

Caprani Care Limited

Caprani Care Support Services

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Caprani Care Support Services provides personal care to people with learning disabilities and autistic people living independently in 2 supported living houses in the local community. At the time of the inspection 8 people were receiving support.

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

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.

Right Support:

People were supported in a way which enabled them to live their lives as independently as possible in their own homes in their local community. For some people this meant they were able to live in an ordinary household with their peers and support for the first time in their lives. People were supported to achieve their goals, develop their skills, to go out, express their identities and to learn about their own needs, how to keep safe and well. There were enough staff flexibly allocated to help people to do so.

People were supported and encouraged to take control of their lives and home environments. This brought extremely positive results for many of the people supported and staff consistently sought opportunities to help people to develop further, despite any external challenges.

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 proactively addressed any opportunities for people to have less restrictive support and to take positive risks in a safe way.

People were supported safely around their individual health and care needs, could access healthcare service when needed and staff knew them well. Staff helped people to take their medicines safely and people were encouraged to be as independent as possible in managing their medicines. People were supported to reduce the need for taking the medicines which posed high risk of side effects.

Right Care:

People were consistently at the centre of their own support and were truly listened to and valued by staff. The care and support was planned with people in a way which addressed their strengths, choices and personal needs. People told us they 'loved' their support and they felt truly valued, recognised and proud of their achievements. The managers championed people's rights and supported them around equality and diversity.

Staff enabled people to change challenges into opportunities. For example, the allotment and day centre projects enabled people to achieve their goals despite the restrictions of the COVID-19 pandemic. The provider supported this by working in effective partnership with people, local partners and organisations as well as the staff team.

Right Culture:

The managers created and maintained an exceptionally caring and inclusive culture in the services. People were consistently at the centre of all changes made to improve the service. For example, the provider continued to enable and empower people to manage their own health, home environments, relationships and to stand up for their rights and engage with others in their local community.

Staff consistently said the leaders were exceptionally approachable and dedicated, very visible and supportive. The leaders of the service continued to work with other organisations and partners, taking a proactive approach to continuous improvement and strengthening the way they looked after the quality and safety of people's support.

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

Rating at last inspection

This service was registered with us on 14 July 2021 and this is the first inspection. The last rating for the service at the previous premises was outstanding, published on 15 December 2017.

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?

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.

Caprani Care Support Services

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 2 inspectors.

Service and service type

This service provides care and support to people living in 2 '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.

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 a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection to ensure people consented for our visit into their homes and the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 September 2022 and ended on 27 September 2022. We visited the location's office on 23 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We communicated with 6 people who used the service and 2 relatives about their experience of the support and care provided. We spoke with 6 members of staff including the service management team and staff supporting people.

We reviewed a range of records. This included 4 people's care plans and multiple medicines records. We looked at recruitment checks and training records for 4 staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

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 told us or showed another way they felt safe in their homes and with staff. People had a good understanding of how to keep themselves safe, for example in the event of an emergency. People received support to develop independent skills around maintaining personal safety.
- Staff we spoke with received appropriate training in safeguarding and knew how to recognise and report any concerns. They were also confident about speaking up. One staff said, "I would be confident and if I thought something wasn't right, I know [the registered manager] would listen to me."
- The provider had clear safeguarding policies and processes in place. Where needed, they reported safeguarding concerns externally and took action to protect people.

Assessing risk, safety monitoring and management

- People received safe care. Where people lived with complex health conditions, they had clear plans in place on how to keep safe and well which included guidance from other health and social care professionals. Staff we spoke with knew people and their individual risks well.
- People had individual risk assessments and support plans which detailed what support they needed with day to day tasks and how to provide it safely. This included areas such as their mobility, medicines, safety when with others or going out; or when they found certain situations difficult to deal with. People's plans also included information on how to help them to take positive risks to be more independent.
- Staff had clear guidance in place when people required help to spot any signs of being unwell. For example, when they needed help to monitor their eating, drinking or skin condition. Staff recorded any relevant observations on monitoring charts and records confirmed they took action to support people to keep well when needed.

Staffing and recruitment

- People told us they could always access support with day to day needs or to go out when they needed it. There were enough staff in place to ensure people received their support as per their individual plans and in any emergencies.
- People received flexible support and staff told us there was always enough of them to support people as they wished. When needed, staff were allocated to help people to attend their appointments or to go out. Staff could access on-call and out of hours support from the management.
- New staff were recruited safely. The management team completed pre-employment checks and interviews to check candidates' suitability to support people. This included references, proof of identity and right to work as well as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received safe support with medicines where they needed and, where possible, they were enabled to be independent with their medicines. Where they required some medicines to be administered only in specific circumstances, there was a clear guidance available for staff.
- Staff received training in safe management of medicines and were competency-assessed by the managers. Staff signed people's medicines administration records (MAR) when supporting people with their medicines to ensure they were given to people as prescribed.
- The provider had a clear policy around supporting people to manage their medicines. People were helped to access regular reviews of their medicines with their doctors. Staff knew about medicines prescribed for specific behavioural reasons and records confirmed these were offered to people in line with their wider positive behaviour management plans.

Preventing and controlling infection

- People were supported to understand the national guidance at the time of the COVID-19 pandemic and how to keep themselves free of infections. Staff helped people to keep their home environments clean and hygienic and to follow the national guidance when necessary.
- Staff told us they felt supported by the provider throughout the pandemic, had access to relevant guidance, updates and personal protective equipment.
- We observed staff adhering to good infection prevention and control practice when supporting people. The provider had robust risk assessments and policies in place around COVID-19 and infection prevention and control.

Learning lessons when things go wrong

- The management team reviewed accidents, incidents and errors and ensured action was taken to prevent similar events from happening in the future. Where needed they sought support from external professionals to review people's needs and change the way they were supported to help them to keep safe.
- The management team took swift action to support staff following a recent human error incident relating to medicines and offered additional supervision, training and competency assessments as well as team reflection and debrief to staff. This ensured lessons learnt were shared with staff who were helped to avoid similar errors in the future.

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 accessed appropriate support and care meeting their preferences and promoting their independence. People were enabled to move into their new homes without delays as staff worked effectively with other partners despite the challenges caused by the COVID-19 pandemic.
- People's needs were thoroughly assessed and staff helped them to prepare individualised support plans to ensure the move was successful. All staff were made aware of people's needs and preferences, so they could support them effectively. When we communicated with people who had moved in recently, they expressed they liked their new home.
- Where appropriate, the service worked closely with people's supporters and representatives to enable smooth and successful changes of support for people. This resulted in 2 people moving from long term residential care into independent accommodation. This gave people independence and wider opportunities enabled by tailored support.
- The management team were well aware of the current national best practice guidance, including on how to support people with learning disabilities and autistic people and how to protect their wellbeing and rights. For example, people were protected from being overmedicated and staff knew how to support them well when they got distressed.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to support them and were competent. One person said staff knew well how to help them with different day to day activities and when they got upset. Staff confirmed they felt competent and supported. One staff member said, "Every little bit is covered." Another staff member added, "[Managers] don't skip anything."
- Staff received training in basic subjects relating to their roles, such as moving and handling, health and safety and infection prevention or safeguarding. They also received support around specialist needs of people and how to meet them safely. For example, how to support people with learning disability or specific health conditions and medicines.
- ● Staff competencies and skills were regularly updated and checked. One staff member said, "If I am away, I have an update on anything that changed. I do online and attend in person training as well. If there is any specific training I want, I put it forward.", and went to explain which specific courses were offered to staff to meet people's individual needs.
- The provider regularly audited staff's training needs. New staff received robust induction training and support. One staff said, "You have to complete all training prior to induction shift. There is a step by step induction manual." Staff told us they felt supported and were provided with regular supervisions.

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

- People were helped to do their shopping and to prepare their own meals. Staff helped people to plan healthy menus and to cook. People told us they enjoyed preparing meals.
- People's individual needs around nutrition and hydration were described in their support plans with clear guidance for staff around support they required. This included when people could be at risk of choking or required specific support around mealtimes to enable them and others to enjoy their meals.

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

- People were supported to access healthcare services. This included specialist learning disabilities services as well as routine healthcare. For example, people received support from their GP, specialist nurses, psychiatrist or occupational therapists.
- The provider knew how to support people to access appropriate emergency and day to day healthcare and advocated on their behalf to ensure equal access. For example, appropriate records around people's individual communication and support needs were easily available in case they needed to access hospital treatment.
- People were also supported to access other specialist healthcare, such as dental care or an optician. People's records confirmed staff monitored this and recorded any relevant recommendations which were then followed in how people were supported.

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.

- People told us they could make their own choices, were encouraged to do so and felt listened to. We saw staff offering people choices, even if they were not able to respond verbally but they indicated what they wanted. Staff listened to those cues and supported people in line with the MCA.
- Where people lacked capacity to make certain decisions on their own, the provider followed the MCA and carried out appropriate capacity assessments. They also involved people's legal representatives and social services where people could have been deprived of their liberty to seek appropriate legal authorisations.
- The provider took part in best interests decision-making meetings and advocated on people's behalf, working together with social services and people's representatives to ensure their rights and wishes were protected. The provider was aware of how and when to support people to access independent advocacy services.

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

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us the staff team were consistently treating them with great kindness and in a caring, compassionate way. One person said with a big smile when we asked about how staff treated them, "I love it here." A relative told us their loved one often asked when they would be going 'home' when visiting them as they could not wait to return. A person who could not communicate verbally smiled widely when asked how staff were treating them.
- We saw staff approached individual people in different ways which helped them to express themselves and engage in a conversation. For example, one person was not communicating verbally. Staff reassured them and helped them to interact with us by providing familiar objects and signs. This helped the person to show and express their thoughts and likes as much as they could. Staff did not interrupt this, but gently helped the person to remain calm and to engage with us.
- Another person became a bit distressed during our visit but thanks to staff calm reassurance and support they were able to interact with us for a short while. Where needed, staff knew when to step back and allow people to take lead in the conversations without interrupting them and did so enabling us to speak with people. This showed staff truly treated people as valued individuals and were sensitive to their specific needs and abilities.
- One staff member said, "Everyone is different, it is a case of spending time with (people) to get to know them." They explained how one person needed specific objects and routines to be maintained not to get upset. Another staff said how they helped a person to open up, "Be patient, let him know he is safe here." This supported people to express their emotions and needs and reduced their distress which was visible in people's care records as instances of them showing their anxiety decreased.
- One staff member commented to the provider, "I am proud to be part of this dynamic and compassionate community at Caprani." We saw both people and staff were proud of their successes and friendships and spoke about it in an animated way. Staff highlighted people's strengths and achievements and praised people. One staff member told us how a person achieved a great deal in their day and summarised, "He is a real star.", and went on explaining how they would celebrate that evening.
- We observed very polite and kind interactions between people and staff. The atmosphere in the homes was homely, calm and relaxed and people's interactions were full of 'thank you', 'please' and 'would you like to' phrases which showed mutual respect. We saw and read how staff supported people to maintain good relationships with their housemates and be caring towards others, including people in their community. For example, people supported the local homeless shelter by cooking and delivering meals.

- Staff went an extra mile to support people in a compassionate way with great understanding of their individual life situations. For example, one person had never before been able to attend important family events due to their needs and the type of care they had been receiving. Once they moved into their own home and started receiving support from Caprani Care Support Services, they experienced significant family bereavement. Staff did not give up and supported the person to understand and deal with their emotions and to attend the funeral. Staff used social stories which use pictures and words to help the person to prepare for different situations. This way they successfully supported the person to attend the family event and to be with their loved ones in those important moments.
- People were supported to better understand their rights under the equality and diversity laws and to explore their identities. For example, staff supported people by providing bespoke education workshops around equality and diversity, inclusion and protected characteristics. People were supported to create their own equality and diversity support plans and visual boards which they proudly used to explain what their identity was. This helped people to feel valued and aware of their rights in the society.
- Staff discussed with people their gender identity, relationships, sexuality and safety. People expressed their views and feelings freely as staff created a caring and inclusive atmosphere and approached the sensitive topics with openness and tolerance. One of the managers told us they strived to 'be open and honest about protected characteristics' with people.
- One of the managers set an aim for the provider to create an environment of learning, empowerment and understanding for people. People told us about this and how they felt included and valued in their homes and peer group. We saw people's support plans included relevant information and staff respected people's views and supported them to explore their preferences. Staff understood people were entitled to change their preferences too.
- The service had a designated dignity champion and staff were provided with regularly refreshed dignity training and resources. We saw the respectful approach to people, their needs and individual identity was at the heart of their support plans and how staff spoke about them. Staff we spoke with knew people and their life stories, struggles and achievements, as well as individual personalities well.
- For example, one staff member told us how they would recognise a person was getting very anxious, so they would plan the day differently to spend more time with this person to do something together and talk. This helped the person to process difficult emotions and to feel better at the end of the day. However, staff also knew different signs of the person wanting to spend time on their own and knew how to facilitate that, so the person's preference was respected.
- People's care plans included information on what they could and wished to do on their own, when they needed privacy and how to help them to maintain their dignity. People told us they knew their support plans and management explained they would discuss them with people regularly. Staff we spoke with knew people well and respected their space, independence and abilities.

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 showed an exceptionally person-centred approach to ensuring people were supported to live quality lives despite the restrictions and changes caused by the COVID-19 pandemic. People were supported to continue to enjoy doing what they liked, to learn and maintain relationships which were important to them. People also learnt new skills and achieved recognition in their local community, despite the difficulties caused by the pandemic. This was enabled by staff who went an extra mile to find solutions and create opportunities. One staff commented, "We are setting new tasks, looking for positive outcomes."
- For example, day centre and education or employment opportunities were severely restricted due to the pandemic. The provider responded to it by creating space, opportunities and providing support to people to continue to develop. The provider opened their own day centre with a range of activities in people's homes and in the local community which were chosen by people to match their interests and to enable them to achieve their own goals. This included creative activities, as well as physical exercise or mindfulness sessions.
- One person was supported by staff to learn to cook independently and now could make scrambled eggs with minimal support. Another person, who was not going out before, now regularly enjoyed outings to the local café and for lunch out. Staff helped them to manage their communication and situations which were difficult to them to ensure they were safe when out.
- Another person's relative commented that despite the pandemic, people "were kept active and busy". Several people told us about the allotment project and how they worked tirelessly, gardening, weeding and growing their own vegetables which then landed on their table in a form of healthy, organic produce-based meals during the summer. Two people explained to us how they enjoyed this work and showed us their home vegetable garden. One of them also told us they were helping their allotment neighbours by providing advice on gardening and "it was nice to meet people and talk."
- Another person found it difficult to return to going out when the pandemic restrictions were lifted. They experienced a lot of anxiety despite wanting to be with others. Staff used the day centre and allotment opportunities and 'now and next' plans and successfully helped the person to start going out again. The project empowered people and helped them to build new skills and be proud of themselves.
- Staff supported people to maintain their family and romantic relationships during the pandemic. For example, people had access to technology to keep in contact with their families. One person was supported to attend a family event of interest and both them and their family member told us they really enjoyed this. Another person was helped to speak with and meet up their partner. Staff helped them to organise a special date as well.
- This was not the only way people were encouraged to maintain and gain new relationships with others.

For example, staff organised for people to be visited by a local police community officer to discuss different topics. We saw one person prepared a range of questions, including those on how to be a good neighbour, how to keep safe and what it meant to be a citizen and to abide by law. Staff told us this event was a success and they were planning further engagement with the local police as people found it useful and enjoyable.

- People were supported to understand global issues and take a valued and positive part in improving their local communities. For example, staff supported people to learn and take positive steps about climate change and the need for sustainability. They took part in making plans around what they could do to reduce their carbon footprint and to be more environmentally friendly. This included recycling, car sharing, taking part in community litter picking, using reusable shopping bags, growing their own vegetables and fruit. We saw people took part in those initiatives and enjoyed them.
- People took part in the mental health awareness event where they and staff chose a theme 'be kind'. People created art and spoke with each other about being kind and what it meant. We saw pictures of everyone engaging and enjoying themselves during the event. People told us they got on well with their housemates and staff and helped each other.

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

- People were supported to be the key creators of their plans and staff encouraged them to fully personalise their support. Where people could not express themselves freely, staff sought information and tried innovative approaches to enable people to take greater control of their support. This helped people to build their independence and better understand their own needs, how to keep safe and well and how to dream big.
- For example, one person was not happy about gaining some weight over the period of the pandemic as they had less opportunity and will to exercise. Staff helped the person to learn and read about healthy lifestyle and eating. Staff also supported the person to go for daily walks and to make healthy dietary choices. This enabled the person to reach their own goal and lose weight. Staff encouraged the person to become a healthy living expert by experience and champion healthy lifestyle in their peer group. This person was very proud of their achievement and planned to create (with support) a healthy living workshop for others.
- Staff thought out of the box to ensure people's care was personalised and empowered them to take control of their lives. People were empowered to take positive risks and to learn new skills to become more independent. For example, staff provided them with training around safe application of emollient creams and fire safety risks involved in using them. This meant people understood what medicines they were prescribed and they could take control of applying it.
- One person who lived with a specific health condition was provided with a workshop prepared specifically for them around what this condition meant, how it could affect them, what medicines they required and how staff would strive to support them when they experienced symptoms. This helped the person to understand their needs better and to express their wishes, as well as to feel more secure and comfortable if they experienced those symptoms.
- As people were growing older, staff supported them by preparing a bespoke workshop on what it meant to be ageing and how to age well. This helped people to know what to expect when growing older, how to keep well and fit and what health and other services they could approach for support.
- Staff proactively sought opportunities to improve people's wellbeing and to decrease restrictions historically assessed as needed in their support. For example, one person was prescribed specific antipsychotic medicine. Staff identified the change in their lifestyle in the pandemic meant there was an opportunity to try to review and reduce the use of this medicine. This could improve their overall wellbeing and reduce side effects.
- Staff contacted the healthcare professional and successfully supported the person to reduce the use of

this medicine in a safe and supported environment created due to temporary changes in the person's lifestyle. This was a personalised way of proactive use an unforeseen challenge as an opportunity to improve the person's support and overall health.

- Another person was supported to reduce the need of having a medicine with a sedative effect to manage their distress. Staff helped the person to achieve this by providing consistent support and creating a sense of security and predictability. The person managed to attend a treatment without needing the medicines thanks to staff efforts. This reduced the risk of them experiencing side effects and supported them to find coping strategies that worked for them.
- Staff helped people to plan individualised support and set themselves smaller and bigger goals. People were supported to attend events, to go out and do what they wanted or to gain employment in the local café.

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's individual communication needs were known to staff and met. People were supported and encouraged to communicate and express themselves. Their support plans included detailed information on their communication.
- Staff used verbal communication, social stories (using simple pictures and words to explain different daily situations to people and what to expect), signs, 'now and next' plans, body language or objects of reference to communicate with people. Staff who were able to communicate in specific ways were champions, teaching other staff members the same skills.
- One person used a bespoke set of signs and expressions and their communication booklet clearly explained their meaning. Staff we spoke with knew exactly what the person meant and when they needed reassurance or support. We saw staff were observant and sensitive to this person's communication. A relative of a person said how staff support impacted on their loved one stating their "communication had developed and from saying very few words, they now said much more."
- People were enabled to access all relevant information in easy read format or as social stories which supported their ability to make their own choices, express their preference, and to learn and understand different topics. This included information around COVID-19 testing, dental treatment or their tenancy rights, use of specific equipment, their own individual support or "Who are CQC?" and other topics.

Improving care quality in response to complaints or concerns

- People knew how to express any complaints or concerns and told us they would feel comfortable letting staff know if they were unhappy. Relatives also knew how to raise complaints. One relative told us they never had to raise a concern with the management but would feel confident the registered manager would listen and respond appropriately.
- The provider had a clear policy and procedure on managing complaints and knew how to record, investigate and respond to complaints. There were no complaints since the changes in the registration of this service.
- People and their representatives could access information on how to make a complaint. It was clear who to complain to and what action would be taken by the provider in response.

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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The management team created an empowering and inclusive culture in the service which withstood challenges of the COVID-19 pandemic. The provider changed their registered office address since the last inspection when the service had been rated outstanding. However, the way people had been supported continued to improve and adapt to changing circumstances since then. Staff were inspired by the managers to look for innovative ways to work with people. This resulted in people being able to enjoy their lives and build their skills despite the restrictions in the pandemic.
- The management team led by example, initiating and implementing ways of working with people which enabled staff to provide outstanding caring and responsive support to people. One staff member commented as noted by the provider, "We have a management team that is entirely committed to ensuring the lives of those we support are enhanced by our care. They promote motivation amongst the team and maintain a high standard throughout." Another staff member said, "It is like a small family."
- The management team ensured the organisational values were firmly embedded in all areas of support people received. The culture of the staff team and how they worked with people was clearly showing they stood by the organisation's values which were: choice, independence, inclusion, dignity and achievement. This meant people continued to be at the centre of the service. People received support which promoted their wellbeing, good health and enabled them to seize opportunities to develop their skills and achieve their goals despite the challenges.
- Staff were consistently complimentary around the support provided by the managers and their approach. One staff member told us "We are all in this together." The provider took extra care not only about people but also staff members during the pandemic. For example, one staff was trained as mental health first aider to support the team. Staff were also provided with resources helping to 'build resilience to avoid burnout' and staff recognition awards to recognise their good work.
- The management regularly checked on staff who were isolating and ensured general staff wellbeing was supported. One member of staff shared their thoughts, "[The managers] put every kind of measurement to ensure we and our wider families are safe. They did not want one of us catching it and bringing to our family. This was appreciated by staff. It was protection both ways." Another member of staff said, "Whenever I need support, I always receive it beyond my expectation."
- Staff felt engaged, supported and valued by the management. One staff member said, "I can't fault the management. They are really flexible. I am able to contact them and raise any concerns I might have. They are great. If you need anything, you can raise it immediately and I am always kept in the loop."

- The provider improved the way they communicated with staff to enable effective learning and feedback, for example, they held 'team huddle' meetings when needed instead of waiting for planned meetings to discuss different hot topics. This ensured learning and feedback were shared proactively and implemented without delay.
- People and their relatives felt well-informed and told us they were listened to. One relative told us they could "turn up at Caprani whenever they liked and someone would always answer the phone." Staff echoed the management were consistently visible and very supportive. One staff member said, "I can get hold of management anytime. They come in quite a lot, pop in and out, we can phone them, and they are in contact all day."
- Staff commented they worked well as a team and maintained effective communication. One staff member said, "We communicate well with each other and everyone knows their responsibilities. There is a good team-work."

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; Continuous learning and improving care

- The provider proactively engaged people and staff in championing quality, person-centred support. They achieved this by taking proactive action to empower people and staff to lead.
- For example, one person was particularly interested in safety issues and staff included and empowered them in management tasks in their own home. This person's strengths and interests were recognised and valued by staff. They became a designated health and safety officer and staff supported them to carry out regular health and safety audits and fire safety checks and to oversee any follow up actions when needed. The person briefed us on the fire safety in the home during our visit and was very proud of their role.
- The provider was continuously proactive in seeking to improve the service. For example, the managers attended a wide range of webinars and professional workshops and created action plans after each to address improvement ideas they learnt from those collaboration and best practice events. They implemented those ideas and followed up on their effectiveness in a timely way. This was, for example, around COVID-19 guidance.
- The managers also analysed CQC's feedback around similar services' practices from inspection reports and implemented actions to learn and improve from that. For example, they created bespoke continuous development plans for staff in the service based on learning from other providers. They also considered feedback around the quality of care plans and improved their own records learning from other similar services.
- The management team carried out a wide range of quality and safety audits, including those around safeguarding, incidents and accidents, regulatory requirements and fundamental standards of quality and safety of care, infection prevention and control. They also sought external input to scrutinise the service and to learn from recommendations. We saw action was taken when necessary to address improvement needs.
- The managers carried out a range of unannounced visits, spot checks and staff practice observations to monitor the quality and safety of the service. The managers were dedicated to make sure, "Any changes increased standards."
- For example, as part of the continuous improvement plan, the service had been moving their records into a digital platform to streamline them and enable real-time oversight by managers as well as to be more environmentally friendly. This meant the quality of people's support and experience of care was monitored more effectively. This also enabled management to shorten the response time to any changes. One staff commented, "No issue is too big or too small. The management are very approachable, very on it. The [leaders'] response in the service is outstanding."
- The provider was aware of their regulatory responsibilities to inform CQC about certain events in the

service and had met them. They also had a clear understanding of the duty of candour and their responsibilities and had followed appropriate processes when necessary.

Working in partnership with others

- The management team worked closely with local social care teams, specialist care and healthcare partners, as well as people's families and local community organisations. Staff supported people to access local groups, social organisations, and employment opportunities.
- The provider was working in collaboration with other similar providers and organisations supporting people with learning disabilities and autistic people, for example the local skills academy and care association.