

Equal Partnerships Ltd

Equal Partnerships

Inspection report

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Tel: 01912599777

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

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

Equal Partnerships is a domiciliary care and supported living service based in Wallsend. The service provides personal care and support to people living in their own homes, who have a learning disability and/or autism. At the time of our inspection there were 21 people who received care from the service.

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

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

People received exceptional care and support from staff who knew them extremely well. Staff put people at the heart of the service. There was a strong person-centred ethos for how people should be supported within the organisation. The registered manager told us "We are working for and on behalf of the person. The focus is on them." People were encouraged and supported to be a valued part of their local community, with some people accessing paid or voluntary opportunities. Feedback from relatives and people we spoke with was all extremely positive regarding the care and support they received. Comments included "We have a brilliant team of people who help him live his daily life in the best possible way. He has a range of daily activities that they support and encourage him to enjoy to the full."

People's care needs were assessed and reviewed regularly. Care plans contained person-centred information about what was important for the person to be able to live their lives as they wished. People were supported by staff who knew them well. For example, we were told how the service had supported an individual to overcome their anxieties relating to public transport. The service had supported the person with accessing public transport which meant they were able to achieve their goal of going on holiday abroad. The staff member said "We have built trust between us which has helped us support (person) with accessing new opportunities and opened up their world. We would do anything to make them happy."

People's safety was at the forefront of everything the service did. Risks were appropriately assessed and managed. People were supported to take positive risks to enable them to live fulfilling lives and maximise their independence. For example, some people had said they wanted to remain at home without staff support for short periods of time. Guidance was in place to support both the staff and person to do this safely.

Systems were in place to support the safe management of medicines. People had varying levels of support needs around their abilities to manage their own medicines. Wherever possible people were supported to take their medicines independently.

The provider followed safe recruitment practices. People were actively involved in recruiting and choosing their own staff. People were able to be involved in writing their own job advertisements for their care staff. The registered manager told us, in line with the Reach Standards, people could choose to have alternative care providers for either part or all of their care package if they wished. They said they would actively support people to do this, involving advocates if required.

There were sufficient staff to meet people's needs safely. Staffing was organised flexibly to support people to be able to access their chosen activities such as community activities, employment, activities within their home and identified one to one activities. Staff were recruited and allocated to designated teams, who supported a small number of people who accessed the service. The registered manager explained this was to ensure people received consistency with their care and support, by staff who knew them extremely well.

People were supported by staff who spoke passionately about wanting to provide high quality care to them. There was evidence of trusting and caring relationships between staff and people who visited us at the offices. Staff were compassionate and caring when they spoke about the care and support they provided to people. Staff comments included "I believe we support people to be independent in this house. It's the little everyday things that are important to people. We don't do things for people, we encourage them to be independent and keep their skills. We enable them which is key", and "We fit around the person. Rotas are flexible to make sure people are where they need/want to be. We do everything we can to make things happen for the person, to make sure we are person centred."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The leadership and management were praised by people receiving the service, relatives and staff for their commitment and hard work to ensuring people received the care and support to meet their needs. One staff member told us "Our foundations are quite unique. Everything is focused on the person and what they want to do in life."

The organisation had as a standard the ethos to treat staff well. They had recently invested in a "well-being" programme to support them to understand the mental health and well-being needs of the staff. House managers had attended mental health training to support their understanding of mental health awareness for both people using the service and staff. One staff member said, "I have just completed training in two workbooks on mental health awareness. As a manager it is important for me to understand about the signs and symptoms of things such as anxiety and depression, so that I can support staff and people we support with their mental health needs."

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. In line with The Real Tenancy Test and Reach standards people had separate tenancy agreements and care contracts. These support people to have control of where and who they live with. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

At the last inspection in March 2017 the service was rated Outstanding (published 30 May 2017).

Why we inspected

This was a scheduled inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about Equal Partnerships 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?

Outstanding ☆

The service was exceptionally 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?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Equal Partnerships

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. 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. This service is also a domiciliary care agency. It provides personal care to people living in their own houses.

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 informed the provider that we had started the inspection on the 16 December 2019 and requested information relating to good governance. We informed them of when the site visit would take place. Inspection activity started on 16 December 2019 and ended on the 9 January 2020. We visited the office location on 9 January 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make or have made since the last inspection. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We met, contacted by telephone or received emails from 12 members of staff including the registered manager, senior care workers, care workers and administration staff. We received feedback from two health and social care professionals who worked alongside the service. We also spoke with one member of staff who supported a person to attend a volunteering opportunity.

We reviewed a range of records. This included three people's care records, risk assessments and medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records related to the management and quality assurance of the service.

After the inspection

We received feedback from three members of staff and three relatives. We also received feedback from an advocacy service.

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 Outstanding. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse

- There was an open and transparent culture within the service where safeguarding people was of the highest priority. Staff demonstrated an excellent understanding of safeguarding procedures. Safeguarding policies and procedures were in place to guide staff on how to protect people from the risk of harm or abuse.
- People were safeguarded from the risk of harm or abuse. Very detailed support plans were in place which supported people to access opportunities safely, ensuring they were able to have maximum control over their lives. Information included safe places people could go to if they felt uncomfortable whilst out in the community and emergency contact numbers should they need them. One staff member told us, "There are a range of support plans in place to help them stay safe."

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

- People's safety was at the forefront of everything the service did. Risks were thoroughly and appropriately assessed and managed. People were supported to take positive risks to enable them to live fulfilling lives and maximise their independence. Staff had developed extremely positive relationships with people. This enabled staff to encourage people to plan their goals and aspirations whilst at the same time ensuring they did this safely.
- Highly detailed person-centred risk assessments were in place which identified what risks people faced and how these risks could be minimised by both people and staff. A relative told us how the service was supporting their family member to re-engage with activities after a period of being unwell. They said, "They are reintroducing activities through managed risks."
- People were supported and empowered to try new opportunities and experiences. This included activities such as white-water rafting, surfing and one person who was a wheelchair user taking part in a "high rise drop." Risk assessments contained highly detailed information for both people and staff to protect them from harm.
- Accidents and incidents were recorded and investigated by the management team to ensure appropriate action was taken to implement any changes to practice required. An example of this was when a staff member incurred an injury whilst out supporting a service user. The registered manager said "This made me take a step back and think of the risks to staff. We have done a risk assessment for every activity, which has been part of our improvements."

Staffing and recruitment

- Staffing levels were determined by people's assessed needs and the activities they wished to take part in. Staffing was organised flexibly to support people to be able to access their chosen activity. Staff were recruited and allocated to designated teams, who supported a small number of people who accessed the

service. The registered manager explained this was to ensure people received consistency with their care and support, by staff who knew them extremely well.

- The provider followed safe recruitment practices where people were actively involved in recruiting and choosing their own staff. People were able to be involved in writing their own job advertisements for their care staff. Two people had written an advert which reflected their individual needs to encourage staff with similar interests and hobbies to apply.
- The registered manager told us, in line with the Reach Standards, people could choose to have alternative care providers for either part or all of their care package if they wished. They said they would actively support people to do this, involving advocates if required. Some people accessing the service employed personal assistants to support them to take part in activities independently of Equal Partnerships. The registered manager told us "It's important to match staff with person's interests. If we can't do it as an organisation, we will find people who can."

Using medicines safely

- Systems were in place to manage medicines safely. There were robust processes in place to support and promote people and staff working together in partnership, to safely manage the ordering, storage, administration, recording and disposal of medicines.
- In line with good practice, people's medicines were regularly reviewed to ensure people were appropriately prescribed medicines and that these were not used inappropriately. For example, staff told us when one person moved to the service they queried the administration of one medicine they felt the person no longer required. This was reviewed, and the prescription withdrawn.
- Care plans contained information on the medicines people required and their preferred method for taking them. For example, one care plan stated the person needed staff to access the medication for them, but they were then capable of taking the medicine themselves with juice.
- The provider followed the principles of STOMP and had signed up to the pledge to state they would continue to follow the principles as set out in the guidance. STOMP is national project to stop the over-use of medicines in people with a learning disability, autism or both.

Preventing and controlling infection

- Procedures were in place in relation to infection control and hygiene.
- People were encouraged to actively take part in keeping their homes clean and tidy and they were supported to identify and manage risks relating to infection and hygiene.

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 has remained the same.

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

- Care plans contained detailed information relating to people's needs, preferences, choices and aspirations/wishes. This empowered staff to support people in their preferred manner, enabling them to provide very personal support to assist people with reaching their goals and dreams.
- People's needs were assessed, and they were supported to plan what achievements they wished to attain in the coming year. For some people this involved being able to go on holiday abroad. For others this involved being able to meet up regularly with friends.
- People experienced care and support which enhanced their quality of life and supported them to experience positive outcomes. This included the use of technology to support people to be as independent as possible. For example, where required, people had sensors in their rooms which would alert staff should they experience an epileptic seizure. This meant people were able to spend time independently in their own rooms.

Staff support: induction, training, skills and experience

- Staff were knowledgeable, skilled and experienced with supporting people to meet their needs.
- Staff all received core training as required by the provider and specialist training which had been identified in line with people's individual needs. New members of staff completed an induction period as part of their probation. Staff all praised the training and felt it gave them the knowledge and skills to deliver a highly effective service to people.
- People had been included in training staff to support them to understand what it is like to live with the person's disability. This had included the person advising staff on how they should support them and also involving them in some experiential learning.
- Staff told us they felt highly supported in their roles and could seek support and guidance at any time. One staff member said, "They are spot on with training. It's amazing. Any issues get dealt with straight away and sorted."

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

- People were involved in planning and preparing their meals. Staff said people were encouraged, if they wished, to try new food and experiment with their cooking. Where people lived together they were supported to prepare meals at different times if they did not want to eat together.
- Care plans contained information on people's nutritional needs and the support they required to meet these.
- People were supported to have a balanced diet. One person had been assisted to eat healthily and supported to lose weight. This had enabled them to take part in 'Race for Life' and they had found

themselves with "more energy in myself."

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

- Staff were proactive in working with agencies involved in people's lives. This included health professionals, the local community and families. Care plans contained information on the support people required to meet their health and well-being needs.
- People were supported to access paid employment and volunteer opportunities. Staff worked closely with the supporting agencies to ensure people were able to access these opportunities in a safe, supported manner. One organisation spoke highly of the "valued contribution (person) makes to the team."
- Staff spoke about the support they provided to assist people to attend appointments and check-ups. This included making adjustments, where required, to support people to be able to attend.

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.

- Staff had received appropriate training and had a comprehensive understanding of the principles of the MCA.
- Care plans evidenced people's involvement in planning for and consenting to their care. People were fully involved in decisions about their care and what they wished to do each day.
- Where people were deemed to lack capacity, mental capacity assessments were completed, and best interest processes followed.
- The registered manager told us that none of the people currently using the service were deprived of their liberty.

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 Outstanding. At this inspection this key question has remained the same.

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

- Person centred care was at the centre of everything the service did to support people to live a fulfilling life. We observed extremely positive interactions between people and their staff members who visited us at the offices. People were relaxed in the company of staff chatting and sharing jokes and stories.
- Staff were all highly motivated in wanting to provide people with the highest standard of care and support. Staff were all extremely compassionate and kind in the way they spoke about how they provided support to people to assist them to live the lives they wished. Staff were highly motivated and spoke passionately about "loving" their work and feeling "proud" to work for the organisation.
- Staff spoke proudly of the progression and achievements people had made in their lives. They gave examples where people had been supported to overcome their fears, make new friends and take part in new opportunities. This has included supporting people to go on holidays abroad, joining community sports groups and being able to order food and drinks independently.
- The organisation had a strong ethos of equality and diversity and this was embedded in to staff's working practices. The registered manager told us "Everyone is of equal value and worth. We celebrate both likeness and diversity. People are supported to access opportunities equally." Staff were able to evidence how they would support people with their sexuality and sexual orientation. A member of staff said "We will always discuss the person's needs with them and add their wishes to their care plan. We are not biased. I worked with a young person who struggled with their sexuality. We supported them with accessing counselling and being able to be safe when forming intimate relationships."

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

- The service was creative in supporting people to communicate their wants and wishes. Where required communication aids were available, such as picture cards, to support people to make choices. Staff had received training in sign language, such as Makaton, to support them with understanding people's wishes.
- Where required the service had accessed advocacy services to support people to share their views and make decisions and choices.
- Regular meetings took place between staff and people to plan their weekly menus and activities. People attended planning meetings to discuss what they would like to achieve in the coming months. The service was creative in ensuring these planning meetings suited the individual and they were able to participate. For example, for some people they liked a more formal meeting with staff to plan what they wanted to achieve. For others their meeting was done whilst they were washing up or making tea with staff, as they preferred more of a chat.
- The service worked closely with advocacy services to ensure people had access to independent support and advice and where necessary could advocate on their behalf. Feedback from advocacy services included

"Staff and management at Equal Partnerships have always done their best to facilitate advocacy work. If (Person) wishes to talk to me in confidence, they go out of their way to make this happen. If on the other hand the person wants them to explain to me various things he has said to them, they are happy to do this as well."

Respecting and promoting people's privacy, dignity and independence

- People told us they appreciated staff supporting them with being independent. Staff respected people's differing levels of ability and spoke passionately about wanting people to be able to do as much for themselves as they could and experience new opportunities. One member of staff told us "I enjoy encouraging (person) to try hard at doing things, because he doesn't always think he can do something. It gives him such a boost to his self-esteem when he realises that he can do it."
- Staff were extremely motivated with treating people with dignity and respect. We heard about staff supporting people to be able to access public transport, something they had not been able to previously do. Staff told us "We have built trust with (Person) to build his confidence with going on public transport, which has opened up his world."
- People had their own small team of carers who they had chosen through their involvement in the recruitment process, who provided them with exceptionally personalised care and support. The registered manager told us that having a small team of carers ensured people received consistent care from staff who knew them well. Staff support was flexible to ensure people could access everyday opportunities. For example, if people wished to attend a concert that ended at midnight, staffing would be organised to cover this so the person did not have to leave early.
- Where people shared a home, they had been asked if they wanted to have a lock on their bedroom door to support their privacy. Where people had chosen not to have a lock this was respected.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same.

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

- Care records focused on what was important to people to live a fulfilling life. They contained detailed information on the support people required from staff to help them meet their goals and aspirations. The registered manager spoke of the importance of supporting people to take "positive risks safely." They gave examples of activities people had been supported to take part in such as extreme sports, staying at home independently and accessing local groups independently.
- There were lots of examples of how staff had supported people to meet their own personal goals and access new opportunities. This included people being supported to develop close links with their local community and organisations. This had led to people then being able to access employment opportunities and social activities, sometimes independently and sometimes with staff support.
- People's preferences, choices and wants were at the heart of every care plan. Staff met with people regularly to discuss and plan their care and support. This information and any changes requested was reflected in people's care plans to ensure staff had access to the most up to date information.
- Staff observed and listened carefully to people to ensure they remained happy. Where staff had observed that people may be unhappy with activities or their care, this had been investigated with the person and alternatives offered. For example, one member of staff told us they had observed one person could benefit from a day less at their day service and more one to one time with staff. This had been organised with the person. The staff member told us "(Person) has great fun by going out for lunch and to her group which (Person) always talks about, enjoys very much and looks forward to every week."

Meeting people's communication needs

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

- The service was extremely creative in supporting people to communicate their wants and wishes. The service had accessed a variety of resources to support people. Where people may be visually impaired they had been able to access a machine to print labels in Braille which meant people were able to identify what things were. For example, one person told us their washing machine, tea jar and various other household items all had labels on written in Braille to assist them with identifying what the item was.
- Information had been developed to ensure it was accessible to people using the service. Information was in a variety of formats such as a picture and easy read. Policies relating to 'Tenants safeguarding' and complaints were in easy read format to support people to understand actions they could take to keep themselves safe and raise concerns should they have any.

- Care plans contained detailed information on people's specific communication needs and the support they needed to communicate effectively. For example, one person's care plan noted they devised their own words to support them to communicate. The details of these words and what they meant were noted in the communication section of the care plan.

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

- Staff were extremely positive about supporting people to maintain and develop relationships. For example, one person had been supported to maintain a relationship with their boyfriend. A member of staff told us "She has a relationship with her boyfriend which staff support and make sure she is always comfortable and happy and assist with trips away together or meals out etc."
- Staff provided excellent support to people to assist and enable them to lead fulfilling lives and meet their aspirations. People were encouraged and supported by staff to access enjoyable activities and opportunities such as going on holiday, attending archery clubs, joining local walking groups and accessing local pubs and cafes. People were supported to develop links with their local community. One staff member gave an example of a person they supported to attend a local football group. They told us "A couple of years ago I took (Person) to their first session of walking football, they had to mix and interact with about a dozen men of similar age (none of which had a learning difficulty). At first, they kept looking over to me for reassurance, but after a few minutes they were chatting and making friends with the other players, all without staff support. This has become a weekly event and has given them confidence in meeting new people, they always finish a session laughing and looking forward to the next time."
- People enjoyed a range of educational, social and work-related opportunities which supported them to have a meaningful and inclusive community presence. Where people were unable to access paid employment, volunteer opportunities had been sought. For some people this included working in an administrative role or catering facilities. People had developed valued relationships with neighbours which embedded them within their local communities. One person had taken on the responsibility of bringing their neighbour's bins in off the road on bin day. This had led to the neighbour asking if they would do this when they went on holiday. "A neighbourly thing to do" one staff member told us. Another person would bring in their neighbour's washing if it rained.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This was also available in an easy read format to support people to be able to understand how they could raise their concerns and complaints. Formal complaints were responded to in line with their policy and the outcomes monitored.
- Where people had informal concerns/complaints these were recorded in people's daily records held within their homes.
- Systems were in place to support people sharing accommodation through any conflicts. The registered manager referred to this as "conflict resolution" where people were supported to talk through issues and emotions relating to this and seek a resolution for all involved.

End of life care and support

- Nobody was currently receiving end of life care. We spoke with the registered manager about how they would support someone who wished to remain in their home and receive end of life care. They said they currently had no written plans in place as they did not feel this was currently needed. The registered manager said should the service be required to support someone with end of life care then a conversation would be had with the person and/or their relatives about how they wanted this care to be provided. They said they would also source the appropriate training and work closely with healthcare professionals to ensure the appropriate care was provided.

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 Outstanding. At this inspection this key question has now remained the same.

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

- All staff spoke very highly of the leadership and support they received from the provider and registered manager. Visions and values were embedded within the service which ensured people were at the centre of their care and support. The provider and manager had a hands-on personalised approach to being involved in the day to day running of the service and were proactive in leading by example.
- There were clear structures in place to support managers and staff to understand their roles and responsibilities. Staff received development opportunities to ensure they had the necessary training and skills to provide an extremely high standard of care to people.
- There were robust fully embedded quality assurance processes in place which were continually monitored by the provider and the registered manager to identify and drive improvement. The service was proactive in responding to and addressing situations which contributed to the service improving and developing. The registered manager said there had been many positive changes to the service since our last inspection. This included investing in training to aid communication between staff and people who signed using Makaton. They had also introduced a programme of well-being to support staff to understand mental health issues and their impact, and improved monitoring forms for directors and operational managers.

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

- There was a strong organisational commitment to ensuring people received person-centred care that promoted and empowered them to have choice and control of their lives. The service supported people to undertake opportunities that were challenging and offered them developmental opportunities. This was done in a way that supported realistic aspirations therefore making them achievable.
- Staff demonstrated an exceptional understanding of person-centred values and a genuine passion and commitment to providing an excellent service to people. Since the last inspection they had continued to make every effort to provide a high standard of quality care and support, continuing to build on people's strengths. A relative told us "(Person) has achieved a great deal during his time in independent living. He can perform many household tasks and enjoys cooking his own meals. This can only happen with support, which is often discreet, and allows him to be confident in what he does."
- Staff were conscientious and told us that management led by example promoting a positive working culture. Staff all felt highly supported by the registered manager and were encouraged to contribute how they could provide the best possible care to people. For example, one member of staff told us, "Both (Registered manager) and (Director) are supportive towards myself and the team. They are involved on a weekly basis which can be over the phone or visiting the young person's home. The work that myself, the

team and the company provide is very person centred all of the time by supporting the young adults to do what they choose to do."

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

- The service had developed strong links with the local community. This meant people had the opportunity to become valued members of community groups. For example, one person had become part of an arts and drama group in their local community. This has helped the person develop commitment and responsibilities. They had taken on the part of main characters in plays and been a host on open days. They had also travelled to Portugal with the drama group to do networking workshops with people from around the world.
- People, relatives and external professionals had been invited to take part in surveys. Surveys had been adapted in to easy read format to ensure they were accessible. The registered manager explained that feedback was constantly sought from people using the service in a variety of formats. This included people chatting with staff whilst washing up, formal planning meetings and regular house meetings where people shared accommodation.
- The service fully involved people, taking into regard the REACH standards. These are a set of standards that outline how people should be involved in choosing who provides their care, how it should be provided, where they should live and who they should live with. For example, one person had indicated they no longer wished to live with the people they currently shared their house with. Actions were currently being taken to support the person to explore where they would like to live and if they wanted to live with anyone else.

Continuous learning and improving care

- Staff used their knowledge of people to help improve their services and support them to access opportunities. For example, a member of staff told us about one person who is autistic and therefore any change required more planning and support as their days are based around a routine they feel comfortable with. The person has a fear of dogs but also enjoys country walks, which was problematic due to the number of dog walkers. Based on this knowledge the staff member told us they researched walks where there were less dogs to support the person to be able to access the countryside. The staff member said "We can now enjoy walks away from dogs and find spots for lunch. The result is (Person) can now go on a walk without being anxious about meeting dogs. Their parents are pleased we have found a solution to a dog free walk as they know how much (Person) enjoys walks.
- The provider and registered manager have sought to continually learn and improve care and services since our last inspection. This has included moving from zero hours contracts for staff to permanent hours contracts. This gives staff security and supports the retention of staff who are familiar with and know people well. The service is also supporting both staff and people to access training in sexual health and relationships. This is to support both staff and people to have a better understanding of their sexuality and sexual needs.
- The service was proactive in using information from incidents and feedback to learn from and drive quality improvements. For example, where one person has been showing signs of distress and anxiety the registered manager had reviewed incidents to identify if there were different ways of supporting the person. The outcome of this review was that pictures have been introduced to support the person with communicating how they are feeling to staff.

Working in partnership with others

- The service continued to develop and maintain positive working relationships with external professionals. One health professional told us "As an organisation they are extremely person centred. They are responsive to the management of risk and report safeguarding issues effectively."

- Where people accessed work-related and social opportunities staff worked extremely closely with these agencies to ensure people received the appropriate support where required. For example, one person worked in an administrative role for a local company. Staff told us how they provide "discreet" support to assist the person to be independent within their role but to be on hand if support is required.

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 registered manager investigated incidents fully and was open and honest with exploring any lessons to be learned. Where required/identified changes to practice were implemented to improve people's experiences of their care and support.