

Ethicare (Durham) Ltd

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 23 November 2017 and was announced.

This service provides care and support to people living in three 'supported living' settings. Supported living settings support people to live in their own home as independently as possible. People's 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.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in October 2015, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe at the service. People had risk assessments in place to cover various aspects of their daily lives. People were encouraged to be independent and to take everyday risks. There was guidance for staff on how to manage identified risks to people.

People told us they were happy with the service provided. Sufficient experienced and trained staff were deployed to ensure people's needs were met. Staffing was flexible and additional support was provided where necessary. People were supported by staff who were trained to carry out their roles effectively. Staff received mandatory training as well as training which was tailored to the needs of those they supported. All staff received an induction and an on-going programme of supervision and appraisal. Staff told us they felt well supported.

Staff were extremely knowledgeable about the people they supported, their likes and dislikes and interests. Appropriate arrangements were in place for the safe administration and storage of medicines.

People were protected from abuse and harm. Staff told us they would be confident to raise any concerns they had and they would be acted upon. An effective recruitment and selection process was in place to ensure people were cared for by suitable staff. The provider carried out monthly health and safety checks to ensure people lived in a safe environment.

Accidents and incidents, although very few, were accurately recorded and reported and any lessons learned were shared with staff. The service learned from any mistakes and used these as an opportunity to raise standards.

There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.

People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age.

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

From our observations and feedback from people living in the home we could see staff were extremely caring, considerate and gentle in their approach to people. Interactions between staff and people were very positive and reassuring. Communication flowed easily and familiarity was evident.

People's privacy and dignity was maintained and staff went the extra mile to support people in areas of people's lives that were important to them. The quality of care we observed was outstanding, this was because everyone was treated equally, their care was focussed on them as individuals and staff provided care in a meaningful way.

Relatives and people were involved in the planning of their care. Information was provided in easy read format to assist people in understanding the care available to them. The provider had an effective complaints procedure in place and people who used the service and relatives were aware of how to make a complaint.

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

People were supported in maintaining a healthy and balanced diet. People were involved in the preparation of meals. People were supported to maintain good health and had access to health and social external professionals. People who used the service, their relatives, the staff team and health care professional gave us positive feedback about the way the service was managed.

Activities were developed around people's interests. People were supported to maintain relationships, access the local community and go on holidays.

Staff were passionate and proud to work at the service and felt valued and motivated. An experienced registered manager was in place and understood the importance of monitoring the quality of the service and reviewing systems to identify any lessons learnt. The service regularly consulted with people, relatives and staff to capture their views about the service.

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 remained good.

Is the service effective?

Good ●

The service remained good

Is the service caring?

Outstanding ☆

The service was outstanding in caring.

The service people received was very caring.

Staff went the extra mile to support people to be as independent as possible, make their own decisions and take charge of their own lives.

People were treated with kindness and compassion by staff who put people's wellbeing at the heart of everything they did.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 November 2017 and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at three care records for people who used the service. We examined four sets of staff files which covered recruitment, supervision and training records and various records about how the service was managed.

We spoke to four people who used the service, one relative face to face and two relatives over the telephone, registered manager, director, quality assurance manager, three staff members and the chief executive of the training company the service used.

Is the service safe?

Our findings

It was clear from talking to people who used the service that safety was discussed regularly and regular fire drills and discussions on how to escape in the event of a fire took place. We saw evidence of this in the meeting notes for people who used the service. One person who used the service said, "I can ask questions and it makes me feel safe."

Relatives we spoke with were confident their relatives were safe. One relative said, "We have no worries at all about safety." Another relative said, "They are absolutely safe," and another relative said, "The way they [staff] look after and protect them [people who used the service] I have never had to worry." One staff member we spoke with said, "They [people who used the service] do what they want and we facilitate it in a safe way."

An external healthcare professional said, "They assist people in reaching their goals in a safe environment and have worked tirelessly with the local community to integrate people with Learning Disabilities into the local area."

People, relatives and staff we spoke with told us there was enough staff deployed to ensure people's needs were met. One relative told us, "There are plenty of staff." Another relative said, "No matter who is on duty standards never drop." We saw staffing levels were increased when required, for example if a number of people were being supported in the community on an activity. Staff we spoke with confirmed this, one staff member said, "There are enough staff, management always step in if needed and extra staff come in for activities." Another staff member said, "We have enough staff, staff are fantastic and we have a cohesive team where staff also support each other." The registered manager told us the staffing levels were dependent on the needs of the people using the service.

The provider had a safeguarding policy in place and staff had a good understanding of safeguarding and whistleblowing [telling someone]. One staff member said, "I would feel comfortable raising a concern and I know how to take it externally if needed." Another staff member said, "I am aware of safeguarding and routes to go down if any issues."

The provider had a policy and procedure in place to support people's human rights; this was cascaded to staff to ensure their knowledge in this area. The registered manager said, "We support service users to embrace their individual right to live the way that they choose and support plans show how their needs and wishes are taken into consideration when developing the support they require. In line with Article 8 of The Human Rights Act we ensure that we support the service user's right to maintain contact with their family and visiting family and friends are proactively respected and all environments promote a private and pleasant environment in which to meet."

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff.

The service clearly recognised and identified people's specific risks. People had individual risk logs with control measures in place to reduce the risks. Each risk had an additional support and risk management plan. These were regularly reviewed which meant staff had current accurate information on how to keep people safe.

The provider maintained an effective recruitment process ensuring staff employed by the service had been appropriately checked and had the right skills to support people. This included undertaking Disclosure and Barring Service checks (DBS). DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults. People were supported to take part in the recruitment process. The registered manager told us how people asked potential new staff questions mainly around activities.

The provider had a business continuity plan in place to ensure people would continue to receive care following an emergency. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated in an emergency.

The service continued to have systems in place for the safe management of medicines. Staff members responsible for supporting people with medicines had completed medication training which included both knowledge based learning and quarterly competency assessments. Support plans clearly outlined the supported people required to ensure they received their medicines safely. The medicines administration records (MAR) we viewed showed no gaps or discrepancies. Medicines records were up to date and accurate. The provider had a medicine policy that followed National Institute for Health and Care Excellence (NICE) guidelines on 'managing medicines for adults receiving social care in the community.'

People we spoke with said they received their medicines at the same time each day and were encouraged to be involved as much as possible. People we spoke with said, "I keep the cream for my dry skin in my room, I feel trusted." Another person said, "I take my medicines myself with staff support." And another person said, "Staff give me my medicine and wait while I take it."

The provider had signed up to the STOMP agreement, which is stopping over medication of people with a learning disability, autism or both (STOMP). STOMP is about making sure people get the right medicine if they need it and that people get all the help they need in other ways as well. It is about encouraging people to have regular medication reviews, supporting health professionals to involve people in decisions and showing how families and social care providers can be involved. STOMP also aims to improve awareness of non-drug therapies and practical ways of supporting people whose behaviour is seen as challenging. We saw evidence of regular medicine reviews which were completed in line with STIOMP.

We asked the registered manager if they had any examples of lessons learnt. The registered manager explained they were always learning and adapting to meet people's needs. They said, "One lesson we did learn was not to presume, we had one person who was displaying challenging behaviours which escalated at the dining room table. An incident occurred with another person and we put this incident down to the person and their behaviours. However, through observation we saw another person was provoking the person with challenging behaviours which made the behaviours escalate. Due to this we changed the seating arrangements, made sure a member of staff sat at the table and this has made a big difference."

Is the service effective?

Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. One staff member said, "We get enough training and refresher training which is a good thing, then you don't forget and you keep up to date to help with the job."

The chief executive of the training company the provider used said, "I use Ethicare as an exemplar to other services, they are very conscientious and keep the training up to date as well as specialist training when needed such as Buccal administration. Buccal administration involves placing a drug between your gums and cheek. Courses such as health and safety and food hygiene the people who use the service also complete, if they want, and get a certificate. I wish I had a lot more like Ethicare."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their posts. The registered manager said, "All training is face to face we don't do online training." Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

The registered manager said, "New staff attend a two day care certificate training course which provides them with the underpinning knowledge they need." One staff member said, "My induction is really good, on day one I met two services users and staff, I spent time with the service users getting to know them. I was shown paperwork and I am shadowing experienced staff, I am still shadowing and when I feel confident this will stop, I don't feel pressure to stop shadowing." And "I have spent time at the homes and the day centre, and even though I may be asking the same question 10 times a day this is no problem, everyone is brilliant." Another staff member said, "My induction was brilliant, I met the service users and shadowed until I was comfortable which was about a month."

Supervisions and appraisals were conducted in line with the provider's policy. Staff were encouraged to reflect on their training and people's care and support provided. A staff member said, "We discuss what we want out of our job role as well." Another staff member said, "Supervision is very useful, it is open and honest. I have an agenda myself of what I want to discuss, this could be personal, to do with the job or with a service user. We talk about the future. It's all planned in advance and a two way thing, not just the manager talking."

The transition for new people coming to live at the service was very much centred on the person. They would be invited for tea, then for a day, then to stay a night all on their terms. However, a couple of new people wanted to move in straight away. One relative we spoke with said, "I thought [Name] would have problems settling in but there were no issues. It is amazing the way the staff are with them. [Name] trusts the people they are with, it is a home from home."

The registered manager said, "We are very proud of our service which is person centred and fully embraces

the fact that everyone has needs, wishes and aspirations and we form the basis of our service on this. Seeing people settle into their new homes through our supported living service feels like a huge achievement for all involved and we ensure that the individual is given the support they require in order for them to live life like anyone else does. This is of paramount importance."

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.

Staff we spoke with said, "MCA is about protecting people's rights." Another staff member said, "We always work with people's best interests at the heart of what we do, we listen to what they want, discuss it and provide support in the way they need it."

Care plans we looked at were signed by the person to show they had consented to the care provided as well as consent to other things such as having their photograph taken.

We observed interactions between staff and people using the service. Staff sought people's permission about everything, for example, where people wanted to sit, whether people wanted to stay at the service or go for a coffee and what clothing people wanted to wear. Support plans detailed how people were to be supported to make decisions.

People had a comprehensive communication support plan; describing how people communicated and preferred methods. Staff we spoke with had a good understanding about people's individual communications needs and how people used gestures and prompts to express themselves.

The registered manager worked with health and social care external professionals such as speech and language therapists, occupation therapists and learning disability teams to ensure people were provided with the best possible care and support. Guidance obtained from the external healthcare professionals was transferred and adopted into people's support plan; this meant staff had current and relevant information to follow. The registered manager said, "We implement any advised strategies and interventions to ensure that the people's needs are met appropriately." An external healthcare professional said, "The staff are responsive when tending to health related issues and assist the service use in accessing relevant professionals and ensure that all needs are met."

People were supported to meet their nutritional needs and told us they have regular discussions about healthy eating and looking after themselves. One person was happy to say they had gained weight. People were very much involved with the menu planning and food preparation if they were able. One person said, "Staff do all the cooking and we prepare our packed lunches." Another person said, "I am independent with food and often make drinks for others." And another person said, "The food is fabulous." People were offered plenty of choice, one person said, "I often have a different meal to the others and it's not just a sandwich." One person was a diabetic and felt they were missing out when party food was available. Staff spoke to the person's diabetic nurse and we managed to get it so they could enjoy some of the party food as well." Another staff member said, "We have one person who doesn't eat a great deal of food, we spoke with their family and got a list of what they enjoy eating, this has really helped."

Is the service caring?

Our findings

At this inspection staff demonstrated that they continuously and consistently look for ways to improve and provide the opportunity for meaningful experiences. Therefore we have rated it as Outstanding.

We saw staff were extremely kind and compassionate. We observed staff had developed close relationships with the people living at the service. It was clear both people using the service and staff enjoyed and valued each other's company. People responded warmly to staff when staff initiated conversation and we observed people approached staff with confidence. People were at the centre of everything happening in the service from preparing a meal, to going out on an activity. There was lots of laughter and banter between the people, staff and management. The atmosphere was one of friends gathered together rather staff supporting people.

People who used the service said the staff were very kind and caring. One person said, "The staff are very caring." Another person said, "I am happy, they [staff] all look after me." And another person said, "We have a happy house and staff are happy, they are very good."

Relatives we spoke with said, "It is excellent what they [staff] do, it takes a lot for me to put my trust in someone else but I cannot praise them [staff] enough, every one of them, not just a few, all of them are caring and patient." Another relative said, "My [relative] is very well looked after and very very happy." A written comment in the compliments book from one relative stated, "[Relatives name] is like a different person since coming to Ethicare, they are happy and content, they have friends, are more talkative and are again interested in and has opportunities to do things they did and enjoyed previously. They sing, dance, garden, go to the theatre and do courses, thank you for your outstanding support."

An external health care professional said, "In my opinion, the level of care which is received is of a high standard and service users are treated with dignity and respect at all times." Another healthcare professional said, "I feel this is an excellent service where the staff go out of their way to ensure the service users have a good quality of life. They promote their independence at home and choice within the community." We found staff gave people the freedom to be independent and then supported their independence. For example one person chose to go to work and staff provided the support that was needed. The registered manager said, "[Person's name] has always wanted an office based job and he is delighted to have achieved this lifelong ambition. We supported them initially, staying with them through the day until they felt confident, this was gradually withdrawn and now we only provide transport."

Another external healthcare professional said, "I have recently placed a service user with them in both supported living and day service. This individual is a very complex individual and had been given notice from their previous service. Ethicare provided an excellent long transition for this individual and though not without issues, this individual has presented with several challenges to themselves and others. Ethicare was able to work with this individual involving them fully in their support and providing a structured plan of the day which the service user devised themselves with Ethicare staff's support, this allowed the individual to manage daily activities and engage well whilst being in control of their own life and what they wanted daily

and in the future. This service user has thrived in their home environment and the day service because of the personalised approach of Ethicare. I am not only impressed with this service but absolutely overwhelmed with how outstandingly well they have supported this individual, and made such a massive difference to this service user's life. This service user has gone from being an individual who has not been able to cope with daily activities and not engaged well with others and services to living a full active life with a group of peers and friends, the individual is fully involved in every aspect of their life and their confidence and independence has grown unbelievably." Another external healthcare professional said, "Ethicare take into consideration the needs of the current client group to ensure that any potential new service user will not impact negatively on the existing users and the quality of care which is being provided to them. Once the service has accepted a person into their provision, I have found Ethicare staff to be supportive and caring."

The service had an equality and diversity policy which all staff adhered to and staff had received training in this subject. The registered manager said, "All staff are expected to show a commitment to equality and diversity by enabling the service users to maintain community links and friendships / relationships. As an organisation we recognise that everyone is different and we try to ensure that our service practices respect, promote and celebrate these differences."

Staff we spoke with explained how they embedded equality and diversity their working role whilst supporting people. One staff member said, "Equality and diversity is complete acceptance, everyone is perfect and they don't need to change and we value their opinion."

One staff member said, "We set up a gardening scheme which was really hard graft to begin with, we asked the people who were willing to cope with this type of work to help. For one person we managed to get wheelchair access and supported them to join in even though they had different abilities." This demonstrated the staff actively promoted positive inclusion.

Another staff member said, "We work in the knowledge that everyone gets the same opportunities no matter what, they [people who used the service] all have different views, we take these on board and treat everyone as an equal." And another staff member said, "Everyone is equal no matter of their culture or gender, all are offered choice. One person we support to go to church every week or when they want to go." The registered manager explained one person wanted to attend midnight mass on Christmas Eve; they had a staff on the rota to support the person in their choices. One person who used the service said, "My religion is very important to me and staff support me when I want to go to mass."

Relatives told us they were made welcome at the service and were able to visit at any time. One relative commented, "I can visit when I want, the only difficult is finding a time they are free, they are always out and about."

Staff we spoke with were genuinely interested in people's wellbeing and happiness. They spoke with warmth as they told us about people and their families. We found for example one person's wellbeing was promoted by care plans specific to their individual need. This included supporting the person to develop friendships. Staff were knowledgeable about people's likes and dislikes, interests and the people important to them.

People were supported to be as independent as much as they wanted to be. One person who used the service said, "I have it all, my own home, a work placement and I see lots of my family." This person had become very confident in their work placement and extra hours were in the process of being set up. They explained, "I always work a Thursday but we are working on getting me more hours. I love it." Staff explained how they promoted people's independence. One staff member said, "They [people who used the service] do

things for themselves with support from staff, we involve them as much as possible as it is their home not ours." Another staff member said, "We always give choice and discuss what is going on, explaining options. We always just support as needed with explanations."

The registered provider was exceptional at helping people to remain involved whatever the individuals circumstances. All staff had a common aim and purpose to achieve positive outcomes for people. The registered manager said, "One person had poor vision and deteriorating hearing and as a consequence was becoming more withdrawn, less communicative and disinterested in activities etc. We did some research and obtains a microphone amplification system which is now used every day. Their family have said they have a new lease of life. This person also had a cataracts operation and we did not want them to miss out on a holiday with their friends so we purchased a wheelchair and provided extra staff to support the person to go on holiday."

Staff had involved relatives in discussion about promoting independence. One relative we spoke with said, "I was quite nervous about [name] coming more independent, I thought it would be difficult as they were so dependent on me, but they are blossoming and have really grown up. The staff ask [name] to do things like setting the table and they do it." We found staff had supported people irrespective of their abilities to participate in the service and become more independent.

People who used the service said staff promoted their privacy and dignity and always knocked on their doors before entering their rooms. Staff we spoke with said, "If someone becomes upset we take them to their room or another room to talk. When providing personal care I always cover them with a towel then turn away or stand outside the door. I always ask if they would like support." Another staff member said, "When they have their bath time I make sure they have everything they need beforehand and supervise out of the bathroom to respect their dignity." One person who used the service expressed a preference for a female staff member to help with their personal care and we saw evidence to show this was supported. This meant staff understood how to protect each person's individual dignity.

One staff member explained how they respect everyone, "We respect everyone for who they are and value what they can bring to the service." A relative we spoke to said, "I always hear staff talking to service users with respect." During our inspection we found staff spoke to people in gentle tones, offered explanations and gave support and guidance to people were necessary. This included simple things such as encouraging people to wear a coat.

The service had processes in place to ensure people were supported to gain access to advocacy services. At the time of the inspection no one was using an advocate. Relatives were encouraged to act as natural advocates for their family members and be involved in developing plans which met their needs. The service has listened to relatives as advocates and worked with them to ensure people were well supported.

Is the service responsive?

Our findings

People and relatives were involved in the creating of their care plans. The service assessed people's care and support through monitoring and observation, monthly reviews with the person and reviews with social workers and other professionals, staff meetings and supervision, health-related appointments and annual reviews. One relative we spoke with said, "We have involved as a family with the care plans." Another relative said, "We are very much involved with his care."

An external healthcare professional said, "The service is very person centred with a high level of understanding of needs for individuals and those individuals are involved in everything the service does." And another said, "The company have impressed us in a short space of time with their very person-centred approaches to support."

We saw that care records were extensive and comprehensive. A range of person centred planning tools were in place including what a good and a bad day looked like, what was important to the person and relationship circles. This allowed staff to learn as much about the person as possible.

Care plans were individual to the person with specific plans created for each part of their life. One person had a plan in place detailing how they like to empty their cupboards and drawers and how staff were to support them with this.

People had plans in place which recorded their hopes, wishes and goals for the future. For example, one person wanted to develop their skills to become more independent. The plan outlined the support required and monitored the progress.

The registered manager said, "Each person is unique and the support we give them is tailored to their specific needs and wishes and these are regularly reviewed to ensure that current needs are captured, and relevant support given. We also have excellent relations with family members who advise us on the person's personal history, childhoods and memorable events that have occurred."

We discussed how staff protected people from discrimination. One staff member said, "When we go out I am aware of who is where so they are not in a position they could be vulnerable."

People were supported to participate in their preferred activities, education and work. We observed a staff member ask one person if they would like to pop out for a coffee. People were not limited by staffing levels; staff members came in specially to support activities if needed.

The registered manager said, "One of our service users is a little older than the other two people they live with and they often find themselves getting a little tired quicker than the others but is still keen to participate in activities with them such as going shopping, going to the pub and going on holiday. To ensure that they doesn't miss out on anything we try where possible to put an extra member of staff on duty so that if they tire early then they can come home, as is the case on holidays where one staff will support them as

needed."

People were involved in a range of activities including bowling, cinema and going to the pub. People who used the service said, "We enjoy going to the pub to play pool, bowling and going to the pictures." Another service user said, "I like going out for meals." People attended the local hub for many activities such as dance classes, art classes and a choir. People we spoke with said, "On weekdays I enjoy reading and going to the hub for arts and dance classes." Another person said, "I enjoy going to the hub for the choir and exercise classes." And another person said, "On a Monday I do choir, Tuesday is my wellbeing and exercise class, Wednesday is my day off and I do some housework, Thursday is my work placement day and Friday I go to the café, I go to my mums at the weekend."

People also enjoyed the gardening club, shopping and visiting family.

Relatives we spoke with said, "It is sometimes hard to catch them in, I only live five minutes away so pop in often, they do all sorts of things bowling, cinema, out for meals they go all over" and "My brother is looking forward to going on holiday with his mates." Another relative said, "They have fun every day, if the weather is bad they still go out for coffee." And another relative said, "Oh there is enough going on."

Staff we spoke with said, "We go on lots of holidays such as Blackpool, Skegness and Benidorm. We get brochures from all over and they decide where they want to go, they recently decided to go to Centre Parcs and they loved it. For one person it was the first time they had been away and they adored it." Another staff member said, "We access the community as much as possible, we go to a disco on a Thursday, a community centre on a Tuesday, we go out for meals, shopping and to the cinema." And another staff member said, "There is lots going on, but sometimes they [people who used the service] just want to chill and that is fine, or we might have a drive to the seaside and get some fish and chips, we sing songs along the way and had a pop quiz the last time we went."

The registered manager said, "We try and match staff to people's hobbies where we can. For example, one new member of staff is very good at arts and crafts; three of our ladies love arts and crafts so we are making sure this staff member spends lots of time with them. Another person is interested in fishing so we are in the process of matching a staff member to that hobby." And "We support individuals to follow their interests for example going to the theatre to see a show, or to a pop concert or going to the hairdressers to have a pamper."

People were supported to gain employment if possible. On the day of inspection one person was off to their work placement with the police and proudly showed off their uniform. The registered manager explained they were in the process of getting this person more hours.

An external healthcare professional said, "Ethicare have assisted my service user in gaining skills and knowledge in an office environment via a voluntary placement. This was a placement which had been an ambition for a number of years and one which gave great delight."

People were encouraged and supported to develop and maintain relationships with people that matter to them by having regular contact with friends and relatives including visiting people in the service and also on outings.

The service had not received any complaints since our last inspection. A complaints, compliments and compliments procedure with an easy read version readily available. The service had received many compliments such as a thank you letter from a neighbour for the vegetables from the service's garden.

Is the service well-led?

Our findings

People and relatives told us they were happy with the service they received. One relative we spoke with told us, "I think the home is well managed, I don't think there is anything I would change, the atmosphere among the staff is friendly and happy." Another relative said, "They are excellent at what they do." And another relative said, "This place is outstanding."

An external healthcare professional said, "I work with a number of organisations within County Durham and I have personally found this organisation one of the best providers in the county for personalised support, communication, professionalism, good management, staff commitment and innovation. Feedback from the service users themselves to me also reiterates what I have witnessed. This provider appears not only to provide a service but changes lives for the better."

The service had a positive culture. Staff we spoke with felt supported by the registered manager. One staff member said, "I am 100% supported by the managers, we are like a big family." Another staff member said, "The managers are approachable, very hands on and if you telephone them for anything they answer straight away. They are all for the service users and are part of the team." And another staff member said, "The managers work so hard to provide the service they are providing, they want to succeed, and we have fantastic staff here."

An external healthcare professional said, "I also find this service managed well with excellent communication from management to myself, and they are directly hands on managers who are there to offer the staff team support and lead fully by example. Recently there was one incident which was challenging for the staff team and I am aware that one of the managers attended the service late at night to offer support and stayed the night to ensure staff had appropriate support." Another healthcare professional said, "In my opinion, the service has a strong leadership team which drives forward the service and is fully focussed on the client group taking individual needs and wishes into account."

Staff we spoke with told us they loved their jobs and the people that they worked with. They had a real enthusiasm for their work and ensured people lived full lives. Morale was high amongst the team. Comments included, "I am excited to come to work and I smile all the time", "Absolutely brilliant working here it is my dream job." Another staff member said, "It is brilliant here, I love it, we all have the same outlook and if it benefits the service users we go home happy." And another staff member said, "It's a wonderful place to work, such a happy place."

The provider was committed to driving improvement with continuous reviewing and monitoring of the service. The registered manager and quality assurance manager completed regular audits in key areas including care and support plans, medication, health and safety, finance, staffing including supervision and training.

The provider maintained links with the local community such as local pubs, restaurants, community gardens and allotments. The registered manager said, "Our service engages with the local community in

many ways and it is extremely important for us as we believe that people with a learning disability should be given the opportunity to thrive on active participation in community."

We asked staff what Ethicare's values were. Staff we spoke with said, "Our values are to promote independence, provide choice and keep everyone safe." Another staff member said, "We value the support that is provided and the right for people to say what they want." And another staff member said, "Our values are to be person centred and promote active participation in society. The service users are at the heart of what we do and how we care. As long as they are happy and safe, listened to and valued."

The service promoted accessible open communication with people who used the service, their relatives and staff. People using the service, relatives and staff were regularly consulted to gather their feedback about the service including easy read format questionnaires, house meetings and individual reviews. One staff member said, "The service users make all the decisions at their monthly meetings, they choose the menus, activities etc., it's all about what they want to do." The service encouraged staff to share their views and opinions through team meetings and supervision.

The provider kept up to date with current legislation such as NICE guidelines, they were also a member of the British Institution of Learning Disabilities (BILD), who help deliver practical solutions that work for organisations and the people they support. The service has signed up to the Health Charter which is designed to support social care providers to improve the health and well being of people with learning disabilities. The registered manager said, "We have attended Fulfilling Lives Events ran by The People's Parliament and have engaged with them for various consultations around key issues such as funding / budget cuts."

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

We asked one relative if they would recommend Ethicare to others, they said, "In a heartbeat."