

East Sussex County Council

# East Sussex Community Support Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

East Sussex Community Support Service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and supported living accommodation. It provides a service to people with learning disabilities or autistic spectrum disorder.

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.

East Sussex Community Support Service provided support to 67 people with a learning disability in the community. At the time of this inspection two people received support with personal care which is a regulated activity registered by CQC. Personal care includes help with tasks related to personal hygiene and eating. Where this is provided, we also take into account any wider social care provided. East Sussex Community Support Services also supported people who lived in three separate supported living accommodation. Eight people within these settings received a regulated activity. CQC does not regulate premises used for supported living. This inspection focused on the care and support provided to the ten people where they received a service registered by CQC.

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

#### Right Support:

Staff focused and supported people's strengths and promoted what they could do for themselves. They understood the importance of people being as independent as possible, and the fulfilment this gave people.

People were supported to be busy and to have fulfilling lives. One relative said, "He is a fun-loving likeable chap and staff support him to maintain this lifestyle".

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. Staff knew people well and communicated with people in ways that met their needs.

People's health care needs were monitored to ensure they received the support they required, and referrals were made in a timely manner. Medicines management systems were robust, so people received their medicines in line with prescription guidelines.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff were committed to their work and told us, "I like making a difference and improving people's lives".

Another said, "We have a great team, we all believe in what we are doing. We form good relationships with clients and we all care".

Staff knew people as individuals and responded to their different needs. Choices were provided to people in relation to their day to day support and how people wished to spend their time and staff communicated with people in the way they preferred. People were relaxed and happy in the company of staff. One person said, "The staff are kind and nice". One relative said, "I know he is happy with the staff as he is always so keen to return to them when he has been out with me". Another said, "The staff do a great job, they know him so well".

Staff were aware of people's support needs in relation to their sensory and emotional support. They were aware of triggers to people's anxiety and how to support them during times of distress. Staff were aware of their responsibility to protect people from potential abuse and concerns were reported and investigated in line with good practice and requirements.

#### Right Culture:

The new management team have worked hard at promoting a positive and inclusive environment where people and staff felt valued and empowered. The registered managers were providing effective leadership and direction for the service.

Staff understood and demonstrated their commitment to the values and ethos of the service that put people at the centre of all care and support provided. Staff were responsive, supporting people with their aspirations to live a quality life of their choosing. Staff spoke positively about people's achievements and we saw how they encouraged them to be as independent as possible.

People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff spoke positively about the management team, and the support they received. One staff member said, "It's a great team here and a good place to work. You can talk to the manager at any time".

Quality systems were well established and ensured the positive ethos and underpinning values that included the FREDA principles (Fairness, Respect, Equality, Dignity and Autonomy) were embedded into practice.

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

This service was registered with us on 25 August 2021 and this is the first inspection. The last rating for the service at the previous premises was Good, published on 21 March 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# East Sussex Community Support Service

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and in three supported living settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was two registered managers in post.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that a registered manager would be in the office to support the inspection.

Inspection activity started on 30 September 2022 and ended on 19 October 2022. We visited the location's

office on 30 September and the supported living accommodation on the 12 October. Further information was gathered from relatives and professionals on the 19 October.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. 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 looked at the notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and lived in supported living accommodation and one person who was supported within their own accommodation on the telephone. We spoke to four relatives and three professionals involved in people's care and support. We spoke to several staff including both registered managers and the operations manager, a team leader, two senior support workers, three support workers and an administrator.

We spent time observing people within the supported living accommodation and observed the interaction between people and staff. We reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were viewed, including health and safety records and quality audits.

# 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 of this newly registered service. 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 protected from the risk of harm and abuse. Staff received regular training on safeguarding and protecting people. Staff were confident on recognising any abuse or discrimination and what to do with any concerns. One staff member described the importance of being sensitive around any disclosure. "We always take account of what people want to do following a disclosure, but we explain that we may need to talk to other people for safety reasons".
- People and their relatives told us they felt safe with the staff supporting them. One person told us, "I am safe and always safe in my room". Relatives were satisfied that people were safe and well cared for. Relatives said, "They are definitely safe here. Staff kept people safe through the pandemic" and, "He is safe, with all his care and safety needs attended to".
- Observations confirmed people were comfortable and relaxed with staff and sought out their company. They were comfortable to share their thoughts and feelings.
- Any safeguarding concerns were reported in line with requirements and dealt with effectively.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified, assessed and responded to minimise them as far as possible.
- Generic risk assessments and individual personalised ones were used according to people's needs and lifestyle. For example, everyone had their risks associated with an emergency evacuation from their accommodation assessed and recorded. Other assessments addressed individual activity and risk. For example, risks associated with cooking and the use of kitchen equipment.
- Risks associated with people's health were assessed and monitored. For example, one person had a risk of choking and staff were given guidelines on reducing this risk and promoting safe medicine administration and eating.
- Incidents and accidents were recorded and analysed to identify themes, trends and learning to help prevent further incidents. For example, one person's records were continually reviewed with a specialist to provide positive behavioural support (PBS) interventions to reduce risks. PBS a person-centred framework for people with a learning disability, and or autism who need support in expressing their emotions or anxieties in a safe way.

Staffing and recruitment

- There were enough staff to support people safely, when needed and people received the amount of support hours they were allocated. People and staff told us there were enough staff, although in the past staffing had been difficult to maintain. Risk assessments were used to calculate staffing levels required, and regular bank, relief and agency staff were available to support when needed.

- Staff were matched to people to get the best out of the time they had together. For example, each staff member was assessed and rated for their suitability and compatibility with each person. If regular staff were not available this tool was used to find the best alternative staff member promoting the best outcomes for people.
- Staffing arrangements were flexible in order to respond to changing support needs. For example, changing times to accommodate support with health appointments. An on-call duty service covered 24 hours a day to ensure staff always have a point of reference for guidance and advice.
- Recruitment practice was thorough, it supported equal opportunities and methods to identify applicant's values, skills and experience.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- People were involved in the recruitment process and met with potential staff. People's views were taken into account and influenced who were selected. Some people were included in the recruitment interviews and had the opportunity to ask potential staff questions that were important to them. One staff member told us, "I was most worried by the questions asked by people, as they were the most important people to impress".

#### Using medicines safely

- Medicines were handled safely, and people were supported, when necessary to take their prescribed medicines at the correct times and dosage. Individual medicine risk assessments were completed to identify any support people may need, and the best way to provide this.
- Only staff who were trained and assessed as competent were involved in medicine administration and storage. Medicines were stored in people's bedrooms in lockable cabinets.
- Records seen including the Medicine Administration Record (MAR) charts confirmed systems followed supported the safe handling of medicines. For example, medicines were being signed into the service with a running total of medicines being maintained. Medicines charts were only signed for once administered.
- Where people had been prescribed 'as required medicines' there were protocols in place to guide staff on their safe administration. This included medicines for supporting people who displayed anxiety. There was guidance for staff about what they should do to support the person before giving them medicine. Staff were working in accordance with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

#### Preventing and controlling infection

- Systems were in place to support effective infection control measures to keep people safe. Staff had received training in working during a pandemic and the use of personal protective equipment (PPE).
- The registered managers had responded to any changes in government guidelines throughout the recent pandemic and had kept staff informed of changes. There were plentiful supplies of PPE available to staff within the supported living accommodation and the office base.
- The service had good arrangements in place to keep people's accommodation clean and hygienic. Staff supported people with cleaning and taking precautions to reduce the risk of cross contamination. For example, staff wore masks when working with people and encouraged people to wash and sanitise their hands regularly.



# 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 for this newly registered service. 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, and choices were assessed and responded to. All referrals to the service were made through the local authority after a full assessment that often, included other community professionals. One staff member told us, "When we have a new client, we talk to them about what they want, including interests, work and hobbies".
- Individual support plans were devised in conjunction with people to guide staff on the individual support people required, taking account of choices and preferences. For example, some people preferred support to be provided by female staff rather than male staff. This was clearly recorded and adhered to.
- Positive Behaviour Support (PBS) plans were used in line with best practice guidelines. PBS is a person-centred framework for providing support to people with a learning disability or autism who may display emotions that may distress themselves or others.
- Staff were trained and understood PBS and used this to provide a consistent approach when supporting people. This promoted people's quality of life. For example, one plan enabled people to share social time together.
- Relatives were confident that staff knew people well and supported them to have the best life possible. One told us, "He has improved emotionally, and his health has improved too since living here."

Staff support: induction, training, skills and experience

- Staff members had appropriate skills, knowledge and experience to deliver effective support to people. Staff told us they were well supported and received the appropriate training to undertake their role. Staff said, "We are very well supported and there is loads of training" and "Support for staff is so important. We have regular supervision, appraisal and training".
- New staff completed a thorough induction programme tailored to their specific training needs, which included feedback and review from work colleagues and people to ensure their suitability. Staff completed The Care Certificate to ensure all staff a good understanding and grounding in care and support. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- All staff were encouraged and supported to develop professionally, and an extensive training programme was available for staff members to access. One staff member told us, "We have regular training on areas that we need to cover like autism and have the opportunity to do other training that we are interested in." Another staff member described how they were completing relevant training to support a new role they had been promoted to. Career development had recently been recognised as important step for staff morale.

Further roles with responsibilities had been established and included a senior carer role and champion roles.

- Staff were continually monitored and assessed using a variety of performance and development tools. These included observations and focussed discussions, along with regular supervision and appraisals.

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

- When needed, staff supported people to eat and drink and encouraged a healthy balanced diet. They worked with people to choose and prepare their own meals. This often included visiting the local shops to buy the ingredients.
- We heard staff discussing a shopping list with one person and agreeing what would make a good evening meal. We were told easy read menu plans were being produced with pictures to support choice during planning menus.
- Individual risk assessments and support plans recorded the support people wanted and needed to keep them safe. For example, one person was accompanied whilst completing any cooking in the kitchen, this ensured they were involved, and safety issues were monitored.
- People spoke to us about their meals and how they enjoyed preparing them. One person told us what they had cooked for people that day at the day centre they attended.

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

- Staff supported people to access healthcare services as and when needed. This supported and encouraged people to maintain and improve their physical and mental health.
- Each person had an individual health action plan which ensured people's health care needs were addressed and monitored. Appointments were clearly recorded along with suggested routine reviews. For example, dental appointments were monitored, and people were encouraged to attend them.
- Staff attended health appointments with people as needed. This included GP's, specialist nurse, and dentists. Staff told us, "We are there for people and speak up for them if needed".
- People and relatives told us staff were proactive in responding to people's health needs. One relative told us, "Staff are good with their illness and their health. They have a skin and nail problem and they are always on top of it".
- Some people had complex health needs and required regular input from health professionals and close monitoring. Staff worked closely with a variety of health care professionals in order to support people's health and well-being. For example, staff at the service were concerned that a person was possibly having seizures. The GP was contacted who then did a referral to the hospital for tests and a CT scan.
- Staff worked in partnership with the community multi-disciplinary team to support people and did whatever they could to ensure consistent and effective care. This included contact with the mental health team when needed.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff had completed mental capacity act training. This included competencies to ensure they understood the importance of consent and upholding people's rights to have choice and control over their lives. People were being supported in the least restrictive way. Staff demonstrated their commitment to these principles. Staff took time to listen to people, gave them choices, made suggestions and responded to what they said. One staff member described the negotiation and work staff had put in to support a person to attend the dentist.
- Some restrictive practices were used to keep people safe within the supported living accommodation. People's right to make decisions was promoted and the principles of the MCA were adhered to.
- When people did not have capacity to make a certain decision appropriate representatives and social care professionals were involved to ensure any decisions was made in the person's best interest. For example, one person did not want to wear a devise that gave them access to their room. A decision was made that the devise was worn in a different way that ensured their safety and easy access to their room was maintained.

# 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 for this newly registered service. 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

- People were treated with kindness, respect and encouraged to have full and meaningful lives taking account of their individual needs.
- Staff were patient and used appropriate styles of interaction with people, changing this to suit each person. For example, one staff member described how one person responded to humour, "You have a laugh with them, it lifts their mood and then they can get on with life".
- We observed that staff were always polite and interested in what people had to say. This included when people contacted the office on the telephone. All staff completed equality and diversity training as part of induction.
- People were relaxed and happy in the company of staff. Staff knew people well, understood them, and had formed positive and caring relationships. One staff member said, "Staff believe in what we do, we have good relationships with clients, and we really care".
- People and their relatives spoke highly of the staff and how people were treated. One person said, "I like all the staff they are all good to me". A relative said, "Staff respect him, they respect his choices when he declines to do something. I know he is happy here as always happy to return when we have been out". Another relative said, "Staff know him really well, they enjoy a laugh with staff, and he feels part of a supporting team".

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

- People were at the centre of their care and support. Time was taken to discuss individual needs with people. Communication methods were tailored to promote the sharing of people's views. For example, family members or friends who knew people well, were encouraged to help with information gathering with the person's permission.
- People had chosen their own key workers, who were specific staff members, assigned to support them with agreeing tailored care and support. One person told us who their key worker was and how much they liked being with them.
- Staff told us how they involved people with the planning of their daily support. People were involved when support plans were reviewed and updated. Staff used different methods sensitive to people's individual needs, to ensure people were involved as much as possible. For example, pictures and diagrams were used. One staff member told it was important always to ask, "What would you like to do".

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and promoted their independence and dignity.
- Staff understood the importance of people's own accommodation and only entered with consent. Staff knew when people needed their space and privacy and respected this. People were proud of their rooms that were decorated and furnished according to individual preference. One person was keen to show off their room and how clean and tidy it was.
- Staff were committed to promoting and maintaining people's independence and how this had a positive effect on their well-being and dignity. One staff member described how it was important to allow people the time to do things for themselves. "It's so easy to jump in rather than leaving things for people to do for themselves".
- A staff member told us about one person's recent achievement and spoke with pride about how the person had gained a new skill. "It's wonderful to see their achievements, and confidence in the community and when they can make an egg sandwich on their own".
- Staff were sensitive and discreet in their approach, understanding the importance of confidentiality and treating people in a dignified way. One staff member described how it was important for staff to support people to look their best and to respect themselves. People were dressed according to their wishes. For example, one person had always dressed smartly and a relative was pleased that this was maintained.

# 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 for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support that promoted their individual choices, preferences and needs. Staff had received training on the principles of FREDa (Fairness, Respect, Equality, Dignity, and Autonomy (choice and control)). These values were reviewed with staff during supervision to embed their use. Staff told us how important choice was for people.
- People and their representatives were actively involved in writing support plans. People were central to the process and specific needs were identified including age, disability and health, whilst taking account of people's preferences, lifestyle and faith.
- Staff talked about individual approaches that were changed and adapted to support people. For example, one person persistently telephoned the office. An agreed way of working reduced the number of calls whilst supporting the person with managing their anxiety. This was reviewed regularly to ensure it worked effectively for them and the staff.
- Staff were vigilant to any changes in people's needs and responded to them quickly and effectively. For example, for those people who had a risk of constipation, staff monitored them closely and reported to the GP quickly as necessary.
- Relatives told us staff were responsive to people's needs and choices. One told us, "He is mostly clean shaven however, if he doesn't want a shave, they respect that and shave him another time".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported with their communication needs in line with the AIS. Support plans included clear information about a person's communication wishes and staff knew and understood people's communication needs and tools used. Staff had completed training on learning disabilities and autism to understand people's communication needs.
- People who used the service had a range of communication needs, and staff worked extensively to support communication with people. For example, they provided people with a picture of the inspector when asking if they wanted to see or speak to her. Another person who has limited sight was supported to programme numbers into their telephone and used Alexa to contact people independently.

- People had varying levels of verbal communication, some people used pictures to aid communication and one staff was trained in Makaton. We were told the use of Makaton was being further developed. Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.
- Easy read information had been used effectively to share information. For example, this was used when explaining COVID-19 and government guidelines. Easy read risk assessments had been completed for people that preferred this method of communication. A template was created to support staff to complete these in line with easy read standards. This supported people to manage their own risks.

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 leading active, fulfilling, and busy lives. Staff encouraged and supported people to develop and maintain their own interests, relationships and friendships that were important to them.
- Staff knew people well; they had developed trusting relationships and had meaningful conversations with them about their aspirations and goals. One staff member described how one person's confidence on the bus had been progressed giving them a huge amount of pride. It was noted that records on goals and aspirations needed improvement and development, a staff member had been allocated to address this with a further focus on people's needs and preferences.
- People were supported to follow their interests and hobbies for enjoyment and entertainment. For example, one person wanted a trip out to Lego Land. This had been arranged and the person was looking forward to the outing.
- People who shared cultural or religious preferences were supported to maintain suitable links and make individual choices which were respected. For example, support had been provided to individuals to go to their places of worship and for one person to attend a new church as they wanted to make new connections in the local community.
- People had regular contact with family and friends and staff encouraged and supported this contact. For example, one person was supported to access their mobile phone at agreed times each week to enable their brother to contact them. People wanted to socialise and meet people and opportunities for this had been facilitated. One person told us, "I go to a twilight club with music". Some people talked about developing new relationships with partners. Policies on sexuality and relationships guided staff to support people safely and sensitively. These were reviewed and updated regularly.

Improving care quality in response to complaints or concerns

- Any complaints and concerns raised were used to review and improve the care and support provided. Complaints and concerns were documented along with any actions taken in response.
- People and relatives told us they could raise any complaint and were confident it would be responded to. One person described a concern they had about noise and said that they were listened to and, "It was much better now".
- Staff encouraged and supported people and their representatives to raise issues and concerns at an early stage, so they were resolved as quickly as possible.
- One of the registered managers described how communication was key to resolution. For example, a recent concern raised within the supported living accommodation was resolved with people agreeing to some important ground rules that ensured people respected each other.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care. It was clear if this was required staff would make every endeavour to ensure the person received the appropriate care in accordance with their end of life wishes.

- Specific training for staff on end of life support was being developed.



# 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 for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A new management structure had been established with two registered managers who had lead responsibilities but retained an oversight of the whole service. Team leaders supported the registered managers and additional senior support workers had been recruited to strengthen the management team.
- Staff were confident with the new structure and told us how much it had improved and now provided clear and effective leadership. One staff member said, "The new managers have made positive changes, the communication has improved, and systems are in place to support the service".
- The operations manager and the registered managers used a number of quality systems to monitor and improve the service and to ensure all regulatory requirements were met. These included compliance audits and a continuous improvement plan, that addressed areas to enhance the service. For example, staff identified a lack of staff development which affected staff morale. Senior support worker roles were allocated, and this in turn improved staff morale and the quality of the service. One staff member said, "My appointment as a senior, has allowed me to progress with additional training and responsibility, it is great".
- People, relatives and staff knew who the registered managers were and said they were available, and easy to talk to. One staff member said, "The manager is available, listens and gives advice and guidance when needed".
- The registered managers were aware of their responsibilities including those under duty of candour. The relevant statutory notifications had been submitted to the CQC. Both managers encouraged open and honest communication with people and their relatives following any accident or incident. Relatives told us communication with staff and the managers was good. One relative told us, "We have been kept up to date on everything. Including an incident when they were pushed by another client".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture in the service which was open, reflective and focused on supporting people to have full, happy lives. People, and staff were involved and consulted in a meaningful way.
- People were central to the support planned and were encouraged and empowered to make choices. Key workers and staff worked with people to ensure their wishes were heard. Staff were skilled at understanding what people wanted taking account of their individual communication needs. For example, responding to gestures and expressions that were often used in communication.

- People's relatives and friends were seen as an important part of people's support and were involved as people wanted. Relatives told us they were always kept informed and involved. One relative said, "Staff always note what things can be done to improve his health and well-being and let us know if we can get anything for him."
- Staff felt valued and an important part of the service. Staff had been recognised and rewarded for good practice and supporting peers. The management had invested in the staff team to ensure an improved morale and therefore the best outcomes for people they supported.
- Staff described how staff stability and morale had been greatly improved with the new management structure. One staff member said, "I have been supported to juggle my work and busy home life. The managers have put themselves out to make sure I am OK, and able to do my job". Another said, "We were undervalued last year. It's much better now, I am happy now".

#### Continuous learning and improving care; Working in partnership with others

- The registered managers and operations manager responded positively to the inspection process and feedback in an open and honest way. They used information shared to review and improve documentation and practice. For example, they accepted the need to review laundry facilities more clearly within the infection control audit in the supported living accommodation.
- The registered managers kept up to date with government and best practice guidelines. For example, the government guidelines on COVID 19 were continuously reviewed and staff were supported to maintain safety and best practice. A relative told us, "During the pandemic they kept him safe and looked after him well".
- Staff were constantly looking at ways of improving care for people. They had regular meetings where information and ideas were shared. One staff member described a recent staff meeting where the opportunity was used not only for peer support but to discuss ways of improving people's lives.
- Staff worked well in partnership with advocacy and other health and social care organisations, which helped to give people using the service a voice and improved their health and wellbeing.
- Staff and records confirmed consistent contact with health and social care professionals including, GP, occupational therapists, the positive behaviour support team and community learning disability team.
- People were referred for additional support whenever required. One staff member described one person's on going contact with the GP regarding mobility problems and increased risk of falls.
- One visiting professional told us how recent engagement was producing good outcomes for people. They were working with staff to provide them with the skills and tools to support people with emotions and anxiety. They said, "Staff are becoming better at reflective practice and seek, welcome external support from practitioners".