

L&Q Living Limited

# East Living - Domiciliary Care Service

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

East Living provides a supported living service and a domiciliary care service to adults who have a learning disability, autistic people, and people with mental health needs. The supported living service consists of 3 houses/supported living schemes that can accommodate a total of 7 people. Each person has their own bedroom and shared communal areas.

The domiciliary care service supports up to 16 people in their own self-contained flats. Not everyone who used the service received personal care. The Care Quality Commission 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. At the time of the inspection the agency was supporting a total of 10 people with personal care.

### People's experience of the service and what we found:

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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

The service implemented innovative ways to ensure people received the care and support they required to meet their needs. For example, staff were highly effective at implementing assistive technology when caring for people that helped them with promoting their independence and to have real choice and control over their life.

The service ensured risks to people's safety and welfare were appropriately assessed and mitigated effectively. We saw that staff promoted positive risk taking and involved and supported people to set their own goals and to find solutions to mitigating risks, so they were empowered to improve their own independence and felt valued. People were supported to manage their medicines safely, and as independently as possible.

The provider had robust governance systems and processes to ensure all aspects of care and support and its delivery were monitored and checked for quality, and improvements. The service had many fantastic examples of excellent outcomes for people's where expectations had been exceeded. The provider worked closely in partnership with other key organisations and had excellent examples of positive partnership working. People and relatives were involved in staff recruitment to help ensure that staff had the right skills and values to deliver excellent care.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Right Care

We saw that the delivery of people's care was flexible and delivered in a person-centred way and led by the individual's needs and wishes. The staff team valued feedback and involvement from everyone that used the service and health and care professionals, which helped ensure people's care and support was consistent and tailored to the individual.

People's care outcomes were outstanding, as people were supported to achieve positive results and barriers were broken down to ensure people could achieve their goals.

People were supported to be involved with the local community and led meaningful lives. The provider was awarded a government grant to help set up new opportunities to help prevent people from becoming isolated and lonely. Staff worked with and followed healthcare professionals' advice and guidance to help support people to manage their health needs, such as epilepsy and diabetes.

The provider's demonstrated a clear commitment to implement the CQC's guidance 'Right Support, Right Care, Right Culture' into their services. This was included in the staff induction programme, so they were familiar with the principles which underlined Right Support, Right Care, Right Culture. People and relatives told us, they received good quality care, support, because staff had the right training and knowledge to meet people's needs and wishes.

### Right Culture

The leadership team and staff aimed for high standards of care and support. The provider's values helped to promote an open culture which was inclusive and empowering. Staff we spoke with praised the management team for their support and guidance they provided to help staff give the best care possible.

People received support by staff who understood best practice in relation to the wide range of needs people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

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 this service was Outstanding (published 12 February 2018).

### 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?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our caring findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# East Living - Domiciliary Care Service

## **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

This inspection was carried out by 1 inspector.

#### Service and service type

This service provides support to people living in four '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.

#### 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 was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to

support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (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 also reviewed notifications that the registered provider had sent to us. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 6 people's care records, 8 staff files, training records, risk assessments and satisfaction surveys. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures. We spoke with 3 people during our inspection and 8 relatives by telephone to obtain their views of the service. We also received feedback from 11 members of staff about their experiences caring for people using the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Feedback from people and their relatives showed people felt very safe in the service.
- People were kept safe from avoidable harm as staff knew them well and understood how to protect them from abuse. The service worked well with other agencies. For example, staff were clear on how to complete a safeguarding alert to the local authority.
- The service was supported by a safeguarding champion, who worked closely with the staff team to help analyse safeguarding concerns, and to give guidance. They also attended meetings with people and staff if support was needed.
- There was an open and transparent culture within the service. Staff received training on how to identify and report abuse. They understood their roles in protecting people from abuse and were clear of the signs of abuse to observe for.
- Since the last inspection, the provider had developed and introduced a video version of their safeguarding children and adult at risk policies. This was to help ensure their policies were accessible to everyone who used the service.

Assessing risk, safety monitoring and management

- The provider assessed risks to people to ensure their safety. Staff took action to mitigate any identified risks.
- People and their relatives told us that they felt the service was safe. One person said, "Staff help me to keep safe. I can ask for help any time I need support." A relative said, "I have no concerns the staff know how to keep my relative safe."
- People's care records were personalised and contained detailed information to tailor the support provided. For example, the provider used a range of tools, which helped people to keep safe, this included written and video plans that they could access, as well as using assisted technology.
- People were supported in managing risks to themselves and making decisions about how to keep safe.
- Since the last inspection, the provider had introduced a digital accident and incident reporting system, which ensured that accidents and incidents were tracked more robustly.
- The provider held a monthly health and safety forum, where the management team reviewed incidents, audits and informed staff of actions taken. This included looking at any changes to people's support needs that were related to newly identified risks.

Staffing and recruitment

- The provider ensured there were enough suitable staff and operated a safe recruitment process. Staff told

us that staff morale was brilliant and that this had a positive impact to people's care and support.

- We observed staff to be very friendly and knowledgeable about people's needs. People we spoke with said, "Staff help me feel positive, and make me smile."
- The service's recruitment process was very robust and involved people. This process helped ensure that people were well matched with staff, for example where they had similar interests and hobbies.
- Relatives told us that they were actively involved with staff recruitment and that the service had worked hard to recruit permanent staff, to prevent the risk of relying on agency staff. One relative said, "It is positive to see that the manager has recruited to permanent staff. As my [relative] like to have regular staff who they know well."
- We reviewed staff recruitment files which contained evidence that pre-employment checks were completed before staff started employment, and to help ensure staff were safe to work with people using the service. The checks included Disclosure and Barring Service (DBS) checks. 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 service had arrangements in place to maintain staff safety when lone working, this included an out of hours manager's contact information in place for staff to call if support was needed. Staff also used alert equipment to help keep them safe when they were lone working.

#### Using medicines safely

- People were supported with their medicines safely. The service had safe medicines storage arrangements.
- People's medicines care plans were personalised and held information regarding the level of support they needed with their medicines, and how they liked to be supported. Staff ensured people received information about medicines in a way they could understand. This was done by using photos of people's medicines and written information in provided in an easy-to-read format.
- People were assisted to learn how to self-medicate, where appropriate. This was also a part of their initial needs assessment.
- Medicines administration records (MAR) were completed appropriately by staff to evidence medicines had been administered as prescribed. Medicines had opening dates recorded on them for example, creams, to monitor their expiry dates.
- Staff understood and followed the principles of STOMP 'Stopping over medication of people with a learning disability' (STOMP) and ensured people's medicines were reviewed by prescribers in line with STOMP principles.

#### Preventing and controlling infection

- People were protected from the risk of infection as staff followed safe infection prevention and control practices.
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service admitted people safely to the service, by ensuring that people were not showing any symptoms of being un well prior to moving into the service.
- Staff had enough personal protective equipment (PPE) and used this safely when caring for people.

#### Learning lessons when things go wrong

- The provider had processes in place to learn from accidents and incidents to help ensure people received safe care.
- Staff recognised incidents and accidents and reported them appropriately to the registered manager, who investigated these and shared any lessons learned with the staff team.
- We saw evidence of how staff worked with people to involve them in problem solving and finding out what



went wrong and in learning when thing didn't go to plan. For example, staff held feedback sessions with people, this gave them opportunities to share with staff any concerns or challenges they may be experiencing.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life based on best available evidence.

At our last inspection we rated this key question outstanding. At this inspection, the rating has remained outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's needs were fully assessed, and exceptional care and support was delivered in line with current standards to achieve highly effective outcomes. Prior to a person moving into the service, the registered manager thoroughly assessed the needs of the person and then met with all staff to discuss the completed assessment. This was to ensure the staff team were clear about the person's support needs and preferences, and to ask any questions they might have.
- People and their relatives confirmed that they had been fully involved in the initial needs assessment process using the appropriate communication method for the person and were given the opportunity to give their opinions on how the person's care and support was to be delivered. One relative said, "I was invited to a meeting by the manager, to support my [relative]. I found it to be very helpful as the manager gave us information about the service and we were able to talk about the area of support that was required."
- People's sensory needs were fully assessed as part of the person's needs assessment. This helped identify any additional training for staff or adaptations to the person's home, to help meet their sensory needs. For example, a comprehensive assessment, identified a person needed specific items of furniture and a specific colour scheme in their flat before moving in. The service supports the person address these issues as they were essential to the person's wellbeing helping to lower their level of anxiety and distress.
- The provider had their own in-house positive behaviour support practitioner, who completed functional assessments of people's needs where this was identified as needed. This meant that people's needs could be assessed or reviewed promptly, and care interventions planned and delivered in a tailored way by a consistent staff team. We saw that the incidences of a person 's expressing anxiety and distress reducing significantly due to good positive behaviour support interventions. As a result, the person was able to engage more positively with others and staff within the service and their quality of life improved.
- We saw some excellent outcomes, that people were able to achieve from their initial needs assessment. For example, a person was supported to be able to live in their own home without 24-hour staff support, which they previously needed. This was achieved by implementing the right assisted technology, support by well trained staff and a positive behaviour support plan, which included communication tools, so they were able to express themselves in a more positive way.

Staff support: induction, training, skills, and experience

- The service made sure staff had the skills, knowledge, and experience to deliver effective care and support.
- Feedback from relatives about the staff was excellent. Comments included, "I'm really pleased with the support my [relative] receives" and "The support from staff is fantastic, I know my [relative] is well looked

after."

- People were supported by staff who had received relevant and good quality training in evidence-based practice. For example, all staff had completed the Oliver McGowan Training, which is a specific training for people with a learning disability and for autistic people. The provider had then gone beyond that, getting in contact with Oliver's parents to help introduce Oliver's Pledge across the service to fully embed learning into staff practice. This demonstrates the provider's commitments to help improve the quality of the life of people using the service, so they achieved excellent outcomes.
- Staff's induction and training programme was extremely good. For example, the induction provided staff specific training such as awareness of people's care needs around their anxieties and support when they expressed emotional reactions. This was led by the organisation's specialist behaviour practitioner who worked alongside all new staff to help them develop their skills and knowledge of people's needs.
- Staff were knowledgeable and trained to recognise practices which could be restrictive so they could take action to reduce these. For example, staff worked with a person who lacked capacity around keeping safe when using the internet, which was an activity that they enjoyed but were not able to participate due to risks related to safety in their previous service. The team collaborated closely with the person at a pace suitable to them and taught them about internet safety and using technology to help them keep safe. The person was then able to use the internet safely.

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

- The provider had an excellent relationship with health professionals, who supported people with their health actions plans and health passports. These were used during health appointment and were adapted to the individual person's support needs. This helped to improve communication with the person, the service and health professionals to ensure the person received the right healthcare support. A health action plan holds information about each individual's health needs, the professionals who are involved to support those needs and information about hospital and other relevant appointments. A hospital passport is used in the event of a person having to go to hospital to ensure healthcare professionals have relevant information on the person's needs, likes, dislikes and preferences, especially when they cannot speak for themselves.
- People were supported to play an active role in maintaining their own health and wellbeing, and to attend hospital appointments and annual health checks, for example with their GP, dentist, and optician. This helped to build their confidence and to become more independent in managing their health and welfare.
- The provider worked exceptionally well within and across organisations to help ensure people lived healthier lives, access healthcare services and support. Health appointments were adapted to suit the person's support needs. For example, some people could attend appointments on their own if they had support with arranging transport while if a person were anxious, their appointments would be booked at a time when there would be less people around.
- The provider shared good care practices and worked with other agencies and care providers to help improve the care of people with a learning disability and autistic people. For example, they collaborated with the local authority to host a conference for care providers to share their work and examples of how they achieved excellent outcomes for people with multiple support needs, so others could learn and implement outstanding care practices.
- The provider also worked with the local community to improve outcomes for people with a learning disability and autistic people. They were awarded government grants to help with setting up projects within the community to help reduce people becoming lonely and isolated. This had also supported people to make new friends and to build relationships with other people in their local community and improve their quality of life.

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

- People were supported to eat and drink enough to maintain a balanced diet. The service had a strong emphasis on ensuring mealtimes were a positive and social experience for people. Mealtimes provided the opportunities for people to catch up with their friends, who they shared their home with, and to try foods that they may not have tried before including various cultural foods.
- People told us that they were involved in choosing their food and were supported to go shopping to buy fresh fruit and vegetables. A person told us, "Staff help me go to the shops to buy my food."
- Staff supported people to be involved in preparing and cooking their meals in line with their cultural preferences and beliefs.
- Staff developed a training programme for a person who found it difficult to communicate their likes and dislikes and needed help with healthy eating. For example, staff supported a person to explore different meals to try to see what they liked. This was done by using objects that represented food products to illustrate the meal and by staff supporting the person to make and try different foods. This approach enabled the person to make decisions around the foods they wanted to eat.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- The provider was working exceptionally well in line with the Mental Capacity Act. They recognised people's rights to make decisions about their care and empowered them where necessary to make these decisions. People's capacity to make specific decisions was recorded in their care records so staff had the necessary information to care for them appropriately.
- Staff were well-trained and very knowledgeable about the importance of getting consent from people they supported before providing care. During our inspection we saw staff involving people in day-to-day decisions in ways that encouraged their involvement and independence. This included staff being aware of and supporting people's specific ways of communication to help them make decisions about their care.
- Where people might have lacked the capacity to make decisions or they did not have relatives or friends to represent their interests, staff ensured that an Independent Mental Capacity Advocate was available to support people make decisions or to make best interests decisions for the person.
- Where restrictions were in place to help promote an individual's safety, these were appropriately assessed by the provider to ensure any care practices were the least restrictive, appropriate, and proportionate to the risk posed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were well treated and supported, and staff were very passionate about the care and support they provided for people.
- A person told us, "Staff are kind to me, they give me support when I need it, and listen to me if I'm worried about anything."
- Relatives told us they felt staff were very respectful to their loved ones. Comments included, "The staff are very respectful and treat my relative with kindness" and "Staff really care for [people] they support."
- During our inspection, we observed people received kind and compassionate care from staff who used positive and respectful language.
- The service had a themed month initiative, which gave services opportunities to support people to celebrate different cultural and religious celebrations. This helped embed the organisations diversity and inclusion practices.

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

- People were supported to express their views and make decisions about their care. The service supported people to be involved in meetings with the staff team. One person told us, "We have meetings to talk about things we want to do." Another person said, "Staff have supported me to find a new flat, which I'm moving into soon."
- The service received positive feedback from family and other professionals. For example, a relative said, "I have no concerns about the care and support my [relative] receives, this works well and enable my [relative] to live as independent as possible with the right support."
- Staff respected people's choices and wishes; this included those relevant to their protected characteristics.
- Care plans showed outcomes to demonstrate that people were actively involved in improving their quality of life.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- People had the opportunity to try new experiences, develop new skills and gain independence. For example, 1 person found it very hard to choose the way they wanted to have their flat decorated which caused a lot of anxiety to them. Staff supported them to try different colours before the walls were painted, this was done over a period of time to help ensure this was the right colour scheme for them and that this met the person's sensory needs.

- Each person had a skill teaching plan which identified target goals and aspirations. Staff held regular meetings with people to review how the plan was going and adjustments to their plan were made as needed.
- Staff knew when people needed their space and privacy and respected this.
- We saw evidence staff had supported people to grow their confidence and independence. We noted that a person who was being supported with a sleep-in staff at night, no longer required this level of support. This was due to the service implementing assisted technology which included the use of a portable sensor installed by the doors and a fall monitoring system. This meant that they were able to have their independence and privacy, with the reassurance that help was on hand if they were to need it.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences. Staff supported people to develop and maintain relationships that was important to them, this helped to avoid social isolation.
- Support was focused on people's quality of life outcomes and people's care plans were regularly monitored and adapted to meet agreed goals and outcomes. For example, the service held keyworker sessions with people, where they could discuss and review what was working well and things that they would like to achieve.
- People were supported and involved in developing individual care plans in a format that worked for the person. The service also involved relatives to help complete the plan. A relative told us, "I play an active role in my [relative's] life, which works well because of the staff that support my [relative]. I have also seen how staff interact and offer different choices in a way that works well."
- People had clear plans and placement goals were developed with commissioners to enable people to move back to their local community as soon as possible. For example, 1 of the provider's goals was to provide an alternative accommodation to people that had been in long stay assessment and treatment hospitals.
- We saw that staff were responsive and had a good knowledge of people's diverse needs, and they empowered people's so their rights as individuals were respected.

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 provider had effective systems in place to meet the Accessible Information Standard.
- People's communication needs were understood and supported.
- Staff ensured people had access to information in formats they could understand. For example, the PBS lead had supported staff to develop a tool to help a person who could not use words to communicate, to communicate more effectively. This helped lower the person's anxiety's and reduce the risk of self-harming as well as making sure the way staff communicated with the person, was more consistent.
- People had individual communication plans/ passports that was detailed and included information of the person's preferred methods of communication, including the approach to use for different situations.
- Staff were trained and skilled in using personalised communication systems. A staff said, "Every person

has their own style of communicating, this can be by verbal communication or using body language or objects reference."

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

- People were supported to maintain relationships, follow their interests, and take part in activities that were relevant to them. Staff consistently met people's support needs based on their likes, wishes, and well-being.
- People were supported to participate in their chosen social and leisure interests on a regular basis. A person told us, "I go out with staff on day trips."
- The provider employed a life skills coach, who support's people to complete CV and with activities around skills being learnt that are transferable to help with employment or volunteering work. For an example, 1 person took part in a part time admin role where their responsibilities were managing staff pictorial daily schedule, lamination paperwork, printing essential policies for staff to read and sign.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and procedure which were also available in a video format and was shared with people using the service and their relatives. Staff also explained to people how and when to complain and how their complaints would be addressed and resolved.
- People and relatives felt confident that concerns and complaints were listened to, responded, and used to improve the quality of care. One relative said, "If I was to raise any concerns to the manager, I am fully confident that I would be listened to, and the concern would be addressed."
- The management team investigated all complaints in a timely manner and took actions to drive improvements in the service, where these have been identified.

End of life care and support

- The provider was clear of their responsibility and knew how to access the support from other agencies if a person was identified as needing support around their end of life.
- At the time of inspection, nobody was being supported with end-of-life care.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. At this inspection, the rating has remained outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service 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

- There was an exceptionally positive, open, and inclusive culture at the service. Everyone said people were at the heart of the service, and the staff team did their utmost to provide the very best care they could. A relative told us, "The staff are truly committed to provide excellent care, in my view they go over and above." Another relative said, "My [relative] have lived at this service for a long time, the staff know them well and have supported my [relative] to be as independent as they can be."
- The provider had exceptional systems to provide person-centred care that achieved outstanding outcomes for people. For example, assistive technology was used according to a person's needs to promote their independence, until they were no longer dependent on using technology, to access the community and to live more independently in their own home with a lower support package. This was an outstanding achievement for the person.
- The registered manager's endeavoured to instil an exceptional culture of care in which staff felt truly valued and that promoted people's individuality and protected their rights. For example, care plans were detailed and provided in different formats, which helped people to become the main drivers in developing and reviewing their care plans. As a result, care plans were very person centred and clearly focused on the outcomes that people had clearly articulated themselves.
- We saw examples of care workers supporting people in a very person-centred way to improve their independence and confidence, for example, 1 person enjoyed fixing things, therefore the staff supported the person to use their skills by doing small jobs across the service with the support from staff, such as painting and other. This helped to boost the persons confidence and empowered them to feel good about helping others.
- Staff told us the management team, encouraged, and motivated them to make a difference to people's daily lives and felt proud to be working for the organisation. A member of staff said, "From day one of working here I have learnt so much and met so many nice people who I have supported."
- There was a strong organisational commitment to equality and inclusion. For example, key policies were made into videos to promote understanding and help keep people who used the service informed and safe. Staff also supported people to celebrate their chosen cultural events, for an example, Birthdays, Christmas and Ramadan.
- The management team encouraged staff to be creative, this practice helped enhance people's quality of life outcomes. This was supported by initiatives including the provider holding a staff recognition awards day, where staff were nominated for their exceptional work such as something they might have done to enhance people's lives. They received a certificate and a small financial bonus for their outstanding work

they had achieved. This made them feel valued and helped increase their commitment to the service.

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

- The provider understood their responsibilities under the duty of candour.
- The service apologised to people, and those important to them, when things went wrong.
- Staff were clear how to apply the duty of candour where appropriate. Comments included, "We have a policy in place that outlines our responsibility and the action that should be taken." Another staff said, "I will ensure the person is listened to and supported to help resolve their concerns."
- The provider was committed to continuous learning and worked with everyone that used the service to help with further development. Our findings showed staff and the management team, were highly driven to provide the best care for people. They used their monitoring systems to help ensure they continually improved the service.

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

- The provider had exceptional values which were well understood by staff on how to apply them. For an example, staff saw each person as an individual and they were focused on supporting people to achieve positive outcomes that are meaningful and important to the person. We saw this was achieved in practice.
- The provider had a fully integrated management structure that proactively monitored the quality of care provided to ensure care was of high quality. People's needs were well known to all of the senior management team, which helped ensure people received consistent care and support and staff were well supported by the whole management team.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the service they managed. There was a strong emphasis on continuous improvements.
- The provider's quality assurance system was well-embedded in all aspects of the service and very effective. Quality assessment and monitoring involved not only the management and staff team but also people who use the service who were supported in completing quality audits. This helped ensure people were involved in service improvement focussing on what mattered to them.
- Staff had an in-depth understanding of their role and responsibility, they were extremely motivated and confident in the way the service was managed.
- Staff told us the management team was excellent and they were extremely proactive in identifying and addressing any concerns or issues to help make sure people received safe care and support. For example, comments included, "My manager has a very upright managerial skills, very open, a good listener and I always feel very supported." Another staff member said, "Staff ideas are always welcomed, to help develop and improve the service. We are supported with development of our skills and the organisation has opportunities to further staff career and development."

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

- People and staff were at the heart of the running and development of the service. The provider fully incorporated people's, relative's, and staff's views in how the service was provided, having a specific focus on people's diverse needs and protected characteristics. This included empowering people to choose those who supported them. One person told us, "I have my own regular staff team that I was able to choose with the support by the manager."
- People, and their relatives felt listened to and included in how the provider was developing and improving the service. A relative said, "I know that I am always listened to if I have any suggestions or concerns. I am

very much involved with my [relatives] day to day live, I have also been asked to be a part of the staff interview panel to help recruit good quality staff."

- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, this was done in different ways that people felt comfortable with, this included people attending a steering group, and individual meetings. As a result of this engagement one person requested support to move into their own contained flat as they no longer wanted to share with others, which was successfully achieved through working together closely with the person.

#### Continuous learning and improving care

- The provider had created an exceptional learning culture at the service which continuously improved the care people received. Staff were truly focused on encouraging people and their relatives to review and to feedback their views of the service, to ensure they were providing outstanding quality care for people. For example, the service looked at different ways that people could have their say, this also included people who may need support around communication, such as a communication board. The registered manager told us how they supported 1 person to make a video recording, as they found this way easier to be able to give their views and feedback.
- The provider kept up to date with national policies to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change, and delivering improvements. For example, staff always consulted with people before any changes were made regarding the delivery of their care and support, this practice helped ensure that people were at the forefront of decision making.
- The provider was very clear of their open-door policy, which included how they communicate with external professionals, and people who used the service.

#### Working in partnership with others

- The provider worked exceptionally well in partnership with others. Staff engaged in local and national quality improvement activities. The service had worked hard to obtain a government grant which helped set up a project within the community. This has helped people to meet new friends and to help prevent loneliness.
- The provider engaged in local forums to work with other organisations to share their learning and to help improve the care and support for people using the service/ the wider system. Staff supported people to share their achievements with others outside the service. This helped to inspire other people with disabilities, to also set goals and objectives in their lives and to identify the support they might need to meet these.
- The provider was involved in running provider engagement groups organised by the local authority which aimed to keep providers informed about the sector and to help improve the quality of the care provided within a local area. This demonstrated they acted as a role model to improve local services.
- The provider continues to work with the other health and social care professionals, and organisations to help ensure people using the service receive the best care possible and to achieve outstanding outcomes.