

# The Care Partnership (South West) Ltd

# The Care Partnership

## 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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

The Care Partnership is a domiciliary care agency providing personal care to people with a learning disability and autistic people. At the time of the inspection they were providing bespoke 24-hour packages of care and support to seven people. The service specialised in supporting people with complex emotional, social and communication needs.

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

The service was able to demonstrate how they were meeting the principles of right support, right care, right culture.

### Right Support

People were supported to have maximum possible 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.

People were supported by staff to be involved in all decisions about their care and support. Staff used communication methods which were personal to the individual to enable them to express themselves. Family members continued to feel fully involved.

People received very personalised care and support which was completely built around their needs and preferences. People had their own small staff teams who they knew and trusted. Shift patterns were built around each person's needs and wishes.

Staff were highly trained and worked with people to reduce periods of distress. People were relaxed with the staff who supported them. Family members praised the staff skills in providing a calm and relaxing atmosphere for people.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff worked with other professionals to avoid people taking unnecessary medicines.

People were supported by staff to pursue their interests and take on new challenges to enhance their quality

of life. Photographs and feedback demonstrated that people led very active and social lives and were able to try new things that interested them.

Staff supported people to achieve their aspirations and goals. People had opportunities to meet with staff to plan how goals would be achieved. One family member told us, "They are now doing things I never dreamt they would. All thanks to their care."

### Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff were exceptional at understanding and responding to their individual needs. Family members reported to us that people were happier and more settled since The Care Partnership had been providing care and support.

People were kept safe from avoidable harm because the service had a clear policy to support staff to recognise and report abuse or poor care. Staff spoken with said they would be confident to report any concerns about possible abuse or poor practice. Relatives had no concerns about people's safety.

People who had individual ways of communicating, using body language, sounds, signs and pictures interacted comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care and support plans were extremely personalised. They reflected people's needs and preferences and this enhanced their wellbeing and enjoyment of life. Staff had an excellent understanding of people's needs and were flexible to enable them to meet changing needs and wishes.

People received care that was focused on their quality of life and followed best practice. There was ongoing training and supervision for staff to make sure practice always followed best practice guidelines.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

### Right Culture

People were supported by a management team who worked hard to promote a culture where people were valued and respected as individuals. This culture enabled people to develop and flourish. Staff spoken with were committed to the values of the organisation.

The culture and practice of the organisation achieved extremely positive outcomes for people. These had included reductions in medicines and reduction in the number of staff needed to keep them safe. It resulted in people being happier and more content which enabled them to access more social situations and therefore more fulfilling lives.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their specific needs.

Staff knew and understood people extremely well and were responsive, supporting their aspirations to live a quality life of their choosing. Everyone was cared for and valued as the individual they were. All care was

totally tailored to their individual needs.

People and those important to them were involved in planning their care. Family members told us they were fully involved in their loved ones lives and felt that the organisation was extremely transparent and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for the service at the previous office address was Good, published in August 2019. This is the first inspection since the service registered at it's new office location.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our well-Led findings below.

# The Care Partnership

## 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

Two inspectors carried out the inspection.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Also, people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 6 April 2022 and ended on 11 April 2022. We visited the office location on 6 April 2022.

#### What we did before inspection

We looked at all the information we held about the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We met with four people who used the service and spoke with four relatives on the phone. We also received written feedback from one relative about their experience of the care provided. People we met were unable to fully express themselves to us verbally but used signs, pictures and some speech. We observed people interacting with the staff who were supporting them.

We spoke with six members of staff including support staff and members of the management team. The registered manager was available throughout the inspection.

We reviewed a range of records. This included two people's care records and a sample of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records

# Is the service safe?

## Our findings

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

This is the first inspection since the service was registered to its current address. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because the service had a clear policy to support staff to recognise and report abuse or poor care. Staff spoken with said they would be confident to report any concerns about possible abuse or poor practice.
- People looked comfortable and relaxed with the staff who worked with them. One person told us they felt safe with all the staff who supported them.
- Relatives felt that their family members were safe. One relative told us, "Absolutely safe. They keep me up to date with everything. I have no concerns on that score."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. People had very personalised risk assessments which promoted independence and participation with minimum risk to themselves and others.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. We saw risk assessments which enabled people to safely go swimming, visit family and take part in activities such as horse riding. One person communicated to us how much they enjoyed these activities by signing and showing us pictures.

Staffing and recruitment

- People were supported by small teams of staff. Any new staff joining the team were introduced to people. We observed new staff shadowing more experienced staff to enable them to spend time getting to know the people they would be supporting.
- Shift patterns were determined by people's needs and wishes. For example, some people liked to have the same staff with them for a 24-hour period, whilst others liked staff for shorter periods.
- New staff went through a robust recruitment procedure to minimise risks to people. This included seeking references and carrying out disclosure and barring checks.
- Some people were involved in the recruitment of staff to their individual teams and everyone had opportunities to spend time with their new staff members. This enabled people to get to know new staff during their probation period and decide if they were the right staff for them. One person told us that they had decided they did not like some staff, and they had been removed from their team.



- All staff had access to on-call managers throughout the day and night. This meant they could seek support or guidance at any time. Staff said they felt well supported and could always call on a manager.

#### Using medicines safely

- People received their medicines safely from staff who had received specific training to carry out the task. People were encouraged to take control of their own medicines in accordance with their understanding and ability. For example, one person was able to administer their own medicine, with supervision and support from their staff team, for a specific condition.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. We heard how several people had had medicines reduced or discontinued since receiving their support from The Care Partnership.

#### Preventing and controlling infection

- Risks of infection were minimised because there was a clear infection prevention and control policy for staff to follow.
- Staff had been kept up to date with government guidelines regarding COVID-19 and were taking part in regular testing to minimise the risks of infection to people.
- The service was taking an individual approach to the use of personal protective equipment (PPE) as some people found staff wearing PPE distressing. Each person had an individual risk assessment to make sure they were kept safe in a way that reflected their needs.

#### Learning lessons when things go wrong

- People were supported by an organisation that was continually looking at ways to learn and improve. The registered manager told us that following a situation where they supported people to move to a new house, they had learnt lessons. They said that following this they would be putting a checklist in place to make sure if the situation arose again, they would be more prepared.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Following any incidents, risk assessments were reviewed to make sure they continued to protect people, or to make changes to prevent re-occurrence. Relatives told us they were informed when things went wrong and had full confidence in actions taken by staff to minimise further risks.

# 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.

This is the first inspection since the service was registered to its current address. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed by the staff and other professionals before they began to use the service. These assessments enabled packages of care to be tailored to each person's needs and wishes.
- People had their needs reviewed on a regular basis to make sure they continued to be reflective of the person's needs and current best practice guidelines. Relatives spoken with felt fully involved in reviews.
- People's support plans were very individual and personal. Care plans we read gave a good level of information and matched the personalities of the people we met.

Staff support: induction, training, skills and experience

- People received their care and support from staff who had the skills and training to effectively care for them. Relatives complemented the provider on how well-trained staff were. One relative commented, "Staff are so well trained and so confident."
- New staff completed a full induction and were able to shadow more experienced staff until they felt confident in their new role. One new member of staff said there was no pressure on them, and they could do as many shadow shifts as they needed to feel comfortable.
- People were supported by staff who felt well supported and had access to a range of training according to people's individual needs. One member of staff told us, "I feel totally supported and you can contact management any time."

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

- Staff encouraged people to eat a healthy diet but appreciated people's choices. Where people needed a specific diet to meet their needs, staff gave advice and helped people to make appropriate choices.
- People were supported to choose their food, plan their meals and take part in shopping. Each person was able to do this individually with their staff team.

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

- Staff helped people to access healthcare services in accordance with their individual needs. One relative said that staff helped the person to attend appointments but always kept them fully involved.
- Staff ensured that people received support from staff who knew them well and who they felt comfortable

with. Minutes of a meeting held with other professionals showed that staff would support a person during a hospital stay. This would provide reassurance and consistency for the person.

- People were supported to have active lifestyles. One person told us they enjoyed swimming and going to the gym. A family member told us, "He looks healthier than he has in years." They told us staff helped their relative to take regular exercise.
- Staff monitored people's physical and emotional needs and took action to address any concerns. One relative told us how well the staff supported a person with a long-term health condition. They said staff were, "Skilled and knowledgeable."
- People were supported by staff who understood people's anxiety about some medical interventions and took action to minimise distress. For example, one person had needed to attend a test centre for a COVID-19 test. A group of staff went with the person and were also tested so the person could see there was nothing to be anxious about. The person was relaxed and was able to be tested.

### 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- People had their legal rights protected because staff understood the Mental Capacity Act and the implications for people's care and support. They liaised with appropriate professionals and The Court of Protection appropriately.
- People were empowered to make their own decisions about their care and support. This included how they wanted to be supported and by whom.
- Where people lacked the capacity to make certain decisions best interests decisions were made. Families told us how the staff communicated with them to ensure decisions were made in the person's best interests. We also saw records of meetings with family and professionals where best interests decisions were made.

# 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.

This is the first inspection since the service was registered to its current address. This key question has been rated good. 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

- Managers led by example to make sure all staff shared their values of respecting and valuing people. There was a strong person-centred culture which led to an excellent quality of life for people. Relatives commented that the support their loved ones received had exceeded their expectations. One relative said, "They have certainly gone above and beyond." Another relative told us, "Staff are so well trained and supported. They truly understand his needs."
- Managers worked alongside staff to ensure their values were put into practice in all aspects of the care they provided. One relative told us, "They treat him as you would a family member to be cared for. It's so much more than care. They never settle for what will 'do.' Always looking at how to improve his life. Never just the bare minimum. Never 'This will do.'"
- Staff also felt well supported and respected. One member of staff said, "It's the most caring company I have ever worked for. Care is great and second to none."
- People were totally accepted and respected for who they were. One member of staff told us, "We accept people for who they are and create a world they are happy in."
- People were well matched with the staff who supported them and as a result were very relaxed and at ease in their presence. People and family members spoke positively about the staff team. One relative told us about the positive rapport that staff had built up which had led to the person being able to experience more situations. They commented, "They have done really well with him. He is even going into supermarkets now."

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

- Staff were exceptional at supporting people to make choices for themselves and involving their representatives where needed. One relative told us that staff used all behaviour and communication to identify a person's wishes and needs. They said, "When something happens, they all talk about it and try to find out what the person was trying to tell them. Usually they get to the bottom of it and they learn from it."
- People were supported by staff to be involved in all decisions about their care and support. Staff used communication methods which were personal to the individual to enable them to express themselves. We saw staff signed to one person and gave them time to respond. Another person used a combination of words, pictures and leaflets to express themselves. This enabled people to make choices for themselves and we saw staff acted on these choices.
- The registered manager had supported one person to make a decision about their healthcare. They had

ensured the person had information in a format that was meaningful to them. They also involved other professionals to make sure they had impartial support and were deemed to have capacity to make the decision. This resulted in the person receiving the treatment which they wanted.

- Where appropriate, people's relatives and advocates were fully involved in making decisions. All relatives we spoke with felt they continued to be part of all decisions. One relative said, "They talk to me all the time. I feel we are working together." Another relative told us, "I feel very much part of his care and support, they are very accommodating of everything."

#### Respecting and promoting people's privacy, dignity and independence

- People were always treated with respect and their dignity and independence was promoted. We saw people in their homes were very relaxed and were able to make their own drinks when they wanted them. Staff interacted with people in a friendly and respectful way. One relative said, "They are totally respectful of them and me. They respect our relationship and help us to maintain it." Another relative said, "They are very respectful and not just on a superficial level."

- People were supported to achieve their aspirations and gain independence. Everyone had an aspiration meeting with staff to outline what they wanted to achieve. We heard how one person was working towards his personal goals, which included part time work.

- People had opportunities to try new experiences and gain independence. Records seen showed people were being supported by staff to try new activities in accordance with their abilities and likes. One relative told us that if their loved one showed an interest in something, "They just make things happen. They are a great team, absolutely brilliant." We saw photographs of people taking part in various hobbies and people told us about the things they did.

- All people being cared for by the service had one or two staff with them 24 hours a day. Staff appreciated that this could be intrusive and worked in ways that enabled people to have safe time alone when needed. For example, night care had been changed for one person to minimise the intrusion.

# Is the service responsive?

## Our findings

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

This is the first inspection since the service was registered to its current address. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's lives had been changed by the planning and practice of totally person-centred care. Care was built around each person's needs and wishes. One relative said that if incidents occurred the staff always accepted it as a part of the person's communication. The person-centred approach had led to reductions in medicines and staffing levels for people. It had also enabled people to have increased social opportunities.
- Everyone had a care plan which people and/or their representatives had been fully involved in writing and reviewing. This made sure that all staff had the information they needed to provide care which was personalised to people's needs, wishes and aspirations. We attended a meeting where a person's care and care plan was discussed. All staff knew the person extremely well and discussion enabled them to ensure they all worked in a consistent manner in accordance with the care plan.
- People's support was focussed on their quality of life and outcomes. These outcomes were changed and adapted as people changed. A staff member told us, "We work with people for what they want now but we are always flexible." Care plans showed that people had reached some of their goals such as taking part in more social activities. One person, who had previously required a high number of staff to support them, had a part time job.
- People received care that was extremely personal to them. Everyone had a staff team who they had been able to get to know and trust.
- All aspects of care were planned around the individual. For example, staff had shift patterns which matched people's preferences and needs. One person preferred staff to change during the day and this was accommodated. Another person's needs meant that they had the same staff member for a 24-hour period. The matching of staff and shift patterns enabled people who needed high levels of stimulation and activity to receive this from staff who shared their enthusiasm and energy.
- The personalisation of care meant that outcomes for people were exceptional. One relative told us that since The Care Partnership had taken over their relatives care they had seen a huge difference in them. They told us, "They are so much happier and so am I. The difference is phenomenal." We saw photographs of this person enjoying a relaxed lunch out with family members which they had not previously been comfortable to do.
- Relatives told us that staff had outstanding skills which enabled them to meet people's needs and promote a good quality of life. One relative said, "They know how to manage and support him. They are so well trained and understanding." The relative told us that the skills and approach of the staff had led to a total cessation of behaviour which had been very negative for the person.

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 encouraged to pursue their interests and hobbies which enabled them to be active members of their community. One person regularly attended local sports events and had made friends with other supporters.
- People were supported to maintain links with friends and family. Relatives said that staff helped them to stay in touch by visits and trips out together. One relative told us that staff helped the person to ring them every evening to say good night. They said how much they appreciated this and how it helped them both to maintain their close relationship. One person's family member had stayed with them for an important event so they could mark the occasion together.
- People made choices about who they wished to live with. Two people who used the service shared a house. When the people had moved to their current home the staff had worked with other professionals to make sure the people wished to remain together and that it was in their best interests to do so. One relative told us that staff had helped to create a small family which was suited to the people's needs.
- People used community resources according to their wishes. One member of staff told us how the person they were supporting was building relationships with people who worked in shops they visited regularly. They said one shop worker had started to sign to the person to communicate with them. One person told us they attended church regularly. They said that during the pandemic lockdown they had taken part in virtual services but had now happily returned to in-person church services.
- People took part in activities which interested them. During the inspection we attended a meeting where staff discussed how the person they supported had shown an interest in visiting particular places. They also talked about places they had enjoyed visiting such as the theatre and the library. Staff were building activities around the person's reaction to different things to make sure they took part in things that they enjoyed and found stimulating.
- Staff were pro-active in helping people to take part in activities and be social. We heard how one person had not left their home for some years before the service took over their care. Photos showed the person was now going out and enjoying a more active social life.
- During the pandemic lockdown people and staff had had to change activities to meet government restrictions. Staff had been inventive in continuing to provide social stimulation to people. One relative wrote to us saying, "They have been not just coping during COVID, but thriving. New routines, and even new walks, had to be sourced and amended to avoid any possible behaviours." Another relative said about the care the person received, "These have been his most stable years and it has been during lockdown." One person told us they had bought a disco ball so they could have a disco at home with staff when other venues were closed.

### 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.

- People had various communication needs and staff adapted to each person. A relative told us that only staff who were able to use the person's communication method, or were happy to learn, worked with their loved one.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. We observed staff with people and saw they responded well to different communication. Managers and staff thought of all

behaviour as a way of people communicating with them and explored what people were asking for.

#### Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. All relatives spoken with said they would not hesitate to raise any concerns with staff. All felt that issues would be addressed immediately.
- Staff took time to look for different ways of working when concerns were raised with them or people expressed that they were not happy.

#### End of life care and support

- No one was receiving end of life care at the time of the inspection. However, the registered manager told us that they would introduce appropriate care plans for anyone who required it. They said they would use their knowledge of the person and work with others who were important to them. This would ensure that people had their needs met and their wishes respected.



# 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.

This is the first inspection since the service was registered to its current address. This key question has been rated 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

- People were supported by a registered manager and management team who worked hard to promote a culture where people were valued and respected as individuals. This culture enabled people to develop and flourish. Staff spoken with were committed to the values of the organisation. Staff said they strived to provide the best care possible to enable people to have active and fulfilling lives.
- The registered manager valued people's views and empowered them to make decisions for themselves. This had included involving other professionals to enable a person to decide about a medical treatment they were keen to pursue. This resulted in a person making their own decision about something which was important to them.
- Staff were motivated and proud to work for The Care Partnership. This led to a happy staff team who were committed to providing a service that was inclusive and empowered people to make choices and take on new challenges. Family members said the care and support people received exceeded their expectations. One relative said, "They understand his every need and treat him as the individual he is."
- The culture and practice of the organisation achieved extremely positive outcomes for people. These had included reductions in medicines and reduction in the number of staff needed to keep them safe. It resulted in people being happier and more content which enabled them to access more social situations and therefore more fulfilling lives. We saw photographs of people taking part in a variety of activities at home and in the community.
- The registered manager matched people to staff to make sure that trusting relationships could be built. This enabled people to start to fulfil their potential and take a more active part in their community.
- Feedback from relatives showed the positive effects that the care provided had on their loved ones. Comments included, "Staff are really skilled in autism which leads to less stress and a happier [person's name]," "He has done really well with their support. They have been brilliant" and "They are now doing things I never dreamt they would. All thanks to their care."
- Managers put people's needs at the centre of everything they did. All care packages were bespoke to the individual and changed when needed. One relative told us, "Everything they do is about what [person's name] needs. They never take the easy route if it's not the best thing to do."
- Staff felt able to raise concerns with the registered manager and management team without fear of what might happen as a result. Staff told us that managers worked alongside them and were also available on call throughout the day and night. One member of staff said about one of the managers. "They are the most approachable and professional person. Could talk about anything to them."

- People and their family members were very happy with the care and support they received. People looked extremely comfortable with their staff and were enjoying active lifestyles. Family members praised the service. One relative wrote that in their opinion the service provided was of an 'Exceptional quality.' Another family member said, "It's not just care. It is way beyond anything we have ever experienced before."

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

- The service worked with people who had complex needs and ways of communicating their emotions. The registered manager was very open and transparent about any issues that occurred. Relatives felt they were kept fully informed about everything.
- Relatives had trust in the organisation and felt they were completely approachable and transparent. One relative commented, "If things have gone wrong, they are so open and honest. Very much, this is what has happened, and this is what we have done and who we have contacted." Another relative said, "You always see the whole picture. They are so open and transparent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had a registered manager who ensured all care was overseen by managers who had the experience and knowledge to provide good quality care and support to people. One relative told us, "As a company they are well led." A person told us the registered manager always asked them if they were happy with everything.
- People were supported by a service where managers worked alongside staff to provide positive role models. It also enabled them to constantly monitor practice and give advice and support. They carried out annual interviews with staff based around the care certificate. This enabled any gaps in understanding to be addressed to make sure people always received high quality care.
- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and had systems in place to monitor the quality of care provided to each person. They constantly worked with staff and other managers to look at how further improvements to people's quality of life could be made. This led to people having new experiences and challenges.
- The management team carried out audits and spot checks on each person's package of care. This included auditing medication records and practice, observations of staff and audits of care plans. This helped to ensure any shortfalls were quickly identified and lessons were learnt to improve people's quality of life.
- There were effective quality assurance systems to monitor each person's care. Each person's package of support was audited separately to make sure they received high quality care. The registered manager was in the process of developing their quality assurance systems to promote improvements at a service level rather than just an individual level.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. The service had invested in the Crisis Prevention Institute training which enabled one member of staff to train other staff to safely care for each person in a way that was appropriate for the individual and respected their human rights. Family members spoken with commented on the quality of staff skills which had led to improved lives for their relatives. One relative told us, "Everything is quiet, calm and relaxed. He is absolutely safe with his staff team."
- The management team kept up to date with national policy to inform improvements to the service. This had included the management team looking at how the service fitted with the principles of 'Right support, right care, right culture.' This helped to ensure that staff were always working in accordance with best

practice guidelines. They continually learnt from concerns and incidents to improve the service to each person.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff worked with people to make sure their support was about their needs and not about the needs of the service. For example, when a person displayed a particular behaviour, staff had made changes to minimise the impact rather than change the behaviour.
- Staff used communication methods that were appropriate to each individual they cared for. For example, we saw staff used sign language to help one person to express their views. With another person we observed staff communicating with a combination of words, pictures and leaflets. This all helped people to be involved in decisions about their care and day to day lives.
- Staff were able to share their views through staff surveys, meetings and one to one supervision sessions. All staff felt fully involved in planning care for people and in the organisation.
- Staff and managers worked in partnership with family members to make sure they continued to be fully involved in their relative's lives. One relative said, "Communication is their biggest strength. To know them is to trust them." Another relative said that since The Care Partnership had taken over their loved ones care they felt they were "Working together."
- People were cared for by staff who worked with other professionals and organisations to make sure they received the support they needed. This had included working with other care providers and statutory bodies.
- When carrying out reviews with other professionals, such as commissioners, the management team had used photos to help professionals see people's achievements. In one case they had made a short video to show to commissioners.