

Ambient Support Limited

5 Horse Leaze

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

5 Horse Leaze is a short break service based in an accessible bungalow. The service provides respite support and accommodation and personal care for up to six people with a learning disability. At the time of the inspection there were three people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The provider worked in line with best practice and in partnership with health and social care professionals to provide outstanding outcomes for people using the service and to help them to have a better quality of life. The provider supported people to live healthier lives and had adapted the design of the building to meet people's needs.

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.

The service was exceptionally well led. The service went the extra mile to provide the best possible care for people living at the service and staff were proud of the support they were able to provide. The service was operated in a way that promoted outstanding care through effective quality monitoring.

People's needs were holistically assessed and personalised care plans were created before people started living at the service. The service provided exceptionally effective and consistent care. Staff treated people as unique individuals with their own likes and dislike. People's diversity and independence was promoted and staff challenged discriminatory practice.

People felt safe living at the service and staff understood their responsibilities to keep people safe from potential abuse. People were supported to have their medicines as prescribed and to maintain a healthy diet. Staff developed caring relationships with people living at the service and supported people using a range of communication methods to make choices about their day to day care needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right

Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

5 Horse Leaze

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

5 Horse Leaze is a respite service. People in respite services receive accommodation and personal care on a short term basis to provide respite to the person and their usual families or carers. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care

provided. We spoke with three members of staff including the registered manager, team leader, and one care worker. We reviewed a range of records. This included two people's care records and multiple medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at one staff file in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies and procedures. We received feedback from six health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to keep people safe and safeguard them from the risk of abuse.
- People and relatives told us the service was safe. We asked a person if they felt safe at the service and they said, "Yes." A relative told us, "It's absolutely safe...they have all my confidence." A second relative told us, "There have been no incidents reported, from my heart this has given me 110 per cent trust in the service."
- Staff had received safeguarding training and were able to spot potential signs of abuse and knew how to follow the safeguarding and whistleblowing procedure if they suspected people were at risk of abuse. One staff member said, "I'd talk to my manager. Make sure my client is safe, if nothing is done, I would inform professionals; the safeguarding team, and [the CQC]."
- Staff knew that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. Under the Equality Act 2010 the term 'protected characteristics' refers to groups that are protected under the Act and must not be discriminated against.

Assessing risk, safety monitoring and management

- The provider protected people from the risk of harm. Staff had assessed the risks people faced and had created risk assessments to guide staff about how to minimise the risk they occurred.
- The provider had worked extensively with health and social care professionals to devise plans to protect people and others when people displayed behaviour that challenged the service.
- Staff demonstrated they knew the plans well and we observed staff carrying them out.
- Relatives told us staff had talked to them about potential risks and felt confident staff knew how to keep their loved ones safe from the risk of harm.
- Systems were in place to monitor the safety of the home environment. The provider conducted regular maintenance and health and safety checks, such as fire assessments, and gas safety checks.

Staffing and recruitment

- Relatives told us there were enough staff at the service to keep people safe.
- Due to the nature of the respite service, the number of people living at the service often changed on a daily basis. The registered manager told us he would assess the needs of the people scheduled to stay at the service and would assign the number of staff working according to their dependency needs. He told us, "We have a small core team and dedicated bank staff. Every week we do dynamic planning about the number of people coming. The rota of day and night staff gets changed depending on needs."
- The number of staff on duty during the inspection matched the rota and was sufficient to meet people's needs.
- The provider used bank staff and agency to cover unexpected sickness absence. All staff had access to out

of hours support from a member of the management team.

- Staff recruitment records demonstrated relevant checks had been completed before staff worked unsupervised at the service, such as right to work documentation, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Using medicines safely

- People's medicines were managed safely.
- People brought their medicines with them and they were stored in line with national guidance. No-one was administering their own medicines at the time of the inspection but the provider had robust systems in place to support people to do so if they wanted.
- We checked the medicine administration records for one person and found them to be completed accurately. Where people took medicines on an 'as required' basis there was a clear protocol for staff to follow to ensure they had these for the right reasons and at the correct dose.
- A relative told us, "They always remember to give his medication after breakfast and dinner. When [family member] came in the medicines box didn't have the name on so they said they wouldn't administer it, so it was sorted." This showed that staff understood how to give medicines safely and records demonstrated staff had completed medicines training and were competent to administer medicines.

Preventing and controlling infection

- The provider had a system to prevent and control the spread of infection. There was an infection control schedule in place and the provider undertook regular checks to ensure it was being carried out.
- Staff understood how to prevent infection. One member of staff said, "We have guidelines, weekly checks, and we are trained. We know how to use the right equipment; Gloves and aprons... We know how to do the laundry safely using different colour bags. We have different bins for kitchen waste and pads."
- A recent infection outbreak had been discussed at a recent team meeting demonstrating the provider had begun to put contingency plans in place.
- The service was clean and free from mal-odour.

Learning lessons when things go wrong

- Accidents and incidents were accurately recorded with associated action plans. These led to full reviews of care records incorporating the new actions. The registered manager explained how they worked proactively addressing any potential risks in team meetings to prevent them occurring. Records confirmed this.
- Staff were aware of the need to learn from any mistakes. One staff member told us, "We are learning every day. We are reflecting on it and what is the learning outcome... We can learn from everything so the client is well."

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 the last inspection this key question was rated as good. At this inspection this key question had now improved to 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; Staff working with other agencies to provide consistent, effective, timely care

- The provider had a truly holistic approach to assessing people's needs and planning how to care for them. Given the nature of short-break stays at the service, the provider had worked effectively to get to know people and their families well and assess and meet their needs in a shorter amount of time than in traditional residential settings.
- The registered manager completed comprehensive assessments of people's needs before they began using the service. For example, one person had previously been living in a hospital setting and the registered manager visited for four whole days to complete the assessment. The registered manager continued to visit for longer than it took to complete the assessment to ensure the person became comfortable with him and staff at the service to best support the person's emotional and behavioural needs as soon as they started living at the service forming the beginning of the partnership. The amount of time and the efforts put in by the manager to carry out a thorough needs assessment had exceptional outcomes as the person quickly settled into the home after admission which led them to being assessed as stable by a psychiatrist.
- Another person had been living at a specialist college and the registered manager spent time learning from the person's previous carers about how best to support the person. This meant the staff were supported to understand the person's needs before they started the service and could help support them right from the beginning of their short stay. These effective transitions based on best practice and a focus on developing comforting and caring relationships with staff from the beginning lead to exceptional outcomes for people over time.
- Health and social care professionals reported that the service was one of the few exceptions that fit the needs of people living with complex care needs due to the good will and "can do attitude" of the registered manager and staff team. A health care professional stated that a person would need secure mental health accommodation but for the interventions of the service. This enabled the person to live in a care home with more independence and control of their day-to-day life.
- Care was delivered in line with expert advice in a consistent, calm and holistic manner that meant people achieved good clinical and social outcomes. There was clear evidence that supported incidents had not occurred as they had in previous care setting, due to this holistic approach. People's relatives told us the service worked with health and social care professionals to deliver care in such a way that people's health and wellbeing was improving better than they expected. A relative told us, "They've been talking with the support worker, and he has a psychiatric assessment coming up and I feel he has achieved more than could ever have been expected." The staff's warm approach created these outstanding outcomes for people and staff were proud the holistic support they provided was helping people.

- The provider used positive behaviour support plans to achieve the best outcomes for people. Health and social care professionals and people's relatives gave confidential examples of how the provider used tailored approaches to ensure the care and support people's needs were met in an exemplary manner. The provider used evidence-based assessments and interventions to help people achieve their goals and desired outcomes. These successful outcomes included helping people to safely lose weight, to gain confidence, complete college courses and to gain employment.
- The provider used available technology to better support people. For example, the provider made videos of the way care needed to be provided to support staff in their delivery of high-quality care and support. Furthermore, due to a person's communication needs, innovative picture and video communication and choice boards were used which increased their choice and control and resulted in them achieving their goals. This meant a person's complex behavioural needs were well understood and the specific support they needed was always correctly carried out by staff.
- Health and social care professionals reported they were very satisfied with people's medical and wellbeing outcomes and would recommend the service to others.
- Health and social care professionals told us the service had supported the successful transition of people living at the service into long-term residential homes in very complex circumstances that was only possible because of the support of the service.

Staff support: induction, training, skills and experience

- The provider supported staff to obtain the right training, skills and experience to meet people's needs.
- Prospective staff were interviewed by people and their families so people felt assured the right staff were recruited. The provider had employed and trained a person using the service to check the quality of the recruitment process and to provide staff training where required. This innovative approach meant the views of people and their families were central to recruiting the right staff.
- New staff received a comprehensive induction whereby they shadowed more experienced staff members and have regular observations and support during their six – month probation period.
- Staff had received comprehensive training that was tailored to the personal care needs of people living at the service. People and their relatives were involved in providing personalised training. For example, staff would go to people's homes to be shown how best to support people. The provider was innovative by using technology to provide staff with videos demonstrating exactly how to care for people. One staff member said, "They really develop you here. Learnt a lot of things here. Very supportive."
- The registered manager gained further qualifications in Positive Behaviour Support (PBS) to ensure people received interventions based on best practice. The registered manager used their knowledge to train staff to embed the expertise at the service.
- The provider supported staff to understand and follow best practice guidelines when supporting people's specific needs, such as weight management.
- Staff received regular supervisions to support them in their roles. A staff member told us, "They are useful, they have actually built my confidence because I've been able to express what I want from the management to help me and to help others. It really works."
- The provider ensured staff had up to date information about people's needs and the running of the service through daily handovers and monthly staff meetings and staff found these a useful time to feedback about the service.
- The provider checked that supervisions and team meetings were being conducted regularly to support staff and family members would be invited to share their expertise with staff during team meetings.

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

- People were supported to eat and drink enough. A person told us they liked the food and relatives told us

the service made food in line with what people had at their homes.

- People were able to eat at the time they liked and we observed family members eating with people in a warm environment.
- We saw that people were supported to eat the food they liked according to their care plans and recommendations from healthcare professionals were followed.
- People were given a choice of food. For example, following input from a psychologist, pictures were used to help a person make their own decisions in menu planning. The person was also supported to explore food options in the kitchen to help them make healthy choices. People were supported to undertake certain tasks themselves to increase their independence and life skills.
- Staff kept daily notes of the amount of food and fluid people had and weighed people as required. Care plans were regularly audited to ensure people's nutritional needs were correctly recorded.

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

- The service was designed to meet people's needs. People had their own rooms and could bring home comforts to personalise them.
- The provider had adapted the design of the building in order to meet the needs of one person who used the service.
- The registered manager had secured funding from the provider to refurbish the building and garden so that it could best meet people's needs.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services. Staff constantly sought ways to improve people's care and treatment by working closely with healthcare professionals. One staff member told us, "The psychologist comes to help us. We try to do the best thing to help [person]."
- Records demonstrated the provider supported people to attend medical appointments and implemented the recommendations of multi-disciplinary teams. Where a person was unable to attend appointments due to their support needs the provider ensured the person received healthcare such as through video calls to the GP and used interventions to help them to gain confidence to attend medical appointments.
- Health and social care professionals and relatives reported that people's health outcomes had improved people's quality of life.
- The provider worked exceptionally well with other organisations to ensure people received effective support. For example, the provider enabled three staff members to work at a different provider for six months in order to continue to support a person with complex needs while they settled in their new home. This led to the person successfully meeting their goal of finding long – term accommodation that met their needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care was obtained in line with the law and guidance.
- People were given choices about their care and support and the service used communication methods such as pictures to understand people better.
- Due to the nature of the service most people who used the service normally lived in their own homes. For people who stay on a longer-term basis, the provider was following a procedure they had agreed with the local authority about when to apply for DoLS authorisations.
- Staff were supporting people in line with the conditions of DoLS authorisations and understood how to deliver care in the least restrictive way possible.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff developed caring relationships with people using the service.
- We observed staff talking to people with warmth and compassion. Staff and people laughed together and had fun.
- Relatives spoke highly of the staff. One relative told us, "They've achieved helping [person] realise [they] are loved and cared for." A second relative said, "Staff are really welcoming. Good approach, friendly, if there is anyway they can help they are there to show they can help. They are all excellent."
- Staff explained how they got to know people and spoke respectfully about them. One staff member said, "The most important thing is our clients to make sure their quality of life is the best as possible."
- People's diversity was championed. Staff supported people to continue to practice their religion. One staff member said, "We support [person to go to their place of worship every week]. We have staff from different backgrounds and we try to make sure there's staff who also believe so they feel comfortable to go together."
- Discussions with the registered manager showed they respected people's sexual orientation so lesbian, gay, bisexual and transgender (LGBT) people could feel welcome at the service. The registered manager said, "Due to communication needs people can't always express their sexuality. That doesn't mean we categorise them as heterosexual we say unknown. If someone did identify as LGBT we wouldn't treat them differently. We are trained to see everyone in the same light."

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

- People were supported to express their views and we observed staff giving people choices about their meals and what they wanted to watch on TV.
- Staff had a good understanding of people's communication needs and were able to support them to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. One staff member said, "The most important thing is to give them their privacy and asking for choices." Staff gave examples of how they maintained people's privacy during personal care tasks.
- People's independence was promoted. We observed people being encouraged to undertake those tasks they could in line with their care plans. People were warmly praised by staff appropriately for doing certain tasks.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now changed to good. This is because of a change in methodology whereby aspects of this key question is now considered under the key question of effective. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives were involved in planning their own care. Staff met with people regularly to get their feedback. One staff member said, "Everything is based on what they want." Records were promptly updated to reflect recommendations from health and social care professionals when people's needs changed.
- Care plans contained detailed information about people's background, character, likes and dislikes and their preferences.
- Staff understood how to translate the care plans into person-centred care delivery. A relative said, "They are person centred whatever [person] wants they try to meet. Whatever routines [the person] has like hot chocolate after day centre, that's what they're doing, so there's no confusion. [Person] has a special diet with more vegetables, they let us bring dinner from home if the person wants."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team and staff were aware of the AIS and records showed they had identified people's individual communication needs. We saw that staff spoke with people in a way they could understand and in line with their care plans.
- The provider used a range of techniques to support communication. One member of staff told us, "If they can't speak, I would still talk to them. It's all based on their choices. Simply by showing pictures, objects we can understand each other. I use eye contact and facial expressions. For [person], if you give a little bit of time, and listening more often then you learn what [they] are saying. [Person] is very good at spelling so we printed the alphabet and [person] shows us letter by letter."

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 their relationships with their families to avoid isolation. We observed staff warmly welcoming family into the service.
- We observed a range of activities taking place during the inspection, including music sessions. One person wished to learn English and have maths lessons and this was facilitated by staff. A staff member told us,

"[Person] is starting to pick some words up in English so we're starting to help [person] develop a lot more and write simple words."

- People accessed the activities in the community during the inspection and we noted people took part in swimming and day centre classes.
- Daily records demonstrated people took part in music lessons, massage sessions, gym and cinema trips.
- The service used a mobility vehicle to take people of day trips.

Improving care quality in response to complaints or concerns

- Complaints were well managed. The provider kept accurate records of concerns and dealt with them appropriately in line with their policies. Records showed feedback was acted upon and shared with care staff during team meetings and supervisions.
- Relatives told us they knew how to complain if they ever needed to and that any suggestions were listened to and acted upon quickly. A relative told us, "At home [person] has TV or radio on so [person] feels ok if it's on. As long as its continued in here he doesn't feel change to services. There was a time he didn't get it so when we came we suggested and they provided it. Once they listen they get it and provide it." A second relative said, "I'm confident they'd listen to any complaints."
- There was an easy read complaints procedure at the service for people to follow if they needed to make a complaint.

End of life care and support

- The service was not supporting anyone on end of life care. Due to the nature of the service it is unlikely they will provide palliative care in the future.

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 the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open, inclusive and empowering culture at the service. Relatives told us the service was exceptionally well led and the support they received as a family and for their loved ones was distinctive from any other service. The provider always positively considered the requests for admissions of people and carried out the most thorough preadmission assessment to identify the person's individual needs and preferences over a prolonged period of time. As a result, one family member told us about a complex situation and said, "I don't think any other care home would have tolerated it. I feel like I'm family and I know [relative] is safe."
- Health and social care providers and relatives told us the management team and staff went the extra mile to support people and 5 Horse Leaze was the only service they had been able to find to adequately support some people.
- The management team had embedded the provider's values at the service, such as holistic person-centred care. The registered manager's passion and enthusiasm was evident throughout our inspection and took every opportunity to demonstrate the provider's values, so that staff also reflected the values in their behaviours and approach to care. One member of staff told us, "The values and visions we are working on is person centred care and we want to make sure they are safe and their quality of life is good. We want to do for them extra and we want to make sure they get much better to improve their life." The unique energy the management team fostered in their staff to meet the individual behavioural needs of people at the service led to the exceptional outcomes people experienced.
- Staff told us they were proud to work at the service and believed they provided outstanding care. Staff we spoke with shared in the joy of the achievements of the people they cared for. One member of staff told us, "I'm very proud working here because I can see every client improving."
- Staff morale was high and they felt supported to undertake social care qualifications if they wanted to. Staff spoke warmly of the registered manager. One member of staff told us, "This is one of the best services. We have excellent staffing, we have an excellent manager and team leader. We are very productive." Staff were awarded with employee of the month awards for doing a good job.
- A recent audit found the manager to be open and accessible.

Working in partnership with others

- The service worked exceptionally well with other health and social care services to ensure people received joined up care. For example, psychiatrists and multi-disciplinary teams of health care professionals. We received universally positive feedback about the service, and all of the professionals we spoke with

remarked on the "can do attitude" of the provider and manager which had resulted in the service being able to meet the needs of people with highly complex health needs in difficult circumstances, for example, health was very well supported. And people's families were supported during extremely difficult circumstances relating to their relative's past treatment.

- The registered manager had developed wider partnerships to share and reflect on best practice and NICE guidelines. The registered manager helped organise local Skills for Care meetings and used technology to work closely with other managers in the sector. The registered manager regularly shared examples of the work being done at the service with other managers as examples of best practice, sharing their knowledge about behavioural needs and he also arranged for expert speakers to deliver talks at meetings.
- Feedback from professionals told us the registered manager was an I Care Ambassador and along with staff promoted the social care profession to the local job centre and young people. The registered manager's colleagues at these organisations reported his enthusiasm for improving care delivery in the health and social care sector. As a result the provider had assessed there was a need to support people with complex needs living at the service on a long-term basis and were investing in adapting a nearby building to provide this tailored support.

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; Continuous learning and improving care

- The registered manager understood their responsibilities under the duty of candour. They said, "To be transparent about what you do be open if you make a mistake accept it and it should be seen as learning don't try to hide things. Lead by example."
- Staff strove to reflect on their practice and a recent internal audit found, "I observed staff supporting the individual with complex needs, the care and compassion was person centred and the staff had liaised with all involved to ensure open and transparent communication with all."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was monitored in a way that promoted outstanding service delivery. The provider had a robust system of audits to check the service was running smoothly and created action plans when improvements were needed. For example, medicine, care plan and care quality audits had been completed. The regional manager conducted a quarterly inspection of the service to ensure it was working in line with best practice. For example, an audit of risk assessments led to the action 'to include more information on the reduction of risk.'
- The registered manager told us, "We are very eager to do many things and have a development plan" Records confirmed this.
- The registered manager assessed staff performance at spot checks at night and weekends and feedback was given to staff to help them continue delivering excellent care. A member of staff told us, "We get observed, the manager, team leaders observe, we get spot checks so if you're not on track they can tell you."
- Staff were given opportunity to feedback about service delivery at team meetings. Team meetings were also viewed as an opportunity to give staff support. Staff reported they felt valued and gave examples of how they were able to progress into management roles with support offered to develop their leadership skills. The service was committed to progressing their own staff and had promoted staff to management roles.
- The provider used innovative ways to gain people's views about the service. For example, people were asked to give feedback on their quality of life using an outcome model during meetings so any issues could be addressed quickly and improvements tracked. Records demonstrated the service had links to advocacy services if required.
- The provider routinely asked families for their feedback about the service and involved them in shaping

the care for their relatives during their stay at the service, for example about what would make them feel welcomed, valued and comfortable.

- Health and social care professionals were regularly invited to give their views about the service and feedback was positive.