked closely with hospital staff to ensure they understood people's needs and how to support them. Staff from people's teams stayed with them during any hospital admissions, and continued to support people to ensure continuity of care. They ensured health staff worked with and approached the person in the right way to achieve good outcomes from people. A professional explained how Support'ed's person-centred approach with a thorough and comprehensive service design ensured that the services they set up were right for the person. They added, "They do not compromise on this. They work very effectively with families. They do focus a great deal on the training of their support teams and value the input of families in the process; they do work collaboratively with all stakeholders. I believe that they are able to offer high quality local services to people".

Staff had sought to improve people's healthcare, treatment and support by identifying their needs and ensuring their overall health improved greatly. Staff worked closely with GPs and other health professionals as required. This was alongside parent carers. The service had ensured people had medicine reviews soon after starting to support them to make sure their medicine was at the lowest dose possible. This was especially in respect of medicines used to control behaviour. For example, one parent carer described how staff had worked with a person's psychiatrist to reduce their medicines to the lowest level possible adding, "Strategies were put in place instead to support their behaviour and understand what was happening." For another person this meant they were removed from all their medicines other than what was prescribed for everyday health issues as they arose. The parent carers told us both people were able to live fuller and more active lives as a result of Support'ed's work in respect of the medicines. A social care professional told us, one of the people had made "incredible progress" in relation to their health, independent skills, community access and behaviour/anxiety management. They added this was, "Due to the skilled care of the staff, under the supervision of highly qualified and skilled directors, the input of other health professionals in her life has

been able to be reduced and her needs are almost wholly managed by Support'ed and mainstream services (e.g. GP)".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). From a young age people cared for by Support'ed had received a high level of agency interaction in their lives. In that time, they had become dependent on services with little room where they could exercise choice. Support'ed sought to change this for the people they supported. The care planning was aimed at enabling all those Support'ed worked alongside to maintain the rights of citizenship. That is, to give people the knowledge and skills to understand, challenge and engage in their care as far as they were able to.

The directors and staff were trained in the MCA and made sure their work with people respected that people should be able to consent to their care at all times. When this was not possible due to the person lacking capacity, they ensured they were making choices for people in line with clear best interests decisions. Parent carers and relevant professionals from health and social care were consulted and involved in reviewing the person's care. A range of options were looked at before deciding what was in the person's best interests with the service always aiming to enhance the ability of each person to make choices. The evidence was that people were supported by staff who understood how they communicated, which enabled them to express their views about their care. This was part of a wider ethos of people being supported to have control over their lives as far as they were able. Communication was supported by means of pictorial communication and giving people the time they required. This meant people had their human and legal rights returned to them and sustained.

The directors actively made sure they were not being asked to deprive people of their liberty and continually challenged health and social care practitioners if they felt this was being requested of them. The service was recorded in the Nursing Times in June 2016 stating, "Positive behaviour support is a fundamental part of the approach [at Support'ed]" One of the directors was quoted as stating, "You must have that trusting bond as opposed to one that is about power and containment."

Feedback from a professional whose role was to make decisions on behalf of someone explained how staff supported that person to have a meaningful relationship with them, adding, "All staff from Support'ed manage X's behaviours so well in a professional, calm and friendly way". Staff were described as being "very good at diffusing the situation and bringing them back to a more reasonable state of mind". This meant the person could be involved as much as possible in decisions about their life.

A professional told us, "Support'ed provide support provision to one of our vulnerable tenants. They have and continue to provide consistent quality support with experienced knowledgeable staff. As a housing provider for people with complex needs communication and partnership working are essential and Support'ed have been an example of when managed effectively it can make a positive difference to tenancy sustainment and minimising conflict between neighbouring properties. Ultimately striving to promote independence as far as possible working in the best interest of their service user with minimal restriction".

Staff received dedicated training to meet people's individual needs. Staff were trained in the provider's mandatory training such as manual handling, health and safety, fire safety, first aid, food safety and safeguarding. Training was then designed around each person to ensure the team had the right skills to meet people's needs. Staff were trained by key professionals and parent carers to ensure they understood the needs of the person. All staff were then supported to go on training which supplemented this. All staff were being supported to gain qualifications in social care.

Staff received one to one support and supervision, and there were regular team supervisions which enabled

them to review whether they were working well together to support people, to share good practice, develop ideas for change and explore new challenges for people. Parent carers were involved as part of the team. One parent carer said, "[Support'ed] is the best; they care for the people and they support their staff. The way they pick and train their staff is exceptional."

One staff member said, "I receive individual professional development and personal support; it seems quite rounded" adding, "I have supervision eight weekly and find it useful to get the next steps for me". Another staff member said, "We receive training to meet X's individual needs; I am able to have supervision constantly. The directors are always available if I need them. We are all ready to change and improve for X; the team all have their say and Mum is part of the team". A third member of staff stressed that personal development for staff was really important and valued by the directors adding, "Specific training can be requested" and all staff are being encouraged to achieve a Diploma in social care, with level 5 (leadership) being encouraged for team leaders.

There was a strong emphasis on the importance of people eating and drinking well. Where staff were responsible for supporting people to maintain a healthy diet and be fully hydrated this was achieved and maintained. People's meals were planned and recorded with them and their parent carer. Staff used what they had observed people liked to eat and drink along with what parent carers already knew was effective. Guidance to staff was provided through the ISEPs in relation to this, including any advice or guidance from health professionals involved. People were supported to eat meals in line with the natural rhythm of their day. Dysphasia assessments had been undertaken by SALT where necessary. Any nutritional needs, including those relating to culture and religion, were identified and monitored through their daily recording form.

For one person this included staff working closely with a dietician. The dietician commented in their letter to the service that staff had achieved a high level of recording and input which had enabled them to do a thorough assessment. They also trained the individual staff to fully meet people's nutritional needs and contributed to the care planning process. A clear best interests decision was recorded on the person's records to enable staff to understand their role in supporting the person to have a healthy diet.

Staff supported another person to reengage with food and drinks to keep them healthy. The parent carer advised us they had seen a huge difference in their relative's approach to food. They explained that their food and fluid intake was linked to their emotional feelings and they were not eating and drinking enough until Support'ed became involved. They explained that staff had taken time to ask them questions and put a risk assessment and care plan in place by using "a building block approach". This meant they started from one place and as they became experienced in knowing the person, they asked more questions and put other solutions in place. Each solution was built on until they found the right way forward. This evolved over time and now the person was eating and drinking well. Staff had also identified the kitchen had become an area the person would not enter due to a past traumatic event. Staff spoke and took advice on this and used approaches such as having picnic parties on the lounge floor to make eating fun again. They also took time to identify when the person was hungry and reengage them with food. The kitchen was slowly introduced as a safe place to be and food and drinks were a good thing. The service continued to monitor the person to ensure they were alert to any emotional issues which may be affecting their eating and drinking. One staff member said, "X now eats and drinks more often; most days most meals with fluids are taken. X now has a normal diet."

Is the service caring?

Our findings

Feedback about the caring approach of the service described it in terms of being exceptional and distinctive. The parent carers and person we spoke with had a lifelong involvement with services, and were at crisis point when Support'ed became involved. The PIR stated, "Support'ed strives to ensure that all those supported by them feel safe and comfortable, are treated with compassion, dignity, empathy and respect by ensuring that each person has an individually tailored support service to meet their individual needs and by ensuring that all employees receive training that enables them to act and deliver this service".

One parent carer said, "They are brilliant; I can't fault them. We were in crisis as a family and they pulled us out of it. They rescued us as a family. They listened to my X's needs as their mother; what they needed, and worked with us." The difference is, "X comes home happy, smiling; they can't stop smiling. X is now having great fun and is on form. The team really like them; the way the staff treat X shows they really like them and genuinely care for them."

Another parent carer said, "They are brilliant; absolutely wonderful, amazing. Because they do an individualised approach, they have made a dramatic influence on my X. They used [to have behaviours that harmed herself] but because of the way they deal with their autism the incidences have reduced dramatically. They are enquiring and reflective; all the time looking to see what they can do to support X. They are proactive throughout the organisation to understand X as an individual and provide the best for them."

A person told us, "The staff are pretty good; no complaints." They added that staff were always polite, respectful and I can "have a bit of a laugh with them". They told us staff were careful about respecting their privacy and dignity. They added that staff left them to have a bath on their own and came back to help wash their back when they called for them. They said they looked forward to staff coming to their home.

Both parent carers told us they were amazed at the difference Support'ed had made to their lives. One stated, "We can now relax and feel my X is safe; we can also plan in advance. For example, we are planning a holiday with the rest of the family" adding, that staff were already preparing X and ready to support them to understand what was happening. Another parent carer stated, "We now have peace of mind and know X is well looked after; we have a great relationship with the staff and feel part of their team."

Staff had worked to ensure people were accepted in their community. One of the people enjoyed baking, and as part of their development plan, had made buns with staff, to sell for charity. The staff suggested it might be nice if the person gave one of the buns to a neighbour. The neighbour then gave the person a bunch of flowers. Staff described how the person had sat with the flowers and was overwhelmed that this had happened for them. The parent carer was clear this would not have happened without Support'ed's step by step working with their family member.

Staff were highly motivated and inspired to offer care that was kind and compassionate and were determined and creative in overcoming any obstacles to achieving this. The service continually strived to

develop the approach of their staff team to sustain this.

There was a strong culture of caring which was led by the directors. The person was central to their plan and the service provided. Every means of communication was looked at to ensure people had as much control over their care and time with staff as possible. People's end of life choices were explored in a gentle manner. The PIR stated, "All people receiving a service from Support'ed will have an Individual Service Design created with themselves and relevant others in their lives. This ensures those working with them have a good understanding of their needs and how to meet them in a caring manner, ensuring that people's wellbeing is being met in a caring and meaningful way and considers end of life choices". The person was involved in this process with input will be received from family members, advocates and any other professionals involved in the person's life. Support'ed used a variety of accessible formats and tools to enable people to make, or participate in making, decisions relating to their care or treatment to their maximum ability.

A professional told us that for two people with very complex needs Support'ed took time to carefully understand individual people's needs and develop a relationships with them adding, "They have then ensured that support is provided in a highly empathic, understanding manner, built around the person strengths and their needs...Overall, I find Support-Ed to be a highly caring and empathic company and I have observed very positive outcomes with my patients".

A compliment sent to the service by a member of the local learning disability team stated, "Blinding piece of work with X and X! Thank you. I've already thanked one staff member, but this is such a great opportunity. I am really hopeful that this strikes the balance between their need for nurturing and independence that they have been looking for. The relationship that you have developed with them is just amazing and is going to be pivotal in holding this together over the next few months".

Staff told us they knew they were going into people's homes and would always respect this. A staff member said, "Staff in this service are passionate about what they do, and it is my belief they work their hardest to provide the best care". Another staff member said, "We are very person-centred; we focus on the person's needs and anything to give the best support we can give. We provide the person with the support they actually need; all their wants and needs and involve their desires. We gently push them forwards so they can achieve the best they can." Another member of staff said, "I love the people I work with; I am excited to go and work with them".

Is the service responsive?

Our findings

The service provided personal care to people. They met this need entirely but did not limit their view on what personal care meant. They provided personal care for people 24 hours a day, seven days a week, but viewed their role as being more than supporting people with washing, dressing and their continence care. This was achieved discreetly as a sub part of enabling people to have a full as life as they could within their capabilities.

People's care was planned for them in a very personalised manner. Planning centred on the individual person. There was a detailed personal history sought from people, relatives and involved professionals. The care plans and linked risk assessments were then developed, and built on and amended as staff got to know people. Goals were set for people; these were broken into small steps to make them achievable and something that then could be reviewed and celebrated when it was achieved. Peoples personal histories, preferences, interests and aspirations, their views regarding their care, treatment and support were reflected through people's Individual Service Design, and used to compile their Individual Support and Education Plans. These plans were discussed with the person and or their family members to ensure their views are taken. People were supported to have as much choice and control as possible.

Parent carers could then enter into a dialogue with the service verbally and electronically. Social media was used as a positive vehicle for interaction. Dedicated, secure accounts had been set up to enable family's, people and staff to communicate. This meant everyone was constantly updated, able to check on progress and make suggestions about the way forward.

Staff had a flexible, enquiring approach to the needs of people. The parent carers told us although both their loved ones were diagnosed with autism, the care and service they received was different and designed around each person's individual needs. The directors, staff and they as part of the team took time to unpick every aspect of each person's situation to enhance their life experience. For example, all three people they worked with had different triggers to why they could have negative reactions. Time was taken to understand each and every trigger and look at ways of reducing their frequency and severity. Threats to each person's ability to function in different situations were explored, and solutions tried and tested to reduce the negative effect on the person. For example, one person found the visual sensory stimulation of light threatening at certain times. Staff looked at ways to identify when this was happening and ways to enable the person to cope with this. Originally this meant using a range of blackout material, but moved onto using dimmer switches on the lights, so the person could function for more times in some light which added to the quality of their life.

For another person, it was important staff learnt and used their particular form of communication based on Makaton. Their care records stated, "I understand pictures and symbols and I have my own individualised version of Makaton as well as single or two word requests, it is important that you enable me to use these strategies and enabling me to communicate with you" and, "With this understanding you can support me to speak up for myself, if I don't think you are listening then this can lead to behaviours which you may find challenging".

A professional told us, "I highly rate Support'ed as a service based on the progress of the client I care coordinate, and would recommend them for other complex clients, particularly young clients coming through transition or those with Autism Spectrum Conditions".

The staff were innovative in their thinking about what individual people could achieve with their support. One parent carer said, "They ensure X is as independent as possible within their capabilities with a gentle stretch; so X can be the best they can be. X is much happier than X's ever been." The other parent carer told us staff had been employed that were interested in what her X was interested in and said, "X loves animals, bugs and things; the staff get involved in this. They are very person-centred with an individualised plan". They added that if X was lying on the ground looking at bugs then the staff were down there as well.

Staff supported and enabled the person they cared for to do extraordinary things, within their capabilities. A professional that supported a person to gain good emotional control told us how this person had been supported to express their individuality in a meaningful way and encouraged to develop links in the community. They added they had worked with the person for a number of years but by the work of Support'ed were better able to support this person to reach their emotional potential adding, "I have been able to discharge this person as I have confidence that the [Support'ed] team are able to help this person to live as good a life as possible". As a result, the person's quality of life was optimised to the full. The parent carer said, "The staff are in rhythm with X, they are aware of their mood at any one time. Staff judge quickly what is happening and react accordingly."

People's activity plans were designed with people's interests at their heart. People were enabled to follow their interests and utilise the community. For one parent carer they told us this was "amazing and unachievable 18 months ago". They told us X, "Is doing the things they like doing such as seeking bugs. X is going out now; their quality of life has vastly improved." They added this was only achievable due to Support'ed's approach.

People, parent carers and professionals were encouraged to raise concerns or complaints. This was seen by the directors and staff as an opportunity to learn from events. An inclusive method of responding was utilised to learn, develop and embed this back into how the service was being managed. This meant there was universal learning from events and preventing it happening again. It also meant parent carers and staff used the same approaches to maintain continuity.

Staff used various ways to understand when something was wrong for a person they supported. There was an easy read copy of the complaints form available with the postage paid, which meant all people could access it easily. Communication aids were also used where needed but staff also used their understanding of people to question a change in a person's behaviour and to explore what was happening for that person. Staff had also supported people to develop skills to express their discontent in a safer way. For example one staff member said, "X has recently gained more understanding and will ask for time by themselves in a positive way rather than out of frustration; they will take our hand and take us out of the room" adding, this was now their way to be asked to be left alone and, "X's behaviours are much more positive now".

Parent carers told us they were often contact by the service if there were any issues or concerns. Support'ed operated a 'Questions & Suggestions' email for the people they supported, their families or significant others. Staff could advise the directors of any suggestions or ask any questions This meant if there were any issues, they could be addressed quickly. They added they felt very comfortable speaking to staff and the directors and any issues had always been resolved to their satisfaction. Learning from this meant there was a reduced possibility of having to raise it again.

The PIR stated, "All those we support, family members and employees have access to our robust complaints procedure (in accessible format) and are actively encouraged to raise issues of concern. Any complaints or concerns raised would be seen as an opportunity to learn and improve our service delivery".

Is the service well-led?

Our findings

Support'ed was run by Support'ed Limited which was managed by three directors. One of the directors was also the registered manager. The directors had very hands on approach to the service. The directors utilised a flat management structure where everyone's view was considered important. This included people, parent carers, staff and professionals. Feedback from those they supported and parent carers was sought bi-annually through quality audits about the quality of provision, but also how the service could or should develop.

The parent carers told us they felt the service was very well-led. They described how the service came into their lives, and the directors role in listening to them and coming alongside them as a family to learn about their loved one's needs. Excellent listening and communication skills were repeated themes from parent carers, staff and professionals. This was felt to originate with the directors.

One parent carer said, "We are part of an inclusive team effort; the directors have been very hands on. They do the care provision so they know what is needed. The lines of communication are very good. It is very well-led; it is a fairly new company but well established and always on call if needed". The other parent carer said, "The directors really care; they are always available and very supportive of people, their staff and us. Any issues are quickly addressed."

When designing the service the directors told us they had a clear vision of what kind of service they wanted to operate. They each had care experience with two being social workers and one a learning disability nurse. They took time to develop the service and put processes in place. Once launched they made sure they were continuing to uphold their vision. The directors demonstrated they had a deep respect for each other and were able to challenge one another if required. They were also passionate about people who could be at risk of exclusion from their community having the same citizenship rights as everyone else. Their building block approach to providing an individual service for people meant they were able to put down a secure foundation which could now be expanded. One staff member said, "The service is definitely well-led; the directors are good at seeking an answer, listening and questioning themselves".

Records showed the directors had regular formal meetings together to review the quality of the service but also used any opportunity to look at events as they arose. A professional told us, "The directors have a good balance of providing hands on support and a more consulting/supervisory role to their staff. I feel this is a unique advantage of Support'ed over some other providers, as the directors do provide hands on support and therefore will be more aware of staff compliance with plans/guidelines and will be able to model an approach". They added there had been some concern the directors were going to struggle to continue to deliver care and manage the service, but they had identified this and shifted the emphasis of their role as they recruited the staff team. This meant they were able to concentrate on the service's future development while keep the service true to its values and maintain the level of commitment to people they were now supporting.

A director of Support'ed undertook quarterly quality assurance reviews, visiting people, reviewing

paperwork and speaking to the people that are supported. Bi-annually they send out Quality Assurance Forms to those they support, family and employees to highlight areas of development, concern or positive outcomes. By working alongside members of people's teams the directors saw staff practice in action and addressed any quality issues they witnessed at the time. Teams had bi-monthly clinical team meetings where any team issues could be addressed along with any negative cultures that maybe 'creeping' into their service's support delivery. Parent carers and people were involved in feeding back on staff practice. Good practice and areas to improve were all fed back to staff to celebrate or/and learn from.

The organisation was part of Altrum Southwest, who are a group of likeminded organisations who share good practice advice and guidance, resources, training and are developing a Peer Reviewing system as part of their Quality Assurance tool. This group also provided the service with the opportunity to have an external organisation administer complaints raised against the organisation (where deemed appropriate i.e. in regards to systems/structures impacting on the people they support). The directors received Social Care Institute for Excellence (SCIE) Bulletins; CQC's monthly updates; relevant newsletters and Social Care Commitment. All this information was distributed to all members of staff. A member of staff was an "iCare Ambassador" and they were supported to attend meetings from which the information was fed back to the directors and other colleagues. Ambassadors are run by Skills for Care and are care workers who inspire and motivate people to understand more about working in social care. This meant the service and staff stayed up to date with current practice and guidance.

The directors drew on the knowledge and skills of the staff to help develop the service. An open door policy was operated with every member of staff believed to have worth and value. The PIR stated, "Support'ed endeavours to ensure all support staff are well supported and that their rights and wellbeing are protected through regular supervision and ensuring that they can contact one of the directors to discuss any issues or concerns at any time. We encourage our support teams to be motivated, caring and open by encouraging them to highlight issues or concerns that they may have in a meaningful way". Staff told us they felt important to the directors and valued for their view. One member of staff said, "I really enjoy it; it's quite free to try new ways. Trust is placed in us as staff. It is easy to speak to peers and the directors. We can make suggestions. We are absolutely more like a family; we can raise new ways [of working] with the directors. It's a two way communication." Another said, "It is a good company; the directors are always there for you. We are ready to change and improve the service". And a third member of staff said, "The directors are fantastic. You can take any problem to them. Our thoughts and views are respected; we can give ideas to move forward as a company."

The service had clear whistleblowing policies and practices in place with all staff saying they felt safe and that they would be listened to by the directors.

The registered manager understood when they needed to notify CQC about specific events they are legally required to. They also understood the requirements in relation to the Duty of Candour (DoC). The DoC emphasises registered people must apologise when something goes wrong.