CareQuality Commission

Complete Care & Enablement Services Ltd

Complete Care and Enablement 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

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.

About the service
Complete Care and Enablement Services is a supported living service providing personal care. At this inspection the service was supporting 178 people and can support up to 182 people in 23 different properties. Not all of these people received personal care and at the time of the inspection the service was providing personal care to 27 people. The service is also known as CareTech by most of the people who used the service and their relatives. The majority of people who used the service lived with a learning disability and/or complex mental health needs and were aged under 65.

People's experience of using this service and what we found
Right Support
The service supported people extremely well to have the maximum possible choice, control and independence, and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People and their relatives confirmed this.

People were supported to pursue their interests and to achieve their aspirations and goals. They could choose their living environment personalise their rooms. The service made reasonable adjustments so people could be fully involved in discussions about how they received support, including travelling to wherever they needed to go. Some had vehicles personalised to their needs; people chose how and when to use these to access the community and pursue their own personal interests People were encouraged to live full and active lives in the local community. With support they used technology and interacted with others who shared their interests'
People were supported to make the best decisions for them and communicated with others in ways that met their needs, often using voice activated technology. People were clearly delighted at the opportunities this presented. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes. People played an active role in maintaining their own health and wellbeing.

Right Care
People's equality and diverse needs were consistently promoted. Staff understood people's individual needs and a multi-cultural workforce provided culturally appropriate care. Staff protected people from poor care and abuse and worked well with other agencies to do so. Staff could recognise and report abuse and there were enough appropriately skilled staff to meet people's needs and keep them safe. It was clear staff

cared deeply for the people they supported.

People told us staff knew them well and relatives also confirmed this. People who had individual ways of communicating, using body language, sounds, pictures and symbols could interact comfortably with staff and others involved in their treatment, care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture
People led fully inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. It was very clear staff were enormously proud of the work they did in supporting people. People received exceptionally good quality care and support because trained staff and specialists who genuinely cared about people, could meet their needs and wishes.

People were supported by staff who fully understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received exceptionally compassionate and empowering care that was tailored to their individual needs.

Staff knew and understood people extremely well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which enabled people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. An advocate and a health care professional confirmed this.

The service enabled people and those important to them to work with staff to develop the service and people were involved in interviewing and selecting new staff. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection
The last rating for the service at the previous office address was outstanding, published on 25 April 2019. The provider and registered manager had not changed.

Why we inspected
We undertook this inspection to assess that the service is applying the principles of right support right care right culture.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good** ●
Is the service effective? The service was effective. Details are in our effective findings below.	**Good** ●
Is the service caring? The service was exceptionally caring. Details are in our caring findings below.	**Outstanding** ☆
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well-led. Details are in our well-led findings below.	**Outstanding** ☆

Complete Care and Enablement 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
Two Inspectors, a member of the CQC medicines team and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Complete Care and Enablement Services is a supported living service. This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is 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 short notice of the inspection because some of the people using it could not consent to a home visit from an inspector. We gave the service 24 hours' notice of the inspection. Subsequent visits to different people's home addresses were unannounced.

What we did before inspection
We reviewed information we received about the service. The registered manager sent us information relating to people's addresses, communication needs and obtained consent from people and their relatives for us to visit or contact them. We sought feedback from professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with two professionals who regularly visit the service, 14 members of staff including the registered manager, service managers, care staff and staff who administered medicines, six people who used the service and seven relatives about their experience of the care provided. We tailored our communications to suit people's preferences. We also observed people's body language and spent time observing people.

We reviewed a range of records. This included seven people's care records and three medication records. We looked at three staff files in relation to recruitment, staff supervision, competency assessments and observations of practice records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Good ●

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
● Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member said, "If I was concerned, I would report to the team manager firstly. I know the local authority process for investigating safeguarding, but I have not seen anything worrying here."
● People and those who matter to them had safeguarding information in a format they could use, and they knew how and when to raise a safeguarding concern. A relative told us, "I am very, very happy with the care [my relative] is having, and she is safe." A second relative said, "I think [my relative] is in a safe place and staff understand his needs."

Assessing risk , safety monitoring and management
● People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. A person told us, "I was worried, as I have [condition name] but now I have opened up more. In the last months my life has got better." A relative told us, "This service has given [my relative] life, and he always wants to go back home without stress and pressure. [My relative] has a life now and we have become a family, it is brilliant, that is all I can say."
● People were involved in managing risks to themselves and in taking decisions about how to keep safe. A person told us, "[Staff name] has helped me to understand how to keep myself safe. I interact with staff much more closely now than I did with the old company."
● People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
● Staff assessed people's sensory needs and did their best to meet them, for example ,one person used an electronic communication aid to verbalise their thoughts.

Staffing and recruitment
● The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
● Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual needs, wishes and goals.
● The numbers and skills of staff matched the needs of people using the service.
● The provider had established an employee engagement team, who held regular planned meetings with new employees; this ensured each new employee had a voice and was given the relevant support and tools to succeed in their role.

Using medicines safely

● People's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

● People received support to make their own decisions about medicines wherever possible and could take their medicines in private when appropriate and safe. We observed staff administering medicines to one person; this person said, "See, that's exactly how I like to take my medicines. The doctor came to see me recently to check if I was okay. [Staff names] know I like my medicines on time, and they do give them exactly on time."

● Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing. Actions were taken when shortfalls were found to improve safety.

Preventing and controlling infection

● The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The provider had good arrangements for keeping premises clean and hygienic.

● Staff used personal protective equipment (PPE) effectively and safely. The provider's infection prevention and control policy was up to date.

● The service supported visits for people living in the home in line with current guidance.

● All relevant staff had completed infection control training.

Learning lessons when things go wrong

● People received safe care because staff learned from safety alerts and incidents.

● The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

● When things went wrong, staff apologised and gave people honest information and suitable support.

Is the service effective?

Good ●

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained 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
● Staff completed a comprehensive assessment of each person's physical and mental health and took the time to understand people's behaviours. Independent Mental Capacity Advocates (IMCA) supported people where applicable. An IMCA told us, "With Care Tech they have been very open and supportive, and I had an early referral for [person name]. Care Tech staff were very informative in terms of [person name] presentation and they gave me a good verbal picture of [person name.]"
● Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. A health care professional commented, "Hearing patient stories and seeing progress, evidences to me how effective Care Tech are, along with the robust management of staff, effective policy and procedures based on national guidance and best practice."

Staff support: induction, training, skills and experience
● People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have.
● Updated training and refresher courses helped staff continuously apply best practice. One staff member told us, "I completed an induction period, and this included shadowing other staff for two weeks. I completed training including face-to-face and practical training. After this I felt confident to start but I had already worked in care before. Managers wouldn't let you do anything if they felt you weren't competent to do it."
● The registered manager checked staff competencies to ensure they understood and applied training and best practice. Staff received support in the form of continual supervision, appraisal and recognition of good practice.

Supporting people to eat and drink enough to maintain a balanced diet
● People received support to eat and drink enough to maintain a balanced diet and were involved in choosing their food, shopping, and planning their meals.
● Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People could have a drink or snack at any time, and they were given guidance from staff about healthy eating. A person told us, "[Staff name] has got me drinking more water recently; I have always had a dry mouth and [staff name] explained that she was worried about me getting dehydrated."
● Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. Mealtimes were flexible to meet people's needs and to avoid them rushing meals. A relative told us, "Staff

are wonderful, they all do home cooked meals. [My relative] is putting weight on and it's lovely to smell food being cooked in the house."

● People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. People were able to eat and drink in line with their cultural preferences and beliefs. A person said, [Staff name] talked about not drinking too much coca cola and to have water instead and that's been a good idea. I like plain food and [staff names] always respect this, but they also encourage me to try out new things."

Adapting service, design, decoration to meet people's needs

● People had extensively personalised their rooms and were included in decisions relating to their interior decoration and design. People lived in properties that looked like any other residential property in the surrounding area and there was no indication they were any different.

● The home environments were homely and stimulating. One property was in need of redecoration; staff had identified this and were waiting for the local authority to complete this task.

● The design, layout and furnishings of people's homes supported their individual needs. For example, ceiling track hoists were in place where applicable. A relative told us, "The house is lovely, and [person name]   is leading a much more meaningful life than before, and you can see she is happy."

Staff working with other agencies to provide consistent, effective, timely care

● People's quality of life and self-esteem was significantly improved through creative best practice approaches and dedicated support to their   mental wellbeing and physical health. One person had been supported to have eye surgery, following a best interest meeting with hospital staff. This person's confidence was lacking prior to this operation due to limited vision. However, following successful surgery, they started looking out the window again, smiling and regaining their confidence and asking to go out.

● Staff recognised the importance of proactive therapeutic approaches to care and support. One person said, "Staff helped me to get my blood pressure checked at the hospital."

● Feedback from a variety of health and social care professionals described staff's care and practice as excellent. They praised staff and their ability to carry out tasks to maintain people's health and welfare competently, while also ensuring information provided to health professionals was highly detailed.

Supporting people to live healthier lives, access healthcare services and support

● Staff worked well with other services and professionals to prevent readmission or admission to hospital. Staff from different disciplines worked together to benefit people and ensure no gaps arose in people's care.

● People had health actions plans and were referred to health care professionals to support their wellbeing and help them to live healthy lives.

● People played an active role in maintaining their own health and wellbeing. A person told us, "I had [name of health condition] and now I have had surgery and am fine."

● People were provided with joined-up support so they could travel, access health centres, education and or employment opportunities and social events.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

● People were empowered to make their own decisions about their care and support and an IMCA was available to help them if they lacked capacity. An IMCA told us, "I think staff have [person name] best interests at heart and they have been very supportive and understanding of the risks posed; they have ensured [person name] could be as independent as possible."
● Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. For people assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity
● People received their care with kindness, respect and warmth from skilled staff who demonstrated the values of right support, right care, right culture. Observations of staff providing care and interacting with people showed they were passionate about ensuring people received the best possible care. For example, one person who had a life history of not engaging with others was now happily interacting with their friends and staff in a lounge area. Their relative confirmed staff had completely turned around [person name's] life. They said, "Now [my relative] is not isolated and she is more involved than she has ever been. It's wonderful and I am so happy especially at my age, and it's reassuring to know [my relative] is not a worry for me."
● Staff understood how people with learning disabilities and autism can succeed and have a fulfilled life with high standard of support and care, based on understanding people's individual likes, dislikes and needs. One service manager said, "To me values are more important than the status of being a manager and that's how we all fit in and support the people here. None of us, including myself are interested in status, just making sure the people have the best life possible really."   Service managers, based within each setting, led staff teams in line with values which included promoting equality and diversity, inclusivity and people being in control of their support. Teams worked with people to manage the challenges they faced in accessing activities and the community and people were the focus of their support. Support was tailored to people's individual needs.
● Relatives felt positive outcomes were achieved as a direct result of the support provided by staff. One relative said, "The staff are brilliant, absolutely brilliant, they know [my relative] inside out. [My relative] adores them, loves being there and we're very, very happy in how they've settled in and how they're cared for."
● Staff pride in helping people to lead full and meaningful lives was clear to see. One person told us, "I think staff know me better than I know myself. I'm not used to being cared for like Care Tech care for me and I'm caring about myself more now because of them." A staff member said, "It's a very fulfilling job and I'm the happiest I have ever been."

Supporting people to express their views and be involved in making decisions about their care
● People could   express their views and where they were unable to communicate, the provider advocated on their behalf or sought advocacy from relatives or IMCA's. One person told us, "In the last months my life has got better and two days ago I opened up about why I don't like going out and shared a past incident with staff and now since telling [staff names] I feel so much better."
● People were encouraged to express opinions about their care and were involved in decision making processes. Plans to support them in achieving their expressed goals were carefully considered to maximise

the potential for success. A person told us, "Staff will ask me first if I want personal care; I tell them when I want it and they will wait until I tell them it's the right time and they go on what I say."

● Relatives and other professionals contributed to reviews of people's care and praised staff for promoting inclusion when planning and assessing plans for all aspects of people's care. People's right to vote was considered and staff helped them to register in local and national elections. An IMCA told us, "The service gave me guidance about [person name]. They were very thorough in that respect and ensured [person name] could be as independent as possible. Staff are keen to empower people to have an independent voice and clearly try their best to help [person name] live a full and meaningful life."

● People were involved in recruiting new staff and attended recruitment interviews. The person involved told us, "This afternoon I'm taking part in interviews for new staff and I'll be asking them some questions I've thought of. Me and [person name] have done this before."

Respecting and promoting people's privacy, dignity and independence

● Staff had a detailed understanding of how to promote people's dignity and independence and protect their privacy; they told us when providing personal care, they would ensure doors, curtains and windows were closed. They knew information should only be shared with relevant people and understood when consent was needed.

● People's independence was promoted. They had personal items in their rooms and had independently chosen how their room was decorated. People were encouraged to be in control of household tasks which was managed safely by f staff, and risk assessments had been completed. A social care professional stated, "I have been working closely with [staff name] and the care staff team and the compassion they have for the people they support has been evident throughout. Care Tech have been very knowledgeable, specifically in terms of person-centred planning, positive risk taking and best interest decision making. Care Tech support the individuals to exercise as much independence as possible." Several people had been supported to access work, activities and social groups they had not been able to previously. This included one person, who independently worked in a local shop.

● People were encouraged to be independent when taking part in community activities and when planning trips out and holidays. Holidays had been planned with people's involvement or by speaking with relatives to identify places people had enjoyed visiting in the past. Challenges which occurred during holidays were reflected on and used to plan future events to better enhance people's experiences. Evidence of holidays and activities across supported living settings was plentiful. Pictures   showed people clearly enjoying the experience. In one instance a person had been booked on to a flight; however, when the flight was cancelled, staff drove over 400 miles to take the person on holiday as they understood the importance of this going ahead. Where people struggled to be independent staff identified the specific areas where support was needed and considered people's preferences. A relative told us, "I think [my relative] is being looked after as I would look after her. Care planning was done at the beginning and I was involved. I would give them 10 out of 10 as it's wonderful."

● Staff demonstrated a deep understanding of how to advocate on people's behalf and empower them to be in control of their care, life and home. We visited one property where people struggled with visitors who they didn't know. The staff respected the need for the inspector to visit but advocated on behalf of the people living at the service and asked the inspector to speak quietly   and be discreet to avoid causing anxiety to anyone. Staff politely discussed the realistic timescales the inspector could stay on site. This demonstrated staff promoting people's choices, respecting their wishes and managing an unusual situation in the best interests of the people living at the service.

● People received exceptionally kind and compassionate care. Staff protected and respected people's privacy and dignity and understood and responded to their individual needs. We saw staff knocking on doors before entering rooms.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. The rating for this key question has remained outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● People's care plans described their health and social care needs in detail. These included guidance on how people wished to be supported and what they did not want staff to do. Information was broken down into steps because the provider understood not meeting people's needs at all stages of an activity or support task could result in people not accepting support. Records highlighted positive outcomes of activities in the supported living settings and in the community. One person, who had not been able to access activities a distance away, had been supported to use public transport to visit a safari park and experience this in a positive way. This was achieved because staff spent time reflecting on other activities and carefully planning the activity with the persons needs in mind.
● Care plans reflected the principles of right support, right care and right culture; they clearly stated when people wished to be independent and what they required support with. People's preferences relating to activities and community interaction were clearly recorded.
● Staff had a detailed understanding of people; they were able to tell us in depth about people's needs, choices, likes and preferences.
● In one instance a person's communication needs had been assessed at the time they started using the service. Staff had worked closely with the person to identify specific barriers to communication and how they could help them improve their understanding of words. Staff implemented a plan to teach the person how to verbalise words and how to associate them with the correct meaning. The person went from being non-verbal to being able to verbalise their thoughts, likes and dislikes as a direct result of the support provided by staff.
● Relatives were exceptionally complimentary about the provider, staff and the support people received. For example, the relative of the person who was supported to learn verbal communication told us, "[My relative] has never been able to read or write, but they've come on so much with their speech to the point where they are actually saying short sentences. I've never heard [my relative] saying short sentences. It's almost like the staff have woken something up inside of [my relative], it's amazing and something I thought I'd never hear."
● People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
● Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were clearly stated within their care plans. Staff demonstrated an understanding of how communication was key in effectively working with people. Interactions between staff and people were natural and staff had empowered people to express their views across all settings.

● In one instance, a person had been supported to write and publish a large-print book about their experiences of being disabled; staff support enabled and empowered this person to communicate widely their opinions through their literary interest. This person used a technology aid to verbally communicate and to control their personal environment such as turning lights, TV and music on and off. The person told us, "It took a lot of time to write the book, because I use the aid, but I got there in the end; a support worker helped me to type it up. I like the staff; they make sure my machine in charged up each day." New up to date communication technology had been sourced for this person, which would not only enable faster communication, but would also support the person in getting a job which had been their life-long wish, and which we saw was identified in the book they had written.

● Staff had an exceptional understanding of how people communicated and demonstrated this by advising the inspection team on how to effectively communicate with people. For example, on one of our visits, before entering the main part of the premises, the staff member advised the inspector to avoid certain phrasing and interactions with people as this would cause the visit to break down. In another instance, staff informed us of how one person communicated and how they preferred other people to repeat what they had said, after they had said it, so the person knew they had been understood. We followed this advice when speaking with this person and found, through facial expression, they were delighted when we repeated what they said back to them.

Supporting people to develop and maintain relationships to avoid social isolation

● People were supported to maintain and develop social relationships as they wanted. People had been supported to engage in social groups and clubs. We observed several people returning from social clubs or leaving to do activities which involved meeting up with friends. We observed one person returning from a day service. We asked the person about their day, the activities they enjoyed doing and their experience of the care provided. They said, "We're having a Jubilee Party and I work in the café. I moved here in [date]. I like it here I've got all my friends here. I go out shopping, I'm going dancing tonight. We're having a jubilee party. I'll be getting the food ready."

● Staffing levels supported the maintenance of people's relationships with family members. For example, during the COVID-19 pandemic the provider ensured relatives who were not able to visit people due to restrictions or being at a high risk of harm maintained their contact with people. One person had been allocated staff support hours in addition to their standard hours of care so they could go and visit their relatives at the family home with a member of staff.

● Relatives praised the provider and staff for their 'amazing' support in maintaining contact and promoting people's relationships. One relative said, "We can visit whenever we want, but because we go less due to our own health issues [my relative's] keyworker often brings [my relative] to us for lunch. Also, staff have helped [my relative] get used to the telephone and now we're having a conversation, which we weren't able to do before the staff supported them to do so, they're amazing."

● One health care professional commented, "In terms of people within Care Tech services currently, the support teams are consistently working with the individuals to ensure care is appropriate and effective, creating bespoke projects that have enhanced peoples' lives. Now, they all live in houses in their community, planning daily what they want to do, getting out and about, cooking their own meals and one lady was so delighted how this increased their independence. The difference supported living accommodation has had to these people is stunning, a true transformation."

Support to follow interests and to take part in activities that are socially and culturally relevant to them
● People's activities were tailored to their interests, hobbies and preferences. The provider had systems in place to monitor, assess and reflect on activities and identify what worked and what hadn't, so staff could use reflection to improve people's experiences while being involved in activities. One person told us, "I'm a big Facebook fan and have an account and I like to put pictures on of what I've being doing. I have lots of friends on Facebook." This person showed us some of the pictures they had posted, including cooking, bingo, a local café visit, pub for tea, foot spa, gardening and a trip to Liverpool. Another person said, "I have a mobility car and I choose where and when I want to use it and my friends can come with me if they like. Liverpool is my favourite football team and I get to go to football matches; staff are sorting out match visits for September 2022 when the football season starts."
● Reflective records included a detailed summary of how an activity had gone, what people had achieved, how activities could improve and how staff could enhance people's experiences further. For example, one person had struggled to access public places throughout their life, but their staff team identified areas where they could support the person to enjoy an activity without focussing on people they didn't know within the public. They did this by spending a period of time before the activity familiarising the person with the place and what they would experience there by showing them pictures and highlighting the persons interest at the place. They also planned the activity, scheduled staff, and told the person when they would be going well in advance of the activity. After a period of time staff supported the person to the place and their experience was enhanced; being around the public did not cause the anxiety it had previously done. A positive outcome for the person was achieved as a direct result of staff's approach.
● People's relatives felt activities were organised around people's interests and preferences. Relatives were extremely complimentary about staff's approach in supporting people to achieve goals and partake in activities they wouldn't have prior to receiving support from the provider. One relative said, "[My relative] is going on holiday in a couple of weeks' time. [My relative] is going somewhere they will really enjoy; they like open spaces and places where they can walk; the beach is perfect. [My relative] loves the beach, so that's where they go. It's got all the facilities and activities [my relative] likes on the site and it's all moulded around what they want."

Improving care quality in response to complaints or concerns
● The provider had robust systems and policies in place to reflect on complaints and concerns. The provider had rarely received complaints but on occasions when they had, the management team had responded professionally and in a timely manner.
● People, relatives and professionals knew who to contact when they had concerns. One relative said, "I raised some concerns in the past about the environment [my relative] was in at the time. The provider was fantastic though, they moved [my relative] to a new environment and [my relative] was so much more settled and happier. [My relative] has come on so much. I'd have no problem ringing the service manager or the office."
● Staff explained how complaints were reflected on and used to inform improvements to people's care.

End of life care and support
● Some people had plans for how they wanted to be supported at the end of their life and any subsequent arrangements they wished to be carried out. Where possible, people had created end of life plans themselves with a copy present alongside their care plan.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question outstanding. The rating for this key question has remained 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; Continuous learning and improving care

● The provider's outstanding caring attitude, approach and responsiveness were a credit to distinctive leadership both at location and provider level.

● Managers worked together to ensure the best possible outcomes for each person being supported. For example, although one person successfully used a communication aid to verbalise their thoughts and opinions, the service had recognised more up to date technology was now available and had contacted speech and language therapists to identify and progress the need for replacement technology, called 'Smartbox'. Staff described this person as being, "Absolutely fascinating, very intelligent, articulate and funny."

● The provider had collaborated on a major new project named '100 Voices', which had been recognised in the Care Industry News, a website for providers of adult social care. This initiative explored the relationship between access to Augmentative and Alternative Communication (AAC) and the positive outcomes for adult's communication difficulties in Care Tech services across the UK. We have reported on the positive impact of this in the responsive section of this report.

● People, their relatives and other health and social care professionals all described the consistent and exceptional quality of the service provided. An NHS professional stated, "The leadership within Care Tech is clear and defined, easily understood and evident in day to day dealings with them. Every leader I have seen is passionate about providing services they would want for their loved ones, high levels of bespoke support, enabling and supporting people to make choices and live their best lives."

● The provider's vision and values were imaginative and kept people at the heart of the service. We saw the positive impact of the values, threaded throughout the service. For example, the provider undertook values-based recruitment and all new staff were inducted to the ethos and values. The providers governance framework reinforced the values, for example, they were talked about at training, meetings and staff supervision.

● The provider had initiatives to show staff they were valued, to promote staff wellbeing and retention. For example, one member of staff, had been put forward for a national learning disability award. Other staff teams had been nominated as finalists in the annual Great British Care Awards – North West Awards. The registered manager had consistently won awards from Care Tech in previous years, for example, special recognition awards and locality manager of the year 2020 and 2021.

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

● The provider and registered manager understood and demonstrated the requirements of the duty of candour to be open, honest and transparent when things have gone wrong. A health care professional who supported the service commented, "Care Tech have robust processes in place, this is evident from quality checks when funding reviews are undertaken. Incident reporting is timely, detailed and reflective. When things go wrong there is honesty and objective investigation, outcomes are communicated, and decisive action taken."

● Any accidents or incidents were analysed in detail and staff discussions held, to ensure their understanding of contributing factors and how to reduce the chance of a reoccurrence in future. A relative told us, "The care is really excellent, and I am pleased with this. I have never had to raise any concerns about care."

● Workshops were held with staff about how to assess and improve culture which emphasised workplace culture should be aligned to the organisational values which should be positive, respectful, inclusive and should promote the wellbeing of supported individuals and the staff teams. Workshops were held about positive behaviour support, accidents and incident analysis, restraint reduction and stopping overmedicating people. These workshops were very detailed and thought provoking and allowed staff time to reflect on their practice in a mutually supportive environment.

● Health and social care professionals spoke highly of the provider's willingness to learn. One NHS professional stated, "Care Tech support, transparency, openness, honesty and the absolute ability to say we got it wrong, identify policy issues, staff issues, environment issues or whatever has gone wrong is identified and appropriate process put in place to rectify." A social care professional stated, "Care Tech have supported [person name] through a very challenging time in her life; they have been responsive to this and flexible in their support arrangements to accommodate their needs. For the same individual the provider are supporting the young person's independence and development by exploring vocational interests with them, it is has been lovely see the strength's-based approach the provider has."

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

● The exceptionally motivated management team led an equally highly dedicated and enthusiastic staff team to improve care and people's experiences. For example, the service supported one person with severe complex support needs. A small team of six dedicated staff worked with this person to start developing a relationship and provide support in the community. Over time, the staff team worked alongside this person to build a routine and integrate them back into society. As this person's confidence and trust in staff grew, they started to do things most people take for granted but which meant so much to the person, such as walking to the shop for a paper each morning. This person had a long-time goal to revisit a town they had previously visited with family, who were no longer around, and staff worked slowly to increase the length of time this person was able to spend in the community. In June 2022 this person achieved their goal to revisit this town. With support they were able to take a walk and chose to visit [certain facilities in the town]. Staff took pictures to add them to this person's collection, and although this was an emotional trip for this person it unlocked a new door for them, and they now wanted to go to [another location name].

● There was an open, honest, caring and positive culture across the service and staff demonstrated a high value base. This was clearly led from the top down. One staff member said, "The teamwork is spot on and everyone communicates really well; people are our main focus and have good relationships with staff." A second staff member told us, "I love working here and it feels really good. It feels like not being in work and I feel refreshed when I go home. I feel good when I help someone and make their day better." A person commented, "I'm happy with the staff and feel very comfortable living here; nothing worries me."

● The registered manager worked seamlessly with and was well supported by service managers who had day-to-day operational responsibility for certain locations. A service coordinator provided extra management capacity to ensure quality was maintained and outcomes for people continued to be

measured and evidenced.

● The provider and registered manager planned and promoted person-centred, high-quality care to ensure good outcomes for people. They provided opportunities for people to enhance their wellbeing through exercise and maintaining links with their local community. For example, since being supported by Care Tech, one person who had previously lived in residential care had started to access the community independently beginning with a short walk to the local shops. The person now attended the gym a few days each week, had lost weight, and was feeling great. The person had begun walking a lot more, and where a long journey once included the use of a wheelchair, this was no longer needed. The person had become independent with personal care and even carried out their own housework.

● The provider had a well-developed quality assurance framework and used this for achieving compliance and striving for outstanding practice. Each tool in the framework enabled the monitoring and reviewing of individual service performance and contributed to the provider overview maintained by operational management. By completing the framework accurately, a consistent set of tools were in place used to support the effective management of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The provider was fully committed to forums and events that were organised via various local authorities.. For example, the performance director for the North region was approached after a forum with the local authority, to establish whether they could assist in helping them to develop a robust Positive Behavioural Support (PBS) offer and help them with their business case. PBS is a 'person centred framework' for providing long-term support to children and adults with learning disabilities, autism, or dementia, who have, or may be at the risk of displaying distressing behaviours. PBS helps adult social care professionals, including managers understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life, and reduce the likelihood that the behaviour will happen. As a result, the providers' group head of learning, along with a behaviour therapist colleague worked with the local authority to complete this task. Shared skills and knowledge benefit people who are provided with support, and also staff. This demonstrated the service contributed regularly and demonstrated their willingness to learn and share best practice.

● The provider was committed to gaining staff feedback about any aspect of their work. For example, when CQC received negative information from a particular location, the provider met with staff to discuss the issues raised and a local authority quality monitoring officer was involved in interviewing staff. From this, a 'You said, we did' document was produced and sent to staff which identified the concerns raised and the management response and plan of action to deal with the concerns identified. Staff then had another opportunity to go through the document and add more comments if they felt something had been missed. In addition, the provider arranged for a series of follow-up staff coaching and mentoring days, staff engagement consultations and team meetings.

● A well-developed website contained a wide range of useful information about the services provided, the staff team, recent news articles and links to other relevant organisations involved in providing care. When people undertook an activity, they were asked what could have been done to improve their experience and their feedback was used to improve their future experiences. A person told us, "I did a confidential questionnaire a couple of weeks ago and one question was if I wanted to go back to [previous care provider name] supporting me; I don't. Here everyone believes in me. It's the staff who make me want to stay."

● The Care Tech Foundation was proud to be a founding partner of a new cross-sector initiative called Championing Social Care, which aims to shine a light on the incredible value of social care and those who live and work within it. Championing Social Care's vision is to ensure a wider and deeper public understanding, appreciation and respect for social care.

● The registered manager was very visible within the team and proactive throughout the inspection in

demonstrating how the service operated and how they worked closely with other health and social care professionals to drive improvements in the service and meet people's needs. A social care professional commented, "I am currently working with a family with a young person out of borough who wanted to look into supported accommodation in Wigan. The family were supported to have a look around a scheme that Care Tech currently support, the provider facilitated this, and the experience was very positive by all who attended including the family concerned. The provider were an ambassador for supported accommodation specifically for people with challenging behaviours and I was proud to share this example of supported accommodation with the family I am working with. The family had very positive feedback for the provider in what support could look like for their loved one and this has been supportive of the work I am undertaking with the family going forward."