

Support 2 Independence

The Italian Lodge

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 25 and 26 of September 2018 and was unannounced. It was planned because we had been given some information of concern which, upon inspecting the service, we did not find to be substantiated.

The Italian Lodge (which is also known as Support 2 Independence) is a domiciliary care agency providing personal care and support to people who live with mental health problems, progressive neurological conditions, learning disabilities, acquired brain injuries, alcohol related conditions, autism, or a combination of these. It works in close collaboration with a housing association to provide tenancies and support for those people who live or who want to live in that accommodation. People's care and housing are provided under separate contractual arrangements. The housing association provided accommodation, in blocks of flats or in converted houses, on the Wirral peninsular. CQC does not regulate such premises; this inspection looked at people's personal care and support. At the time of our inspection the service supported approximately 90 people.

At our last inspection we rated the service as good. At this inspection we found evidence which demonstrated ongoing and continuous improvements in the care, responsiveness and leadership of the service and therefore the overall rating is now outstanding.

We saw that staff were very caring and treated people with great kindness, consideration and respect. Staff promoted people's privacy and dignity and enabled and encouraged them to be involved in decisions about their care. People contributed to their care plans and these were available in a format which was accessible to them.

People's care was entirely person centred and their care plans written with contributions from them, their relatives and any health or social care professionals involved in their care and reviewed regularly. The information included for example, people's dietary, sexual, histories, cultural preferences and choices and the outcomes they wanted to achieve.

Staff and management were fully committed to ensuring that people's communication needs were met. Many communication methods were used, including modern technology, easy read and pictorial information and human translators. The service told us they would cater for any communication needs and that they would use innovative and effective ways to communicate and follow each person's wishes on their preferred method of communication.

A wide variety of educational, employment and voluntary activities were offered and there were many leisure activities arranged for the people who used the service. People were encouraged to learn new skills by attending training sessions, such as learning how to cook.

There was a complaints policy which all the people we spoke with knew about and there were processes in

place to deal with any complaints. People told us that any issues they had were resolved through discussions with staff and the management of the service.

The management team were open and transparent during and after the inspection visit. We were supplied with thorough documentation which showed that effective systems and quality assurance processes were in place to provide and monitor the service. The management team were clear that they wanted to provide a service which met the needs of the people they were supporting and which achieved good outcomes for them.

The managers fully engaged with the people who used the service, their relatives', health and social care professionals and staff to consult with them and obtain their views about the service.

The service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion and that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Policies and systems supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

We saw that people's needs were supported by good working relationships with other organisations. These supplied health and social care, employment, education and leisure opportunities to the people who used the service.

We found the people were cared for in a way which was safe and which encouraged them to live their lives safely. Staff were recruited using safe methods and where medication was administered it was done so properly. Staff knew about how to protect people from abuse and people's needs had been properly risk assessed.

There were sufficient numbers of staff to support people throughout a 24-hour period, according to how each person's needs had been assessed. Medication was stored and administered safely and people were encouraged to be safe by learning skills to help them stay safe around their homes, such as cooking and in the outside environment, such as going out shopping or to work on the providers small farm

Staff were appropriately inducted, trained and supervised on a regular basis and demonstrated to us that they had good skills. People were encouraged to eat and prepare healthy diets and where needed, supported appropriately.

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.

There were enough staff to support people appropriately.

Staff were recruited safely.

Risk assessments were regularly updated and individual to each person.

Is the service effective?

Good ●

The service was effective.

Staff were well-trained and received further specialist training in order to support people's individual needs.

People were encouraged and supported to eat a healthy diet.

The service worked effectively with other organisations.

Is the service caring?

Outstanding ☆

The service was very caring. Staff knew the people they supported and were kind and caring towards them.

The service worked compassionately and tirelessly to ensure smooth transitions from home to a tenancy.

People were treated equally, with dignity and respect and their independence, wellbeing and diversity was important to the staff.

Is the service responsive?

Outstanding ☆

The service engaged with people in an exceptional way and all the information the service had about a person, plus other documents and publications, was in an easy read or pictorial format.

People had detailed and person-centred care plans and they were involved in their care plan development and reviews.

People participated in a wide range of activities which informed, empowered and fulfilled them.

Is the service well-led?

The management had exceptional leadership and organisational skills and the culture, accountability and management of the service was open and transparent.

The management team kept up to date with ongoing research and developments.

The service demonstrated they had a clear vision for the service and we saw there was continual improvement.

Outstanding 

The Italian Lodge

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 visit took place on the 25 and 26 September 2018 and was unannounced on the first day. It was planned because we had been given some information of concern.

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience in this team had experience of caring for someone with mental health needs.

Prior to our inspection visit we checked with the local authority and Wirral HealthWatch, to see if they had any information we should take account of. We looked at our own records to see what information we had about the service, such as any information of concern shared directly with us, share your experience submissions and statutory notifications. The provider had not been asked to submit an updated provider information return since our last inspection, due to the concerns recently communicated to us which prompted this inspection.

During our inspection visit, we met and talked with the registered manager (also known in the service as the 'senior manager'), the managing director, the director of operations, a unit manager, four people who used the service, four support staff and with a visiting social care manager. After the inspection, we telephoned and spoke with a further seven people and with two additional social care professionals and one healthcare professional.

We looked at five complete care plans, including several 'one-page support plans', six staff recruitment files, complaints records, safeguarding records, evidence of disciplinary meetings and investigations, client newsletters, minutes of client forums, minutes of staff meetings and other records relevant to the running of the service.

Is the service safe?

Our findings

People told us they felt safe in their homes and with the staff supporting them. We observed people being supported by staff and saw that they appeared comfortable and relaxed with the staff. One person told us, "I feel safe here. They always check on me." Another person told us that staff had advised them about keeping themselves safe from harm when they entered into a new relationship.

Staff had been recruited using safe recruitment processes. These included application forms and interviews, ensuring that people had the right to work in UK, obtaining references, proof of identification and a criminal records check.

Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who and which agency to inform if they witnessed or had an allegation of abuse reported to them. We saw that the managers of the service were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

We saw that where staff helped people with their financial transactions this was evidenced by two staff countersigning each transaction. One person told us, "I have learning difficulties and cannot understand my money. Staff keep hold of my money and give me money each day when I ask for it. They take me to the bank each week and I get my own money and staff keep it in the safe. My mum is my appointee but has given her authorisation for this to happen".

There were systems in place that showed people's medicines were managed consistently and safely. Staff had been trained in medication administration and staff assisted some people with the administration of their medication. We checked the medication administration record (MAR) sheets and saw that records were correct and informative and showed which medication had been either administered or declined and any reasons for that.

Staff were trained in infection control and in the people's homes we saw, everything was clean, tidy and well ordered. People told us that staff helped them to clean their homes and helped them with their personal hygiene. One person told us, "Staff help me to wash my hair as I can't lift my arms."

The service actively involved people managing their own risks and to take control over and 'to own' their care and support. People were able to choose the amount of support they had but many of the people that the service supported, required and received intensive care packages needing one or two staff, sometimes throughout a 24-hour period. The service had enough staff to provide this and could cover any absences. The registered manager told us that it had only used agency staff once in the last seven years.

Effective systems were in place to identify and reduce the risks to people living in their home. Their care plans included detailed and informative risk assessments. Staff promoted and supported people's independence and freedom and worked to minimise any risks.

People could be as independent and safe as possible. The service provided people with training sessions to enable them to be safe, such as how to prepare food, how to use the cooker and how to manage boiling water.

The service and the housing association worked together to ensure that people were safe. There were personal emergency evacuation plans (PEEPS) and staff did regular checks on the safety of people's environment. Fire drills took place and firefighting equipment and smoke and carbon monoxide detectors were regularly checked.

Is the service effective?

Our findings

We saw that people's needs and choices were assessed and treatment and support were delivered in line with their dietary, sexual, cultural preferences and their choices. People told us that they were now in control of their lives. One person said, "When I have an appointment with my GP they [staff] ask me if I want them to come with me; it's my decision."

Staff told us they discussed each person's care in meetings with the unit manager. Every effort was made to involve people in and understand decisions about their care and support. People told us that this partnership approach greatly enhanced their self-esteem, quality of life and confidence.

We saw records which showed that staff received core training. The training included nutrition, equality and diversity, safeguarding and first aid. They also received additional training to understand and manage all a person's assessed needs prior supporting them. Staff told us that they felt well trained to do their job. One staff member told us, "The management team provide excellent support, the training is second to none". The people they supported told us they agreed that staff were well trained.

New staff underwent a comprehensive induction and a probation period and we saw that all staff were regularly supervised and that they had annual appraisals. Their competency to do various tasks was also regularly checked, such as administering medication. A social care professional told us, "They are very well trained."

Staff were trained in the Mental Capacity Act 2005 and were familiar with the mental health needs of the people they supported. All the people who used the service had capacity and could make choices and decisions accordingly. Some people were legally restricted where they went or had appointees to manage, for example, their finances. It was clear from care plans that every effort was made to give people choice around such restrictions.

People told us that they were encouraged to purchase and cook nutritious foods and that if they were unable to do so, the staff either helped them or did it for them. Many people went out shopping regularly. People's weights were monitored and people were encouraged and supported to lose weight when needed. People had been able to personalise their homes in a way that they wanted.

The service worked with many other organisations and professionals to deliver effective care and support. One social care professional told us that they were, "Very happy with the service. They email me every day with feedback about my client". They went on to tell us that they thought the service was excellent at meeting the needs of people with complex issues. They said, "We have professionals' meetings and the staff are very good with working with the person, their family as well as the professionals".

Is the service caring?

Our findings

One person told us that they did not know what excellent care was, until they were supported by this agency. Another person said, "Staff? What to say...helpful, caring, kind."

A social care professional told us about a difficult placement they had made and said, "The service plugged away when nobody else would; they kept on trying and always engaged with [Name] whenever they would let them. A lot of other providers would have thrown in the towel".

We observed that staff talked with great kindness and compassion to and about people. We were told by staff and the people they supported that staff were 'there for the person', through all of life's ups and downs. For example, one person had very little social interaction when they started using the service as they were verbally and physically aggressive. We saw that the relationship between staff and this person was one of trust and mutual rapport and we were told that after a period with staff working with this person there was a positive effect with the person feeling more relaxed and in control of their life. This person told us that the staff were their friends and that they provided such good care which made them so happy with life.

There was a strong, visible and motivated person-centred culture throughout the service. The promotion of independence was seen throughout the service. We observed that individual support was offered by understanding and knowledgeable staff who were enthusiastic and motivated and provided timely and effective support. The managing director told us, "We care that people are at the centre of their care and that they have every opportunity to define their care and support and direct it as they feel best meets their needs. We do this through the person-centred planning process. As part of this process we invite advocates, families, carers and professionals to be part of the process in designing the care". For greater independence and inclusion, the service provided some people who were involved in gardening activities, with gardening equipment. This was so they could take greater ownership of their support activities and to promote their self-esteem.

The service operated a hardship fund which supported people new into the service where they had no access to benefits. This was to ensure that people had sufficient money for food and other necessary items. The service provided assistive technology if the person did not have any. An example was that a mobile phone had been provided for someone who would only communicate by text messaging. This fund was also available to help people who had become more independent, to move into new accommodation, for example the fund had provided furniture for one person and the service had helped another to redecorate their new home. There was no expectation that people should repay any monies they received from the hardship fund. People were enabled and supported to visit friends and family and have visitors in their homes. This meant that people's sense of achievement and their ability to be independent was promoted whilst they received the service or move on to other lives.

The service held the view that 'people are people' and not 'service user's' and we saw that staff and the management team promoted empathy around every aspect of the service. They told us they asked themselves the question 'Is this how we would like it?'. The managing director told us, "We use the

benchmark of, 'Would the service good enough for our loved ones if they were using it". They went on to tell us that there were as many different types of service as there were people who used it. They told us that they were not the sort of service that offered a 'blanket type' support service and that the kindness and compassion shown to people from staff was delivered in differing ways dependent on their individual needs, preferences and care plan.

We saw that all the activities were instigated by the people the service supported and were enabled by their staff. People were included in decision making about their lives. One staff member said "The inclusion, the teamwork and the fact we give people a feeling that they belong helps us to achieve opportunities to maximize people's lives. We have been able to secure employment for people and enable people to join clubs, meet new friends and generally enjoy life".

People were in control of their own lives. We spoke with three people who told us that their experience with the service had been life changing. One person told us, "I used to gamble, drink. Since I am here, thanks to my carers, I am now free. What else? Life changing!" Another said, "I do voluntary work and this is thanks to the service. I live more independently now and this is just fantastic". A third person told us, "It's about helping us to reach to our potential so we can live more independent lives".

People were supported by staff to help them manage risks around behaviour when they went into the community. Staff told us how this did not limit people's independence and freedom in the community and that people had consented to these levels of staffing. Staff told us how this was provided discreetly if requested by way of observation by, for example, staff being on hand but not actually walking with the person and other similar supportive actions.

Senior staff were in touch with the needs of the people the service supported. The service's managers regularly had conversations with staff and could take a view on how they were caring for the people they supported. They had systems in place to ensure that the person was supported by the best staff that they had and whose personality, training and gender matched the needs of the person they were to support. For example, one person preferred female staff to support them and this was arranged. They went on to say, "They always ask me before they do anything and they take notice of when I ask them to do anything".

Communication with the people using the service used a variety of methods and tools. The service used pictorial information and easy read formats to enable people using the service to communicate messages or information. There was also a version of Makaton used with some people and modern technology, such as mobile phones, electronic tablets and emails, was used throughout the service with both people and staff.

The managing director told us the service would cater for and use innovative and effective ways to communicate and follow each person's wishes on their preferred method of communication. Each person used different ways of communication. For example, some people who lived with autism required staff to speak with them in a very simple and straightforward way or in a place which was appropriate to them and which avoided any distractions. Another person with a visual impairment could only see writing on a background of yellow. Therefore, all this person's written information or other paperwork, was printed on yellow paper. Other people used Braille, communication books and whiteboards and markers. One person had a translator, as their first language was not English.

We observed that staff were very patient and understanding. People confirmed that they felt they trusted staff to keep them informed and that staff were kind, caring and patient. One person told us, "I have special needs and sometimes I don't understand what is being said at these meetings. Staff will repeat things when they see I don't understand and will explain things to me in a way that helps me to understand" and "They

always ask me before they do anything and they take notice of when I ask them to do anything". We were told by social care professionals that staff eased a person into the service over months and that they were sensitive to the person's needs. They said that staff were caring and compassionate to the whole family.

People were involved in the creation of their care plans and each care plan was written totally and clearly as an easy read or pictorial document, which showed an obvious contribution from the person. The care plans showed how the person they wanted to be kept healthy and safe and what outcomes they wanted from their support. Families had been consulted where possible, as well as health and social care professionals. People could choose to keep their care plans and other confidential information in their own home or locked in the office within the building they lived in, but they always had access to them. Duplicate records were securely stored in the office of The Italian Lodge.

An equality, diversity and human rights (EDHR) approach ensured that people's privacy and dignity was well embedded in the service. People who were new to using the service were sent, 'A Guide to the Human Rights Act' which was an easy read booklet explaining the principles of the act, for people with learning disabilities. Staff had been trained in this and all the documentation around people's care reflected the EDHR of people's lives. We saw that people were treated with dignity and their privacy was respected. People could choose whether or not to have visitors to their homes, what they wished to do each day and could choose to manage their personal care independently. A support worker told us they had noted that [Name] did not like other people to see staff paying for anything such as staff paying a taxi fare. They said that to ensure [Name] retained their dignity staff would act sensitively and gave them the money prior to payment to enable them to pay. They gave an example, "When [Name] pays they will always say 'I'll get that', which makes them very happy".

People's wellbeing was important to the service. For example, one person who used the service had a legal requirement for ensure they took medication to manage their behaviour. It was clear from their 'my 'one-page support plan' that this had been addressed in a sensitive way and that the person was encouraged to take their medication but not forced to and that further help and support would be sought from a healthcare professional.

We saw in the minutes of a recent tenants' forum meeting, that the issue of data protection was discussed, as the law had recently been changed. The registered manager had explained this with the people there and checked that everybody understood what it meant, which they told him that they did. The registered manager gained people's permission to store information about them. This information was also minuted in the notes from the forum and sent out in the 'S2I' (Support to Independence) clients' forum magazine to reach those people who did not attend the meeting.

There was advocacy information available to people if they needed an independent advocate. People were told about the advocacy service with posters and in the newsletters. The service worked well with other organisations to offer advocacy, such as interacting with the National Autistic Society, Autism Together and several local authorities.

Is the service responsive?

Our findings

A staff member told us, "My colleagues and I are committed to the provision of person centred care".

The service had detailed, individual and person-centred care plans. People's needs, histories, aspirations, likes, dislikes and preferences were individually explored and documented. People themselves and their families had contributed to the development of their care plans and they were written in such a way as to be readable and understood by the person they belonged to. We saw that each person was able to orientate the service to their own outcomes. They were able to complete an introductory section to their care plan which enabled them to leave their own information about their backgrounds, histories and their own personal narratives about their lives to share with staff. This personally written information gave staff the opportunity to have a better understanding about the person and their emotional needs.

Care plans were outcome based and demonstrated what people would like from their lives and gave options in order to achieve their goals. The managing director told us, "It is about negotiating with people about what they want from the service and from life". Each care plan included information about the person's human rights and the MCA and information about staff safety at work. Health and social care professionals told us that they were constantly in touch with the service and that this communication was two-way. Families told us they were also involved with people's care and support.

Care plans were reviewed at least every month. The reviews included and recorded updates from the person themselves, their families and professionals associated with their care. This meant that any changes to person's support needs were documented and informed the staff who supported them. A further, 'person specific yearly audit' took place and was documented and any changes needed were made. The audit was based on the 'Reach Standards in Supported Living – It's my life (2006)' which outlines 11 standards that people should be able to expect and advocates 'the right support, at the right time from the right person'. This meant that the service checked that the support they gave to people enabled them to have the same opportunities as everybody else, such as the chance to work, to love and have their own home.

People told us that the service's partnership approach greatly enhanced their self-esteem, quality of life and confidence. Staff told us they discussed each person's care in meetings with the manager. Every effort was made to assist people to be involved in and understand possibilities and decisions about their care and support. The service made use of assistive technology where appropriate, such as information available electronically.

The service was flexible, innovative and inventive in its approach to providing support to people. For example, a social care professional told us that the service 'geared itself up' and went 'the extra mile' to meet each individual person's needs. They gave an example of a situation where a potential new tenant was supported over several months by the service to move away from their parents' home and finally into their new tenancy. The professional said that the service had, "Come up with all sorts of strategies to help, including visual clues and they have worked really hard with the transition into the new tenancy". They went on to add that the service had also worked with the person's parents in order to help them deal with this

transition too. At the time of the inspection, we were told by the professional that this person was settled in their new tenancy and had accepted and embraced the recent changes to their lifestyle.

The service provided a range of training support to the people it supported which developed people's independence and enabled them to complete daily activities in a safe way. One person told us, "I have gained new skills with cleaning and cooking since I had the service. I can live more independently". The managing director told us, "We can provide bespoke training for those who use the service because we care and want the very best for them. We want to raise their expectations of what they can achieve in conjunction with the service".

The service provided or enabled a wide range of social, leisure, vocational, paid employment and educational activities. People told us they enjoyed the activities and felt valued and could contribute to the wider community by their work and fundraising activities. People shared some activities together, such as group outings or the winter and summer balls.

Staff worked well with people and knew how to meet people's needs and preferences. We saw that staff of the service had established a very good and respectful working relationship with the people they supported. Staff and people discussed all aspects of daily life and planned, ensuring that people's choices and individuality were addressed. One person told us, "If I require assistance with cooking or personal hygiene I know I can count on them. They always ask me if I need help or support." One staff member told us, "It's [Name's] day to do with as they want".

Information that was available for people to use or read was accessible to them. It was available in easy read and pictorial formats. This included people's care plans, the service policies and any information they needed to have, such as information about fire drills or other matters to do with their homes. Several publications were produced by the service for people, such as the 'client's newsletter' and the 'service user's forum' information which included pictures of them and the activities and informed people about future activities and events. It also gave a selection of healthy eating and easy recipes for people to try. The instructions were clear, informative and easy to follow.

The accessible information had benefitted people's lives. We saw that the use and development of accessible information such as pictorial and easy read material had increased and had shown positive results. A social care professional told us that staff, 'thought outside the box'. They gave an example as that a person's behaviour had been improved by pictorial reminders left about their home. This was improvement was also demonstrated in the audits and in the person's care plan.

The service had a complaints policy and this was also published in the service user handbook. People told us that they knew how to complain and we asked them if they had ever had to raise a complaint. They all answered saying that they were very much aware of how to raise a concern or complaint. They told us they felt at ease to raise any issue. They said that the management listened to them and tried to accommodate them. They said that in client surveys they were asked about the process of raising a complaint. One person told us, "If I feel I need to say something or raise a concern I prefer I speak to them rather than write a complaint. And they listen to me". The service kept a record of complaints made and the responses to them but there had been no recent complaints made to them. The managers told us that external organisations, such as local authorities, had in the past been involved in investigations in order to provide an independent view. Other organisations such as the police had also been involved, but not in recent times.

Is the service well-led?

Our findings

People told us that they believed that the management was strong, visible and effective and that they felt empowered and able to live their own lives as independently as they could. One person said, "The management style used here is based on trust and allows everyone to be in control of themselves. Wonderful management style, works very well, everyone is motivated and happy".

Even though there was no requirement, we found that the service followed the CQC registration principles of 'Registering the Right Support' which advocates for a community placement model in the design of services. One staff member told us, "I feel so lucky to be working here, it's a wonderful well managed service." A social care professional commented, "They are excellent at meeting the needs of people with complex issues".

Systems had been further improved since our last inspection. There had been discussion within the management and staff groups to ensure that the service improved. The registered manager had devised a system which could evidence the progress of various aspects of the service. All aspects of the service and the auditing around them were documented and arranged in easily accessible files. Information was laid out in clearly defined, readable and informative files which were cross-referenced with other documentation and which demonstrated that lessons had been learned from previous inspections and research. Two senior managers cross checked each audit. We saw that the records demonstrated consistent improvement in the service.

People told us that the service was continually improving. Health and social care professionals confirmed this to us. We saw that the service had developed into a 'go-to' service which was able to sensitively and compassionately meet the needs of people with complex behaviours and support needs. It had the resources to support very complex care plans and was able to demonstrate that these were met and managed in a resourceful, innovative and caring way. The service had listened to the needs of the people who used it and had improved the service delivery to them. The staff group told us how committed they were to the people they supported and confirmed that they in turn were well supported by the management team.

The management of the service was effective and supportive. Staff were highly complementary about the leadership and the way they felt motivated and supported by the managers. Staff told us that the service included them in discussions about the service and that they felt valued. They told us that the service was very well managed and everyone knew what their role was. Comments included, "I feel very lucky to be working here. Everyone from the top down has a role and everyone knows what everyone's role is. The service could not be better, I feel valued, empowered and very much part of a team", "I love the genuine values that are promoted. I think that the leadership demonstrated from the top is excellent. The people I work with at all levels make the environment professional, friendly, motivational and fun" and "The management team provide excellent support, the training is second to none and myself and my colleagues are committed to the provision of person centred care.

There was a strong framework of accountability to monitor the service and to demonstrate improvements in

the quality of it. The registered manager, managing director and the operations manager were all clear about their remit and role within the service. They knew about current research and developments and were prepared to be innovative and explorative. They acted collaboratively to ensure that the service was managed properly and the people were supported appropriately. One social care professional told us that in their opinion the manager was extremely well trained.

We found the managers to be open, transparent and willing to communicate with us details about the service. A social care professional told us, "The registered manager and the senior care workers are very up-to-date." One person who used the service told us, "I know the manager. There is good communication. He is very supportive" and another said, "I have the manager's telephone number in case but so far so good".

People were involved in the development of the service. They told us that they were frequently consulted about the care and support they received. There were frequent meetings and surveys with people who used the service, their relatives and other interested parties, to obtain their views about the service. There were monthly staff meetings and quarterly meetings for people who used the service and health and social care professionals were also asked their views about the service. There were monthly client forum meetings where a small number of people represented the views of the larger group. In the forum people discussed future events that they would like to take part in and suggested developments to the service. The notes of the meeting with colourful photographs and drawings, were sent out to the other people who used the service. There were other publications which the provider delivered to people and to which they invited their contributions. All the meetings and publications were communicated verbally or in a written form format that was accessible to everyone.

The managers used the information to adjust and to develop the service in line with people's needs. An example was that people who the service supported and who worked on the farm should attend the moving and handling course and this had been arranged as a joint course for both staff and people. This was to ensure that people and the staff who accompanied them were able to operate in a safe way and so avoid injury.

The service had a clear vision and aimed to deliver high-quality care and support and promote a positive culture that is person centred, open and inclusive. It aimed to empower people and to achieve positive outcomes for them which they had chosen. Feedback from 'client' meetings and forums were taken and acted upon and the service accounted for its actions. Examples were that a request for a certain outing was requested and that in due course, this was arranged and notified, that people were updated on 'their' favourite football team and that people were informed of current issues about their accommodation and any improvements which had been made. Comments from people who used the service, from their families and health and social care professionals were welcomed and addressed and systems had been improved to demonstrate this. An example was the open and transparent way in which the service published its evaluation itself, for the previous year, to the people and the staff.

We saw documentation to support this, such as policy documents, care plans and communications with people, their relatives and other professionals involved in their care. Policies were seen as living things which may need adapting to individual units as some operated slightly different from others. The services' policy also kept pace with modern living, such as the need for a vaping policy being identified.

Throughout the inspection we evidenced the 'can do' attitude of staff, the strong value based attitude of the management team, how they led through example, how best practice was implemented and followed throughout the service. There were regular staff meetings and surveys. The staff were supported by having a unit manager and in staff and manager's meetings. There were weekly workshops for the management

team, which covered the fundamental skills and knowledge to keep people safely supported. These also allowed for best practice to be shared and for other issues to be resolved as they arose. The management team were aware that the social care sector was changing and they assured us they would be at the forefront of any change for the better.

There were many audits of the processes and policies involved in providing care for both individuals and groups of individuals on daily, weekly, monthly and annual intervals and there were checks and balances within the system to ensure that these were accurate. Examples were that daily medication audits were checked weekly by senior staff to ensure they were correctly completed and that although care plans were reviewed monthly, there was also an annual review to ensure that everything was satisfactory. We discussed the use of progress charts and graphs so that it might be more visually evident what the situation was any one time.

The service valued people's views and input. This was gained through meetings, surveys and other comments made individually and were integrated into the results of physical audits. For example, people told us they were asked their views on the administration of their medication and whether their medication helped them. The use of the information, had, we saw been considered and had been acted upon. This had improved the practice of staff in respect of administration of medication and instances of missed medication had reduced remarkably. The audit also showed that some people's behaviours had become more consistent and appropriate by better medication administration. At a recent client's forum people had been concerned about environmental issues and the use of plastic; this was discussed with the staff and everyone agreed to cut back on using non-disposable plastic.

External organisations had checked the service since our last inspection. These included Investors in People, Autism Accreditation, the National Autistic Society, The Centre for Assessment (who had awarded the service the 'customer service excellence standard') and a neighbouring local authority. The comments made by these organisations were very positive and complimentary about the service. We saw that where minor recommendations had been made, these had already been actioned. This meant that the service learned from and responded well to external audits and made sure that any recommendations had been followed.

The registered manager submitted the appropriate information and statutory notifications to CQC and communicated properly with other organisations such as local authorities. Ratings from the last inspection were displayed within the offices of the service, as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.