

Support'ed Limited

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Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Support'ed Limited (known locally as Support'ed) is a domiciliary care agency. It provides care to younger and older people living in their own homes, who may have a mental health diagnosis, learning disability and/or autism.

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

Support'ed placed people at the heart of the service. People and their relatives told us they had received outstanding care from staff who were extremely caring and compassionate. Relatives said the service had been very responsive and supported them in times of crisis. Comments included, "They literally saved us as a family, I didn't think I was ever going to be able to trust a service again."

People received a service that was exceptionally personalised and took into account their specific needs, wishes, goals and aspirations. The management team and staff worked with people and their families from the point of referral to develop a plan of care that met their needs and desired outcomes. Some people had been supported to finish their education and move into adult life, and others had been supported to leave hospital and return to live close to their family and home. As a result of using the service people benefitted from more opportunity, choice and control.

People and their families were treated with dignity and respect. People were supported to develop and regain their independence and there was a strong focus on promoting social inclusion and equality.

People had confidence in the staff that supported them and felt safe. Staff were highly skilled and well trained. Staff were highly motivated and well supported and had used their skills, knowledge and innovative thinking to improve outcomes for people.

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.

There was a positive, open and inclusive culture within the service. The management team provided strong leadership and led by example. People, relatives and staff were very positive about the leadership of the

service. Exceptionally good governance of the service benefitted people because it ensured the quality of care was maintained and enhanced.

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 23 May 2017). Since this rating was awarded the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

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 effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Support'ed Limited

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

One Inspector carried out this inspection.

Service and service type

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

Not everyone receiving a service received support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they so we also consider any wider social care provided. At the time of the inspection five people were receiving personal care from the service.

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

Inspection activity started on the 05 November 2019 and ended on the 06 November 2019. We visited the office location on the 06 November 2019.

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 who commission services from the provider. We used the information the provider sent us in the provider information return (PIR) This is information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

We met and spoke with two people who used the service. We spoke with thirteen members of staff, including the registered manager, directors and care workers.

We reviewed a range of records. This included five people's care records, daily monitoring reports, medicines records and incident reports. We looked at the records of two members of staff in relation to recruitment. A variety of records relating to the management of the service, including quality audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four relatives on the phone and sought 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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safe monitoring and management

- Assessments were carried out to identify any risks to the person using the service and the staff supporting them. People's support plans contained clear protocols and staff guidance to help protect people in their home and in the community.
- Consideration had been given to keeping people safe inside and outside the home. One person had a call-bell system, so they could easily contact emergency services if needed. Best interest decisions had been followed for another person to have a lock on the front door due to risks of them leaving their home without support and having no awareness of road safety.
- People were supported to take positive risks to maximise their independence and choice. For example, one person had always enjoyed a particular water sport activity and continued to express a wish to pursue this interest. Staff along with family developed a detailed risk assessment and plan for the day, which helped ensure the person's wish was fulfilled.
- People who experienced behaviours that could challenge had detailed positive behaviour support plans to ensure they were supported in line with best practice. Staff undertook accredited training in the safe management of behaviours. They also received support from within the organisation and externally, which included de-briefs to discuss and reflect on incidents when they occurred.
- Consideration had been given to the least restrictive way of managing people's behaviour, whilst keeping them and others safe. For example, a multi-agency best interest decision had been made to install a camera system in the communal area of a person's home. This enabled staff to monitor the person's safety and well-being during periods of heightened behaviour. Clear protocols were in place for the use of the camera and practice was reviewed regularly as part of a multi-agency process.
- All incidents of challenging behaviour and action taken were documented by staff and analysed to consider any themes and trends and to ensure action was appropriate, safe and least restrictive. Other agencies told us they were kept well informed of incidents and praised staff and management for their skills in relation to the understanding and management of people's behaviours.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Yes, I feel safe, I trust the staff".
- Relatives said they had total confidence in the provider and staff to keep their loved one's safe. One relative when asked if they felt their loved one was safe said, "Absolutely, I wasn't sure I would ever trust anyone again, we absolutely do."
- People we visited were relaxed and comfortable with staff supporting them. One staff member had returned from holiday. The person they supported was very happy to see them and they shared a welcoming hug and talked about what had been happening during their time away.
- Staff had completed safeguarding training and spoke confidently about how they would protect people by

raising concerns immediately with senior staff or external agencies such as the local authority or police.

- Staff were confident the registered manager and other senior staff within the organisation would take prompt action to safeguard people.

Staffing and recruitment

- Each person benefited from a small, consistent team of staff. Staff were matched to people based on their needs and mutual interests.
- Some people had moved to the service from hospital or had previously lived with their family. The team of staff had been developed as part of the transition plan and had started building a relationship with the person before they started using the service.
- The number of staff supporting people and times of the day people were supported had been planned as part of an individual package of care. Some people had staff supporting them on 24-hour basis seven days a week, whilst others had specific support times dependent on their individual needs.
- People and relatives told us they always knew who would be supporting them and any new staff would work alongside the staff team to get to know the person before working on their own.
- People who were unable to understand a written rota had photos of their staff team or were kept up to date verbally about their support and any changes.
- Robust staff recruitment practices ensured the right staff were available to support people to stay safe. Checks such as disclosure and barring service checks (police checks) had been carried out before staff were employed. This made sure they were suitable to work with people the service supported.
- People and relatives where possible were involved in the recruitment of staff.

Using medicines safely

- Where staff assisted people with their medicines this was done safely.
- People's care records clearly described the level of support required with medicines and how this needed to be delivered.
- Staff who administered medicines had received up to date training, and competency checks were completed to help ensure their skills and knowledge remained sufficient and up to date.
- People were supported to store their medicines safely.
- Medicines administration records (MARS) were completed, and these were checked regularly by staff and management to ensure they were accurate.
- When people managed their own medicines, staff checked regularly through observations and discussion to ensure the person remained safe and happy with the arrangements.
- Some people had medicines prescribed to reduce anxiety and heightened behaviour. Where these medicines were to be given as required (PRN) there were clear protocols in place, which were understood by staff.
- Positive behaviour support plans and PRN protocols provided staff with steps to take to manage people's behaviours and to use restraint, including medicines as a last resort. Some people supported had spent many years in a hospital setting where restraint and medicines had been used regularly to manage their behaviours. Discussion with other agencies and relatives of two people being supported evidenced a significant reduction in the use of restraint and PRN medicines as a way of reducing anxiety and managing behaviours.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training.
- Protective clothing such as gloves were available to staff if required when supporting people with personal care.
- Staff supported people to maintain their environment and to prevent the risks of infection. For example,

people were supported when required with cleaning tasks and were also supported to understand the importance of storing food safely and at the correct temperature.

Learning lessons when things go wrong

- Any accidents and incidents were documented and escalated promptly to the senior management team. The services electronic recording system allowed the management team to analyse incidents and identify any trends or patterns so preventative action could be taken to prevent re-occurrence.
- Incident reports for some people were also shared with other health and social care professionals as part of a multi-disciplinary process for the person concerned. This helped ensure oversight by other agencies such as psychologists and behavioural advisors, so that practice, training and the person's on-going care plan could be considered, and any changes made.
- Lessons had been learnt following an increase in incidents when one person was being supported outside of the home. Incident reports highlighted patterns of behaviours and risks to the person when they walked a particular route. The registered manager said staff spent a lot of time thinking about by changing the walk so they could keep the person safe, whilst also ensuring they went out and did the things they enjoyed.
- Meetings were held regularly with people's core staff team, relatives and other relevant professionals. These meetings allowed time to discuss practice and to reflect on what was going well and what could be improved.

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 remained the same. 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

- Before people received support from the service the registered manager and other senior staff met with the person and their support networks to ensure they could meet their needs and wishes.
- Some of the people supported had been in a hospital setting for many years, away from their family and home and others had experienced a crisis and breakdown within their family and school environment. In all cases Support'ed had worked closely with the person, their family and previous placement to help ensure a safe and smooth transition to their new home.
- Other agencies said the service had been successful in supporting people when other placements had failed, as well as supporting people to leave hospital. Comments included, "They really are very good at listening to people, listening to what people want and don't want, and helping them achieve their goal."
- Assessments and support plans were holistic and covered people's full range of health and social care need. They contained what was important to the person as well as understanding their goals, wishes and aspirations.
- People's care was planned and delivered in line with their individual assessments, which were reviewed regularly or when needs changed.
- People's care arrangements were designed to reflect best practice principles in the delivery of care.
- Technology was used to improve people's experience and support independence.

Staff support: induction, training, skills and experience

- Staff were competent in their roles, undertook relevant training and had a very good knowledge and understanding of people they supported.
- The service used a 'valued based' recruitment process to match potential staff's values to the services values to ensure they would fit in well and deliver effective care. A relative said, "They just seem to get it right. If I sit with a group of staff they all have the same values, it seems to be at the core of everything they do."
- All new staff completed a thorough induction programme, which included shadowing more experienced staff for as long as necessary before working on their own.
- Following induction all staff undertook regular training relevant to their role and the people they supported. People's support plans detailed the type of skills and training staff needed to support the person effectively and in a way they wanted and needed. For example, one person's support plan stated all staff needed to be trained in relation to epilepsy. All staff supporting this person had undertaken training in this area and understood how to support this person in the event of a seizure.
- The registered manager reviewed the quality and appropriateness of training provision on a regular basis and made changes when required.
- Other agencies were very positive about the skills of the staff team. A healthcare professional who provided

support and training to staff said that sessions were always well attended, and they were impressed with how staff had the ability to reflect on their practice.

- All staff without exception said they felt very supported and by their colleagues and management.

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

- The service worked closely other health and social care professionals to ensure people received the best possible care and support.
- Management and staff had sought to improve people's healthcare, treatment and support by identifying their needs and ensuring their overall health greatly improved. For example, one person who had spent all of their adult life in hospital had received poor care in relation to their oral health and diet. In the short time they had been supported by Support'ed staff had helped them begin to overcome fears in relation to hospitals and health services. They were in the process of having a full course of dental treatment and attended local slimming classes to reduce their weight and improve their fitness and well-being.
- Health professionals were involved in supporting staff to understand how to manage people's health conditions. Training was then designed to ensure staff had the knowledge and skills to meet people's health needs effectively.
- Relatives were kept fully involved and involved in discussions about people's current and changing health needs.
- Hospital passports had been developed to help ensure people's needs were understood should they require an admission to hospital or other healthcare facility. One person had photographs of the healthcare professionals in their home who would be visiting to support them.

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

- Staff supported some people with eating and drinking. Care records included detailed information about people's food and mealtime preferences.
- Some people had support to plan their meals and went shopping with staff. Communication aids were used to help people make choices about their meals.
- People's nutritional risk and weight was monitored. Referrals were made promptly to healthcare professionals if concerns in relation to their diet/weight were identified.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All staff undertook training in MCA and were very knowledgeable in issues relating to people's rights and the requirements of the legislation. The service was pro-active in supporting people to make decisions

about their lives and the support they received. One staff member said, "[person's name] has capacity and the right to make their own good and bad decisions."

- Some people were not able to give verbal consent to receiving care, however, staff told us how they would check people were happy with their care and what they would do if people refused support, for example their medicines. Communication aids were used to help people make choices and to understand what was going on around them.
- Best interest meetings were held, and the outcomes recorded when people had been assessed as not having the capacity to make decisions for themselves. Relatives had been kept fully involved in decision making process.
- When people had restrictions in place to keep them safe correct procedures had been followed. For example, monitoring equipment was in place in one person's home to ensure staff could monitor them when their behaviour became heightened. The use of monitoring equipment had been considered the least restrictive way of keeping the person safe as part of a best interest process. The person's rights, privacy and dignity had been taken into account as part of this process. Any restrictions had been regularly reviewed as part of a multi-disciplinary process. This helped ensure the restriction remained appropriate, safe and in line with legislation.

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 improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were provided with sensitive and compassionate support by a kind, committed and caring staff team. We observed without exception staff treated people with upmost patience and kindness.
- When we visited people in their homes we saw staff knew people well and had built positive and trusting relationships. Staff demonstrated a genuine care and affection for their work and the people they supported. A staff member supporting one person who was living in their own home for the first time said, "It is not about us, it is [person's name] who wants it , we are just here to assist. It is a privilege and a pleasure to go on their journey with them."
- Staff recognised some people had experienced great difficulty during their lives and showed empathy and compassion when sharing their stories with us. As staff talked with people they praised them for their achievements and progress, reminding them how well they had done. People's reactions and body language showed they really benefitted from these interactions.
- We heard a number of very positive stories from relatives about the impact the care provided by Support'ed had had on them and their loved ones, comments included, "They literally saved us. I wasn't sure I would ever be able to trust a service again, but I absolutely do, I feel so grateful and lucky." One relative told us how their loved one had been traumatised by being away from home in a restricted setting and had been supported by the service to move back home close to their family. "It is brilliant, they are just around the corner, living in the community, they have a small, consistent staff team who really gets them".
- Relatives said the directors and staff really cared about the whole family unit. Comments included, "Things had reached a crisis at home and they rescued us as a family. They really listened and built up a relationship with us all. They include me in all their thoughts and ideas. The team really invest in us all as a family".
- Relatives said they truly believed the service went "Above and Beyond". One relative said, "It can be an isolating world having a child with Autism, but Support'ed provide a network of support. At one time I couldn't go out, but they have organised social events for relatives, so we meet up, have a chat and a drink, it has made such a difference."
- Other agencies were also very positive about the care provided to people. Feedback received by the provider from a member of the local adult social care team included, "Well done for providing constant support and reassurance during a particularly challenging time, respect to you all in maintaining your values and advocating for the rights of the individual".
- Relatives said they believed staff really cared about supporting people to fulfil their wishes and goals. One relative said, "They are a young and dynamic staff team, when [person's name] came out of hospital they were not very mobile, they have worked really hard to improve their mobility and they recently walked around their local park. They really care about the person and are never scared to try new things."

- People were involved in the recruitment of their staff team and staff were matched to people based on their needs and mutual interests. For example, one relative told us, [person's name] is young and loves surfing. He has a young and dynamic team who love the outdoors like him."
- The service had a culture which recognised equality and diversity amongst the people who used the service and the staff team. The provider and registered manager recognised the benefits of having a diverse community of staff who valued one another and the contributions they could make to the service. The gender, age, backgrounds and experiences of staff complimented the needs and preferences of people supported. This was evident in the recruitment and mix of staff employed and in the organisation of staff and how they supported people.

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

- People had control over their lives and were fully involved in making decisions about their care and lifestyle. Staff put people at the centre of the service and reflected the providers values. One staff member said, "There is no decision [person's name] isn't involved in. Their decisions, their future, their life,"
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support from the initial assessment through to regular care reviews and surveys. One person told us they had recently attended their review meeting as part of their hospital discharge planning. Other agencies said this was a milestone for the person concerned and praised the service for supporting them to have a voice for the first time.
- Staff were skilled at helping people come to their own conclusions and decisions about their care and lifestyle. For example, one person spoke about their views in relation to contact with family they had not seen for many years. The person was very clear about what they wanted and why. The staff member listened and told the person they respected their views, whilst reminding them that they would be supported in relation to contacting their family if their decision changed in the future.
- People were provided with the support they needed to resolve areas of their life that may be difficult or causing distress. For example, in some cases, people's relationships with family and friends had broken down and become difficult. The service had helped people re-build and form new meaningful relationships with family and friends. One relative said, "They are now able to come home again to visit, I never thought that would happen, I feel so grateful and lucky."
- People had access to advocacy services and were provided with information about their rights in a format they could understand. For example, one person who had spent many years in hospital had a mental health advocate and a copy of their rights in relation to the mental capacity act and what it meant for them.
- Staff signposted people and their relatives to sources of advice and support. Staff had supported people to manage their finances, complete forms and liaise with landlords in respect of their tenancy agreements.

Respecting and promoting people's privacy, dignity and independence

- Staff were pro-active in encouraging people to maintain their independence. For example, one person who had previously lived within a very restricted environment had been supported by the service to secure their own tenancy and was now living in their own home. With support of staff they had increasingly enjoyed a range of opportunities in their local community and told us about their aspirations and plans for even more independence in the future.
- The staff team were passionate about respecting people's privacy, dignity and independence. Most people were supported on a one to one basis, which meant staff had to be with them or close by to support with personal care and other daily tasks. Staff recognised this level of support could be intrusive and difficult particularly in people's own homes and worked hard to ensure people's privacy and dignity was respected.
- Staff had been creative in thinking of ways people with communication needs could express their views about their privacy and independence. For example, they had supported one person to show them a red

card if they wanted time on their own. We saw that this had worked really well in practice.

- Staff respected people and recognised they were supporting people in their own home. Staff referred to people's homes as 'Their home' and reminded people who may not always recognise their environment as being their home by encouraging them to answer the door to visitors and if possible to have their own key.

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 Good. At this inspection this key question has now improved to 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 the choice and control to meet their needs and preferences.

- The PIR stated "We strive to ensure that all supported people feel safe and comfortable, and are treated with compassion, dignity, empathy and respect by ensuring that each person has an individually tailored support service to meet their individual needs and by ensuring that all employees receive bespoke training that enables them to act and deliver this service".
- The service followed the principles of 'Registering the Right Support' to ensure people could live as ordinary life as any citizen. Registering the Right Support covers new legislation relating to services for people with a learning disability and the underpinning principles of choice, promotion of independence and inclusion. This started by ensuring the assessment process not only got to know the person's needs but also included the person's long-term goals and aspirations.
- From the point of referral and through the transition stage staff really got to know people and their families to ensure they understood what people wanted and needed. For example, one person who had been homeless was initially supported by staff in bed and breakfasts and other temporary accommodation. The person's lifestyle choices had resulted in poor physical health and social isolation. The service supported the person to secure their own tenancy and they were now living in their own home and enjoying a more fulfilled and active lifestyle.
- Other agencies said the service had been very responsive, particularly when supporting people in crisis and supporting people to return from temporary placements to live back in their own community. Comments included, "They really really listen. [person's name] has been in and out of hospital many times, I think without Support'ed their mental health would have declined again. This is the longest they have lived in the community, they have a voice, thinking of things themselves, have really come into their own".
- Relatives said the service was very responsive to people's individual needs and circumstances. They said the provider supported people at a pace and in a way the individual needed. A Relative told us, "They supported [person's name] first at school, during the day and started developing a team. When [person's name] went into crisis they wouldn't eat, wouldn't go into the kitchen, but staff really think of ways to tackle the problem, they are a different person now." Another relative said, "[person's name] is really anxious meeting new people. They love a party, so every time there is a new staff member the staff plan a party to introduce them, they really think out of the box and in a person-centred way.
- Staff worked with people and their families to put together a care plan that was person- centred and achieved their desired outcomes. People's care plans were very detailed and provided clear information about the support needed to meet people's physical, emotional and social needs.
- Staff undertook training in equality and diversity and really spent time getting to know people and understanding their differences and personal lifestyle choices.

- Whenever possible people had been involved in the planning and review of their care arrangements. One person said, "I am fully involved, I went to my planning meeting and said what I wanted." People had their own private social media accounts, which staff helped them use to communicate with family and friends. Staff said this system was also used as a way of ensuring people important to the person were involved in the planning and review of people's care arrangements.

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's information and communication needs had been assessed and documented as part of a communication plan. This helped ensure information was provided to them in a format they could understand.
- Staff knew people well and were able to respond to their non-verbal cues about how they were feeling, such as body language, sounds, behaviours and general mood.
- Staff were skilled at adapting their communication style accordingly. For example, one person needed information and choices to be simple and clear, whereas another person was able to chat more openly with staff about their plans for the day and any support needed. The registered manager told us about one person who responded well to staff singing, talking and using sounds and noises they were familiar with. They said, "It is important that staff put any embarrassment and fear aside and interact with the person in the way they need."
- A range of communication aids and methods were used to support people's communication needs. For example, one person had photographs of their support team and other agencies posted on their kitchen wall. This helped remind them who would be supporting them and what their role was. Another person had a computer and visual picture boards to help them make choices and plan their day.
- The service had gone to much effort to make information accessible to people. People's support plans and policies and procedures were available in picture format with large text. One person had information about their rights when they left hospital available in a format they could understand.

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

- The PIR stated, "Support teams work hard to assist people to follow their interests and take part in activities, work and education as appropriate. The support plan is reviewed regularly to ensure people are given the care and support they need in terms of their age, gender, gender identity, race, religion, belief or sexual orientation. People are supported to maintain strong community links, forging positive relationships with local shop keepers, local facilities and by joining groups"
- Staff had worked really hard to ensure people were able to develop their interests, maintain relationships and avoid social isolation. For example, one person had recently started swimming. Due to their autism the activity had to be well-planned and introduced slowly. Staff bought the person a swimsuit and had supported them wear it first in the bath. The staff also put a swimsuit on for the person to see. Staff said, "They loved it and looked in the mirror at themselves. The swimming has been a massive success."
- Some people prior to being supported by the service had become de-skilled and isolated as a result of their needs, lifestyle and personal circumstances. For example, one person had become socially isolated and had at times placed themselves in vulnerable situations socially. The staff had worked closely with the person to explore more positive contacts and had helped provide them with the skills to consider safer social situations and relationships.
- Relatives said staff supported people to lead an active and fulfilled lifestyle. One relative told us staff had

supported their son who had severe autism to pursue their love of surfing. They told us, "The activity required lots of planning and support from several members of staff as well as family, they worked closely with the surf school to make sure it happened. Despite the potential risks involved, they have a can-do approach, rather than a cannot."

- People were supported to engage and form links with their local community, neighbours and friends. One person who had previously been restricted in their lifestyle choices had been supported by the service to live in their own house for the first time. Staff had helped them explore the town where they now lived and supported them to join local community events. The person told us they had joined the local health centre, and a weekly slimming class. They said, "Saturdays and Sundays I relax, the other days I am busy". Staff said when they first started supporting the person they would stay in bed most of the day, they told us, "The change in [person's name] is major, now they are up and active, and planning ahead for the future."
- The service considered the needs and views of people's family in all of their planning and support. One person saw their parents on a weekly basis. Staff said they prepared for the day to make sure the visit was a happy and positive experience, they said "The last visit we planned so they could do some cooking together, they both enjoyed the day."
- In some cases, people's relationships with family and friends had broken down and become difficult. The service had helped people re-build and form new meaningful relationships with family and friends. One relative said, "They are now able to come home again to visit, I never thought that would happen, I feel so grateful and lucky."

Improving care quality in response to complaints or concerns

- People said they were very satisfied with the service and didn't think they would need to complain. However, they said if they needed to they would know who to speak to and trusted the issue would be resolved promptly.
- Each person had a copy of the complaint's procedure in their home, in a format they could understand.
- We saw the provider had dealt with a concern raised by a neighbour. The provider had followed their complaints procedure and had also liaised with other agencies to ensure the person being supported had their rights recognised and was not discriminated against.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care.
- Consideration had been given to people's end of life wishes and when these were known they had been documented as part of the person's plan. One person had a funeral plan in place.
- The provider organised a family forum, where family could meet together to discuss issues that could affect them. The registered manager said they had planned to organise for a solicitor to attend to offer advice and support in relation to wills and end of life planning.

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

- The providers mission statement said, "Support'ed believe in 'community' and as an organisation it is rooted in the key values of respect, trust, transparency, citizenship and togetherness, values which extend not only to the people we support but to staff and the wider community". We observed throughout the inspection staff's attitudes and behaviours reflected this commitment in all the work they did on a daily basis.
- At the last inspection the service was new, and people had only just started being supported. We heard at this inspection how people with support had progressed and were leading more fulfilled and meaningful lives. We met one person who had been supported to move from a more restricted environment and to secure a tenancy to live in their own home for the first time. The person concerned told us they were now making choices everyday and were able to go out as their medicines had been reduced and they were healthier and more active.
- Personalised care was central to the services philosophy and staff demonstrated they understood this by talking to us about how they met people's care and support needs. Staff spoke about their work with commitment and passion and used words such as 'Independence' and 'People' rights' when they talked about people they supported. Staff referred to people's homes as 'Their home' and did not see people's homes as their work place.
- Relatives and other agencies told us they thought the service was exceptionally well led, and placed people at the heart of all it did. A healthcare professional told us, "I am impressed by the staff's ability to reflect on practice. Managers enable an open and honest dialogue that allows curiosity as opposed to criticism of staff. As a consequence, there is real learning, which has created an incredibly supportive and thoughtful environment and one where real growth has been possible for this service user."
- The provider demonstrated a real commitment to ensuring staff felt valued and supported in their role. Life coaching and well-being support was available to staff to help them manage and balance work and life events. All staff without exception told us they felt valued and believed this impacted positively on the people they supported.
- Staff were highly motivated and proud of their work. The management and staff celebrated the success of people they supported and the staff team. They were proud to show us a recent award achieved at the local 'Excellence in Care Awards'. The provider had been nominated and won a 'Best Practice and Care' award and had attended a local authority awards evening.
- The provider continued to show a commitment to the government policy in relation to supporting people with a learning disability and/or autism to lead valued lives. The service had received a letter of recognition

and praise from the local learning disability team following a visit to the service by a government policy advisor. The visits related to the governments Transforming Care Agenda and provided a report to the Prime Ministers implementation group. They said that the cabinet ministers who visited said that more than anything else the visits they made to a person being supported and hearing about the beautiful work and support the service gave them had the most impact on them.

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

- Support'ed was run by Support'ed Limited, which was managed by three directors. One of the directors was also the registered manager. The directors had a very hands on approach to the service, working alongside people, staff and families to deliver the best quality care.
- There was a clear management structure in place, which people, relatives, staff and other agencies were aware of and could easily contact. A staff member said, "We are all in it together. There is a professional, respectful relationship between management and staff."
- Each person had a designated team of staff supported by a senior. Staff we spoke with were clear about their roles and said communication within teams and within the organisation was excellent and ensured people's needs were effectively met.
- The management team had a comprehensive understanding of regulatory requirements and used national guidance to develop policies, procedures and processes.
- There was a robust governance framework, which helped identify where improvements were required.
- Regular audits were carried out including health and safety, care documentation, staffing, training and medicines. These audits were well organised, and accessible to management and for the purpose of inspection. Action plans were developed with improvements and timescales when needed.
- Quality monitoring reports demonstrated a very good quality assurance process with reflective engagement with people, staff, families and other agencies.
- The management team met regularly with people in their homes and worked alongside staff when needed. Spot checks were undertaken to ensure the care being delivered was appropriate and met people's needs.
- An adult social care professional told us when an issue had been raised in relation to quality the registered manager responded promptly, with the care and safety of people their key concern. They told us, "The registered manager didn't just sit in the office they went immediately to the person's home, so they could see for themselves that people were safe, and care was as it should be."

Working in partnership with others

- The PIR stated, "The Directors have been working within the system for over 25 years and during this time have built up fantastic relationships with other professionals. Support'ed believes that the more we utilise the skills and knowledge of other professionals and services the better quality of support will be provided."
- Health and social care professionals were very positive about how the service worked with them to deliver effective, person centred care. Comments included, "The staff are flexible, and shape the service around the needs of the individual and family. They work collaboratively with the wider multi-disciplinary team, provide a good narrative in meetings, respect to you all, in maintaining your values and advocating for the rights of the individual."
- Other agencies said the registered manager, directors and staff were always open, responsive and kept people at the heart of their decisions and actions.
- The registered manager, directors and staff had worked alongside other services to support people to transition from previous placements to their own homes. This had included working alongside healthcare staff to support two people to leave hospital, and alongside teaching staff to support a person transitioning from children to adult services. Feedback from other agencies was very positive about the support provided by the service during these transitions, which had resulted in positive outcomes for the people concerned.

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

- People's, relatives and other agencies views were sought in the planning and delivery of care.
- The provider was innovative in their thinking about how people could be involved and kept informed about matters concerning their care or the care of their loved one. For example, people used a confidential social media facility to enable them to communicate and share photos and events with family and other people who mattered to them. A family member said, "It is lovely to be able to see what they have been doing and see they are happy." The site was also used as a visual aid to enable people to make decisions and activities.
- The provider had an 'open door' policy and had created a welcoming office environment, which encouraged and supported people, staff and relatives to visit. One staff member was working in the office at the time of the inspection. They said, 'It is my day off, but it is nice just to pop in, catch up, we are always welcomed'.
- People and relatives were able to contact members of the management team at any time. One person was able to tell us they had the numbers of the management team on quick dial on their home phone. Relatives told us they were kept fully informed and felt able to challenge and question practice.
- The provider considered itself to be an important part of its community, and supported people to be part of the community in which they lived. The provider engaged positively with people's neighbours to ensure the person was seen as a valued member of their community and to discourage any discrimination. For example, one person's neighbours had expressed concern about their behaviours and possible vulnerability in the community. The provider had met with the neighbours to discuss their concerns and provide reassurance.
- The provider created an environment where people felt safe and where diverse needs were understood and respected. The providers bullying, and harassment policy stated, "The company respects and values all its staff, customers and visitors". Our aim is to create an enjoyable work environment that recognises diversity and enables everyone to contribute fully and to reach their potential",

Information gathered about people and the service was used to aid learning and drive continuous improvement across the service.

- There was a strong emphasis on continuous improvement. The management team continuously looked at ways they could improve the quality of the service. For example, the directors had recognised that due to significant growth in the organisation during the last 12 months they needed to develop an infrastructure to reflect the changes. Two additional team leaders had been appointed as well as the development of a new IT system to further improve the quality of the service.
- We saw clear and detailed records and audits of all accidents, incidents and near misses. Systems allowed for this information to be collated to help the provider and registered manager see any patterns and address any shortfalls in the service.
- Meetings were held to allow staff to reflect and share good practice.
- The registered manager and leadership team worked hard to keep up with best practice and to improve the experiences of people who use services. This included completion of a range of courses relevant to the service and people supported. For example, one of the senior management team had completed a leadership course, and others had undertaken open university courses in counselling and mental health. The registered manager was in the process of completing a sign language course, which would support staff and people's communication needs. One of the directors had presented to the local positive behaviour forum the story of one person's journey from secure hospital back to the community. Following the presentation, they had been asked to sit on the forums steering group.
- People's care arrangements were designed to reflect best practice principles in the delivery of care. For example, NHS England, 'Stopping over medication of people with a learning disability, autism or both' (STOMP) was taken into account in the planning and delivery of care. We saw examples of significant

reductions in the use of medicines to manage people's mood and behaviour, resulting in improved opportunities and lifestyle. For example, one person in a previous placement had medicines administered daily to manage behaviours. Support'ed staff had undertaken training and worked alongside other agencies to understand and manage the person's behaviours safely and without the use of medicines.

- Technology was used to improve people's experience and support independence. For example, one person had a water level device fitted to their bath, so they could attend to their personal care tasks safely and independently. A monitor was used to support another person who may suffer a seizure. The monitor ensured staff could keep the person safe, whilst also allowing them independence and privacy.

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

- The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things went wrong. Relatives told us they listened to people and respected their views.
- The provider and registered manager were aware of their responsibilities to inform the commission of significant events in line with statutory duties.
- The management team spoke openly and honestly throughout the inspection and were responsive to any discussions regarding regulation and best practice topics.