

Royal Mencap Society

# Plymouth Support Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 18 and 19 April 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Plymouth Support Service is a domiciliary care agency providing personal care and support to people with a learning disability who live in their own homes or supported living accommodation. People may also be supported who are living with conditions associated with sensory impairment and mental health needs. The service supports some people on a 24 hour basis and others at specific times during the day and night. On the day of the inspection 17 people were supported by Plymouth Support Service with their personal care needs.

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

On the day of the inspection staff within the office were relaxed, there was a calm and friendly atmosphere. Everybody had a clear role within the service. Information we requested was supplied promptly, records were clear, easy to follow and comprehensive.

People spoke highly about the care and support they received, comments included, "I love it here, all my friends are here and the staff are lovely and very helpful", "Staff are lovely and caring, when I was in hospital they visited me every day" and "Staff are friendly and really nice to me". Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected.

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff had full appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted to live full and active lives. Staff were highly motivated and creative in finding ways to overcome obstacles that restricted people's independence.

People medicines were managed safely. People received their medicines as prescribed, on time and understood what they were for. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers, occupational therapists and physiotherapists.

People told us they felt safe. Comments included, "I am safe", "I feel much safer here than I did in the community, I was neglecting myself. Here I feel so much safer having my support around me" and "I feel really safe, the staff help me feel safe". All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People were supported by staff who had a good working knowledge of the Mental Capacity Act (2005). Staff made sure people were involved in decisions about their care and helped ensure people's human and legal rights were respected.

People were supported by staff teams who had received a comprehensive induction programme, and tailored training that reflected their individual needs. A health care professional commented, that staff followed guidance and provided effective support.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

The service had a policy and procedure in place for dealing with any concerns or complaints. A complaint that had been made, had been responded to in a timely manner and thoroughly investigated in line with Plymouth Support Services' own policy. Appropriate action had been taken and the outcome had been recorded and fed back.

Staff had confidence in how the service was managed and were happy in their work. The management of the home were consistent in their approach and led by example. Staff were inspired to provide and maintain a high standard of care. Comments included, "I couldn't ask for a better job. I would describe my job as incredible and amazing", "I love working here, it is really nice", "I love my job, absolutely love it. The people we support are brilliant and we have a good staff team" and "This is a really nice place to work, I really enjoy it".

There were effective quality assurance systems in place. Incidents of concern were appropriately recorded and analysed. Learning from incidents and concerns raised were used to help drive improvement and ensure positive progress was made in the delivery of care and support provided by the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People were supported by staff who managed medicines consistently and safely.

### Is the service effective?

Good ●

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

People were supported by staff who had received training in the Mental Capacity Act (2005). Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet and supported to access health professionals to ensure their health needs were met.

### Is the service caring?

Good ●

The service was caring. People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive. Care records were personalised and

so met people's individual needs. Staff knew how people wanted to be supported.

People were supported to have as much control and independence as possible.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

The service had a policy and procedure in place for dealing with any concerns or complaints.

**Is the service well-led?**

**Good** ●

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

# Plymouth Support Service

## **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 was undertaken by one inspector, took place on 18 and 19 April 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, one service manager, an assistant service manager and seven members of staff. We also spoke with one relative, and four health or social care professionals, a speech and language therapist, a social worker, a community learning disability nurse, and a lead health care assistant who had supported people who had received personal care from the service. We visited 14 people in their supported living premises, and spoke with ten of them.

We looked at five records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at records related to the administration of medicine, three staff recruitment files and records associated with the management of the service, including quality audits.

# Is the service safe?

## Our findings

People told us they knew what keeping safe meant and felt safe whilst being supported in their own home. Comments included, "I am safe", "I feel much safer here than I did in the community, I was neglecting myself. Here I feel so much safer having my support around me" and "I feel really safe, the staff help me feel safe". A Relative said, "[...] is absolutely safe. I have a good relationship with the staff, lines of communication are always open and we are in touch on a daily basis." Health and social care professionals confirmed that they had never seen any practice by staff that would lead them to feel people were unsafe.

People were protected from discrimination, abuse and avoidable harm by staff who had an in-depth understanding of how to keep people safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed all staff had received safeguarding adults training and equality and diversity training. Staff confirmed reported signs of suspected abuse were taken seriously, investigated thoroughly, and appropriate alerts had been made to protect people. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately.

People were supported by suitable staff. Recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to independently supporting people with their care needs.

People were supported by sufficient numbers of staff to keep them safe. Staff confirmed they had the right skills, knowledge and experience to meet people's unique needs. The registered manager regularly reviewed the staffing levels, so that people received reliable and consistent care and to help ensure staff could be flexible around people's needs. A staff member said, "I pick up a lot of overtime. We don't like to use agency staff because it is important for people to know the staff who are supporting them, so they feel more comfortable".

Staff were knowledgeable about people who had behaviour that may challenge others. People were referred for a professional assessment at the earliest opportunity. For example, specialist advice was sought from behavioural advisors to help understand and reduce the causes of behaviour that distressed people. This enabled staff to receive personalised guidance on how to best meet an individual's need and helped keep them safe. Care records, contained risk assessments regarding people's behaviour that may put themselves or others at risk. Incidents were recorded and used to identify patterns. The results were analysed and used to change practice and reduce the causes of behaviour that put people at risk. For example, one person had been required to temporarily move out of their bedroom whilst repairs were carried out. This led to them becoming anxious and impacted negatively on their behaviour towards others. Staff understood why such a move could be detrimental to their wellbeing using information they had learnt from the person's history. They arranged to have the person moved back to their room immediately to help keep them safe. Staff talked us through other ways they could manage situations in a positive way to protect people. These included, giving people space and private time alone, talking about a person's favourite place or interests, or going out for a walk. One staff member said, "We do anything we can to relieve people's

anxiety and help them feel relaxed."

People were supported by staff who understood and managed risk effectively. Risk management plans recorded concerns and noted actions required to address risk and maintain people's independence. A member of staff stated, "We put risk assessments in place not to stop people from doing things but help them to do it." Staff confirmed restrictions were minimised so that people were safe but maintained their freedom. For example, one person enjoyed going out alone in the community. Deterioration in their health meant this person had been assessed as no longer being able to safely do this without staff support. Staff noted the negative impact this had on their wellbeing and recognised the importance of them maintaining their independence in this area. Staff liaised with health care specialists; they challenged the assessments and had them reviewed. Then worked with the person so they developed a strong understanding of the risks they faced and supported them to gain back control of their independence. A staff member said, "Losing their ability to go out on their own really affected them. It is so good to see that they are able to do this again. They totally understand the risks and do what they need to, to stay safe." A health care professional commented that staff do what's best for the people they support and challenge their assessments appropriately to support people's independence and choice.

Some people required assistance from staff to take their medicines. People told us staff managed their medicines consistently and safely. Staff were trained and confirmed they understood the importance of safe administration and management of medicines. We looked at medicines administration records (MARs), we noted all had been correctly completed. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans described in detail the medicines they had prescribed and the level of assistance required from staff. These guidelines also included information about people's medical history and how they chose and preferred to be supported with medicines. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in the person's home, had been considered.



## Is the service effective?

### Our findings

People felt supported by well trained staff who effectively met their needs. Comments included: "Staff are excellent, I'm being well looked after" and "The staff are very helpful. They help me do the things I can't do myself". A relative said, "Staff are brilliant. They always rise to the challenge, as [...]s needs increase so does the knowledge and skills of the staff team".

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. Comments included, "Training is the best I've ever had, so in-depth and really good" and "The training is probably the best training I've ever done". Plymouth Support Services' induction programme had been adapted so that newly appointed staff, were observed to be competent across all 15 standards as agreed by the Department of Health, before they were awarded their care certificate. The care certificate was introduced to improve consistency in the sector specific training health care assistants and support workers received in social care settings. Staff also shadowed other experienced members of staff until they and the management felt they were capable in their role. Staff confirmed this gave them confidence in their role and enabled them to follow best practice and effectively meet people's needs. Staff comments included, "I'm still carrying out my induction, everyone is so supportive. Although I'm still shadowing I already feel so confident in my role" and "All the staff were so helpful during my induction, I felt more than ready to support people by the end of it".

People were supported by a staff team that received tailored training that reflected how they wanted and needed to receive their care. For example, one person had specific needs around how staff managed their stoma care. Staff took it in turns to visit the person in hospital over a two week period and observed nurse practice. Following the person's discharge from hospital, a stoma nurse visited the person's home and delivered staff training specific to the individual's needs. This helped ensure staff had the precise knowledge and skills to effectively carry out their role. Staff then developed a pictorial step by step guide that clearly set out how staff needed to deliver consistent personalised support. The person carried their guide around with them and proudly showed it to us. They said, "Staff are very helpful with my bag, I tried doing it, but I can't." A staff member said, "It's my body in the photographs, it was an idea to help remind staff exactly what they need to do. We all talk [...] through what we are doing and the hope is that [...] will be able to do this for herself in the future."

Staff were supported to achieve nationally recognised qualifications. The registered manager sourced support from and had established links with an external agency that provided funding on behalf of their staff. This enabled staff to take part in training designed to help them improve their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the management to increase their skills and obtain qualifications. A staff member said, "I wanted to do my level five, the opportunity came around and I was encouraged to apply. I got the funding through the company and the support has been incredible."

People were supported by volunteers that had been trained and supported for the role they undertook. For

example, one person was supported by a volunteer to attend football matches of their choice. The registered manager stated, "Volunteers receive a cut down version of our induction plus training dependent on their need and the role in which they are carrying out."

Staff confirmed they received effective supervision. This was in the form of a document titled 'shape your future'. Staff met with their manager once every three months over a twelve month period. Staff discussed their wellbeing and set goals they wished to achieve to enhance their development. Good practice was highlighted alongside areas of concern, which staff agreed motivated them to continually improve. Comments included, "Shape your future helps me say how I want to progress, we are thanked for extra things we have done and training is offered to help us improve" and "Shape your future is really good, it gives us an opportunity to move forward and gives us the support we need to achieve our aims".

People, when appropriate, were assessed in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff displayed an understanding of the requirements of the act, which had been followed in practice. Care records evidenced where the service had been involved in and supported best interests decisions that had been made. The decisions had been clearly recorded to inform staff. For example, staff had been involved in best interests decisions regarding whether people should move into their support living accommodation. Records clearly stated what staff needed to do to help ensure they provided effective support that reflected the decision that had been made.

People where appropriate were supported to have sufficient amounts to eat and drink. Where required staff monitored people's food and fluid intake and communicated with each other to help ensure people maintained a healthy balanced diet. People were encouraged to be as independent as possible with staff assisting only when support was needed. Staff checked people had everything they required and supported people to eat at their own pace and not feel rushed.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced staff had identified a potential risk with a choking. Staff sought advice and liaised with a speech and language therapist (SLT). Staff had been advised to maintain the person's independence with eating. To help minimise the risk, the person was to use a teaspoon to help reduce the amount of food in their mouth at any one time, and be observed whilst eating by staff who were first aid trained. A SLT commented that staff were particularly hot on making appropriate referrals and added staff thoroughly checked the reports to help ensure their practice reflected the person's needs.

Records showed how staff either made a referral or advised people to seek relevant healthcare services when changes to health or wellbeing had been identified. Support plans evidenced where health and social care professionals had been contacted when people had expressed feelings of being unwell or a change in a person's physical appearance had been noticed. For example, staff immediately contacted a district nurse when they noticed a person's heel was red, concerned a pressure sore could have developed. A healthcare professional commented staff identified signs early and pre-empted everything. Adding staff followed guidance and provided effective support.

## Is the service caring?

### Our findings

People were well cared for by staff who had a caring attitude and treated them with kindness and compassion. People commented, "I love it here, all my friends are here and the staff are lovely and very helpful", "Staff are lovely and caring, when I was in hospital they visited me every day" and "Staff are friendly and really nice to me". One relative said, "From the top of the pile to the bottom, as far as I'm concerned the staff offer outstanding care and support". A health care professional stated that they felt staff had a very genuine caring nature.

Staff had sincere concern for people's wellbeing. Staff commented that they felt passionate about the support they gave, and explained the importance of adopting a caring approach and making people feel they matter. Comments included, "We strive to make people happy, seeing people laughing and joking means a lot to us", "We listen to what people want and create opportunities to make it happen" and, "It's very clear, we do our very best for the tenants we support so they can have the best life possible".

People were supported by staff who treated them with dignity and respect and supported them to maintain their privacy and Independence. One person told us, "I have all the privacy I need" Staff spoke to people in a polite, patient and caring manner and took notice of their views and feelings. When people needed support staff assisted them in a discrete and respectful manner. For example, when helping people with their toileting needs. Staff told us how it was important to respect people's routines and know when people required time alone in the privacy of their own rooms. A relative commented, "The staff show their utmost respect towards [...]s privacy and dignity."

People were proactively supported to express their views. Staff gave people time, staff were skilled at giving people explanations and the information they needed to make decisions. Once decisions had been made, staff acted upon them to help ensure people's views were listened too and respected. For example, one person explained to us how staff helped them reach a decision about an operation they required. They told us they had a good relationship with staff, spent time with them and trusted the information they gave. They said, "When I was about to have my operation, I was going to staff and telling them I was scared. They really looked after me and made me feel better... I'm doing well now." A staff member commented, "We spent a lot of time helping [...] to understand the need for her operation. We had to really fight for her to get her what she needed. We arranged funding so we could support her whilst she was in hospital. It was important to her and us that she continued to receive care from people she knew and trusted."

Staff knew the people they cared for. Staff were able to tell us about people's history, their individual likes and dislikes, which matched what we observed and what was recorded in people's care records. For example, one person's support plan noted their joy of watching certain childhood television programmes. One of their hopes was to have a brand new TV to watch them on. Staff relayed how much this meant to the person and the positive impact the activity had to their wellbeing. We observed the person in their room watching their desired programme happily on their brand new television set.

People and those that mattered to them valued their relationships with staff. They consistently described

staff as going above and beyond their duty of care when providing support. For example, one relative explained how staff brought out skills in their relative that they or anyone else even knew they had. They said, "They have such a good relationship with [...]. They provide items that stimulate her with noises and colours and she is learning new skills. They deserve medals; the staff are absolutely perfect for her and are extremely fond of her."

## Is the service responsive?

### Our findings

People received consistent personalised care, treatment and support. Staff made every effort to empower people to be actively involved in the completion of their support plan and identify their own needs. Evidence was gathered of the person's life story to date, their skills and their aspirations for their life ahead. One person told us, "I love having people around me and doing paintings. I need help with my tablets and I want to go on a cruise". The person showed us many of the paintings they had created and talked with staff about the cruise that they were going on. A staff member said, "The cruise is all booked and [...] is really excited about it." Another member of staff said, "We had to purchase a projector, so that we could project the images [...] wants to paint onto canvas. He loves painting and has painted most of the pictures hung around his home." When a person was unable to contribute to the assessment themselves, staff involved family members or professionals in decisions that needed to be made. A relative said, "we have a good partnership arrangement. We have a meeting next week where we will discuss how we move forward."

People and their families, where appropriate, were involved in planning their ongoing care and making regular daily decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and supported them to achieve their aims. Staff struck the right balance between empowering people and including healthcare professionals and family in treatment and support plans. A healthcare professional commented that staff put people at the heart of their decisions when people could no longer decide things for themselves. They added, staff were very aware of their limitations, and were open and honest about what they could and couldn't do, and when they needed input from professionals.

Each person had a care plan that reflected their needs, choices and preferences, and gave detailed guidance to staff on how to make sure personalised care was provided. People's changes in care needs were identified promptly and with the involvement of the individual were reviewed and put into practice by staff. Meetings were then and the changes were discussed so that each member of staff fully understood the up to date needs of the person. For example, one person's continence needs changed. Staff understood the need to record the person's fluid intake and the importance of weighing the person's pads. This helped enable healthcare professionals to provide the precise incontinence aids required to meet the persons need. A health care professional confirmed staff were very quick to notice when people's needs had changed and made appropriate referrals. They added staff were good at following advice which enabled professionals' to quickly assess what they could supply to help meet people's current needs.

People were protected from the risk of social isolation and staff recognised the importance of companionship. People were enabled to take part in personalised activities and encouraged to maintain hobbies and interests. For example, one person experienced a ride in a glider and others took part in music groups and cookery clubs in the community. One person said, "I love being with all my friends. I enjoy colouring, clothes shopping, cinema and the theatre." Another person told us, "I like cookery club, I get a taxi there and back on my own."

People were supported to maintain relationships with those who mattered to them. One person said, "I am off to see my sister in a minute, I like seeing my sister and see her every week." Relatives often visited and people where possible, went out for the day with their families. One relative said, "Staff are very good at keeping me informed, we have open e-mail dialogue on very much a daily basis." The registered manager understood the importance of visits from those who mattered to people and told us, they valued close working relationships with families. Staff helped people to have contact with their families and friends, including those who lived in other parts of the country. For example, staff supported one person to use Skype to keep in touch with their loved ones.

People were empowered to make choices and have as much control and independence as possible. For example, Plymouth Support Services had a drive to promote people's right to have their say. This was titled, 'One Voice Campaign' and helped support people to vote. Staff sourced information on all of the political parties taking part in the election. Staff spent time with people in the weeks leading up to the event, to help increase the person's knowledge and understanding of the whole voting process. People's comments included, "I had my vote this morning, I liked doing it.", "I didn't know how to vote. It was all explained to me, I enjoyed doing it" and "I did not want to vote".

People were supported to have their choice and preferences met when they faced moving between services. Staff displayed an awareness of the impact such transition could have on people's lives and wellbeing. Careful thought had been given when moves between services had taken place. Proper plans had been drawn up and delivered in practice and strategies had been put in place to maintain continuity of care. For example, one person recently moved to their supported living environment from one of Mencap's residential services. This was done in the person's best interests and relevant professionals and family members had been involved in the decision. Staff came across from the other service so the person received consistency in care from staff they knew well. These staff passed on their knowledge of the people and provided in-depth information to Plymouth Support Services' staff, so individual needs and preferences could continue to be met. For example, one person's bedroom had been carefully decorated to replicate their previous bedroom. This helped the person adapt to their new environment, minimise change and offer stability.

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People and relatives, who had raised concerns, had their issues dealt with straight away. One relative commented, "We have a close working relationship, any issues raised get resolved instantly." A health care professional stated they had never had any concerns or reason to complain but felt the management would act appropriately if they did. The service had received one written complaint. The complaint had been responded to in a timely manner and thoroughly investigated in line with Plymouth Support Services' own policy. Appropriate action had been taken and the outcome had been recorded and fed back.

## Is the service well-led?

### Our findings

The registered manager took an active role within the running of the service and had good knowledge of the staff and the people who were supported by Plymouth Support Services with their personal care needs. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, their relatives, staff and health care professionals all described the management of the service to be approachable, open and supportive. One person said, "[...] is hell of a nice to me, very friendly." A relative commented, "Communication is perfect. [...] is absolutely approachable, she deserves a medal." Staff told us, "[...] is really good and easy to talk too and the office are good at responding to e-mails" and "[...] is on the end of a phone all the time, she is very supportive as is the whole team".

There was a positive culture within the service. The registered manager told us the importance of having set core values that were understood by staff and put into practice. These included, working with families, caring, trustworthiness and inclusivity. These values formed part of the induction process and were discussed at team meetings with existing staff members. The service had introduced a plan to reflect how their values could be implemented into practice and achieve positive outcomes for people. This included, a drive to recruit volunteers, to provide supernumerary staff. This would improve on the amount of meaningful personalised social activities that could be offered to people. The registered manager said, "Volunteers are really important in helping us to achieve our values. They help us to help people do the things they want to do. We will always find a way."

The registered manager told us they were proud to have an open and transparent service. The registered manager understood their responsibilities regarding the duty of candour, which detailed their legal obligation to act in an open and transparent way in relation to care and treatment. The service sought feedback from people, their relatives and staff, in order to enhance their service. Questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. For example, some staff had suggested more could be done to improve their work/life balance. A new on call system had been introduced to address this issue alongside a new scheme that enabled staff to buy and sell their leave entitlement. The registered manager said, "This has proved to have had a very positive effect and reduced the workload people had faced in the past."

Staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. For example, one staff member talked us through an idea they had, that had been implemented successfully into practice. They had conducted research online to see if there was any equipment available that could help support a person in bed who had sleep apnoea. They discovered that specially designed pillows could be purchased that helped protect people from suffocation, and that pillows could be arranged in a certain way to help minimise risk to that person. Staff spoke with the person's relative who agreed to supply the cushions. A staff member said, "Any ideas we have the manager is very open to them, they listen to us and we also have an

employee forum where we can suggest things." Staff also received a monthly newsletter that invited staff to have their say and encouraged them to be involved in changes that were happening.

The service worked in partnership with key organisations to support care provision. Health and social care professionals who had involvement with the service confirmed to us, communication was good. They told us the staff worked alongside them, were open and honest, followed advice and provided good support. A health care professional commented that staff very supportive, were very good at providing information and used their knowledge of people well.

Staff meetings and service reflection events were held to provide a forum for open communication. Staff comments included, "I enjoy attending all the meetings. The reflection events are open to people and their families so they are great. It is a very positive occasion, we get to reflect on what we have done and see what people have achieved" and "Team meetings are always beneficial, not only to we get to say our grumbles but we talk about people's goals and how they may have changed". Staff told us they were encouraged and supported to question practice. For example, one staff member looked at the way relatives visited their loved ones. They felt it mirrored that of a care home environment. They questioned if people would benefit from meeting their family in the community, sharing a meal, shopping or going for a walk. This was discussed with people and their families and very positive feedback was obtained. They said, "Now people enjoy time with their family as you and I would in settings they enjoy. It has made a big difference and bought a lot of happiness." If proposals made could not be implemented, staff confirmed constructive feedback was provided so they understood why.

Staff understood their role, had confidence in how the service was managed, and were happy in their work. The management of the home were consistent in their approach and led by example. Staff were inspired to provide and maintain a high standard of care. Comments included, "I couldn't ask for a better job. I would describe my job as incredible and amazing", "I love working here, it is really nice", "I love my job, absolutely love it. The people we support are brilliant and we have a good staff team" and "This is a really nice place to work, I really enjoy it".

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. The service assessed the quality of their service and produced a report of their findings which was discussed with management and staff. Success was celebrated and areas where further improvements could be made were highlighted, to help ensure people received high quality care. For example, one report highlighted that staff disclosure and barring service (DBS) numbers needed to be evidence on their staff files. We saw evidence this had been addressed and actioned immediately.