

Mediline Supported Living Limited

Mediline Supported Living Merseyside

Inspection report


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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Mediline Supported Living is a supported living service offering care and support to people living in their own homes. The service supports adults, most of whom live with a learning disability, autism and acquired brain injury. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. 65 people were being supported with personal care at the time of our inspection.

The Secretary of State has asked CQC to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

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

This is the first rated inspection since the service underwent a change of legal entity.

The culture of the service ensured the provision of support was bespoke and truly person centred. Management and staff embraced the organisational values as their own and were committed to the provision of care and support. People were supported and empowered by staff to control their own lives and live a life which was meaningful to them. The registered manager led the teams with creativity and collaboration, built on seamless relationships and good practice.

People were treated with the utmost respect dignity, empathy, and compassion. They were empowered to make choices to live a life of their choosing. Staff had gone to great lengths to ensure peoples preferences

and voices were heard, and the support given was as individual as the person receiving it.

People had a say in who they wanted to support them. Where possible, they took an active part in staff recruitment processes. Some staff had undergone additional training to meet the specific needs of the people they supported. Staff completed a thorough induction and undertook regular training to meet the requirements of their role.

People were actively encouraged to make decisions about how their support was provided and staff were respectful and understanding of people's rights and choices. Care and support requirements were recorded in a truly person-centred way.

Risk assessments were detailed, reflected people's individual needs, preferences, daily routines, and were regularly reviewed to ensure the most up-to-date information was available for staff to follow. There was a creative and comprehensive approach to risk taking and encouraging people to take risks to help them get the most of their support. People's individual communication needs were recorded and understood, and information was provided in a format most appropriate for them, which meant they could feel involved and included in their support.

People were supported and encouraged to maintain contact with friends and relatives and be a part of their local community. People participated in activities and occupations of their choice. Staff encouraged people to lead healthy and active lifestyles and supported people in trying new things.

People and their relatives were very complimentary regarding the caring nature, kindness and support of the staff team. Staff were thoughtful and truly felt proud of the people they were supporting.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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.

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 03/07/2018 and this is the first inspection.

The last rating for this service was good (published 24 October 2018). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating of good to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection.

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 exceptionally safe.

Details are in our safe findings below.

Outstanding 

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 

Mediline Supported Living Merseyside

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mediline Supported Living has offices based in Liverpool. The service provided support to people living in across Liverpool, Wirral, Lancashire and Sefton.

The service provides care and support to people living their own homes, 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Also, we needed to be sure people provided consent for us to visit their homes or speak to them on the telephone.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided and three relatives. We spoke with the registered manager, two service managers, one support coordinator, and four support staff. We also spoke with one health and social care professional.

We undertook two home visits, so we could observe the delivery of care and talk to people in their own homes. We also looked at the support documentation kept in people's homes.

We reviewed a range of records. This included eight people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. 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 requested information to be sent by email and called three other people by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This key question has been rated outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- Everyone we spoke with expressed how safe they felt with support from staff. Comments included, "They are amazing, I don't know what I would do without them." One relative told us, "I would be totally lost without them, they not only support [person] they support us a family as well."
- The manager's and staff's approach to positive risk taking enriched and fulfilled people's lives. People were encouraged in particularly innovative ways to try new things with ever growing confidence and pride. One person said, "I do more for myself now than I ever have, it is reassuring I have that support."
- One person's medical diagnosis would usually impact on the safety of them eating meals out at restaurants. Staff had worked with the person and with their full consent, the local restaurant owners to help reduce those risks. The impact of this was the person was being supported to eat out in a safe and familiar environment, which they enjoyed.
- One person's risk assessment identified there would be a negative impact on their wellbeing if they did not participate in a particular activity. In order to support this person to access this activity staff supported them to take 'mock journeys' plan a bus route and use a time table. Staff also ensured the person had their mobile phone which staff could call, and they could call staff. The risk assessment was written, in part, by the person themselves, and signed by them in agreement.
- Another person was invited to complete their own support plan, as the one they had was not working. They designed their own template, which, with permission has been implemented across the organisation.
- One person had a risk assessment in place which supported them to administer their own medicines. However, due to this person's medical conditions, there were days when they were unable to do this. We saw this was written into the risk assessment as 'staff should take the lead from this person' and 'not just assume they are having a bad day.' By completing the task themselves, this person felt a massive sense of achievement and sense of control over their own body.
- In addition to checks on the suitability of the environment the registered provider had gone further to ensure everyone was aware of how to look after themselves at home. For instance, partnership work had taken place with the local fire station as a measure of keeping people safe in their own home. This involved the completion of home check risk assessment which had been completed in collaboration with the fire service. People could complete these checks themselves without the support from staff. One person told us this made them feel in 'in control and responsible' for their own home.

Systems and processes to safeguard people from the risk of abuse

- There were various forms of accessible information available for people around safeguarding and potential abuse and how they could report concerns.
- There was a dedicated safeguarding champion who completed additional training and took time to

review safeguarding policies and procedures to ensure they were accessible. This meant people knew who to contact and there was a consistent approach to encourage people to raise any concerns. This was also communicated in team meetings and house meetings to people who use the service and the staff.

- Any outcomes or recommendations as a result of safeguarding incidents were discussed during weekly staff meetings.
- The staff and registered manager advocated for people who could not communicate verbally by creatively discussing abuse with them during house meetings using various formats.
- Information about abuse was provided in different ways to help people understand and share any concerns.

Staffing and recruitment

- People and their family members were fully involved in the recruitment and selection of staff and were invited to interview candidates themselves. This ensured people were involved in deciding who was going to be supporting them.
- Staff were required to complete a skill matching profile which listed their likes, dislikes and hobbies. Anyone with similar interests would be matched to their appropriate staff.
- When people met a staff member for the first time they were required to complete a 'getting to know you' feedback form. One person had utilised this to enable them to be part of staff recruitment. Due to the person's diagnosis they were unable to sit on an interview panel, and they found by doing it this way they felt both included and involved in decisions about their staff team.

Using medicines safely

- People were supported safely with the storage, administration and ordering of their medications.
- Staff were required to seek guidance from service co-ordinators before administering PRN (as required medication), this was good practice as it reduced the risk of people being given medication unnecessarily.

Preventing and controlling infection

- There were stocks of Personal Protective Equipment (PPE) available for staff to use.
- There was hand washing guidance and infection control techniques communicated to staff via team meetings.

Learning lessons when things go wrong

- The registered manager was clearly committed to identifying improvement within service provision. Incidents and accidents had been recorded and documented. This culture was shared amongst the front-line staff who used trend analysis documentation and recording charts to ensure patterns or trends were identified and discussed as part of weekly meetings.
- The registered manager shared some trends with us and how they had addressed some of these.

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 key question has been rated good. 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

- Support provided by staff at Mediline was 'goal' driven. There was a real emphasis on supporting people to achieve their desired goals and outcomes.
- There were many examples of how legislation, such as the skills for care, positive behavioural support framework, BILD (British Institute for Learning Disabilities) and the Care Act 2014, had shaped the organisations own visions and culture to help people achieve their goals.
- One person arranged their own review and invited staff and medical professionals to this review. We saw that this was something that was actively encouraged to give people ownership over their own support.
- There was a joined-up approach to initial assessment and support planning.
- Support plans were truly bespoke and centred around the persons desired outcomes. One person told us how they felt the support plan was a true reflection of them and they understood its contents. They said, "It's just me, all over, I have completed my own documentation, and I am very in control."

Staff support: induction, training, skills and experience

- One staff member discussed proudly and with confidence how they used their skills to support a person who was experiencing some stress.
- Staff received a robust induction that included all mandatory training and extensive shadowing and observations of practice. One member of staff told us, "The training is excellent. The best thing about the training is that we know it has been specially selected to help enrich people's lives."
- The provider had robust oversight of when staff needed refresher courses using their internal recording systems. This meant staff were very effectively kept up to date with the updates, skills and knowledge they needed.
- There was a training champion, who provided new updates to staff. For instance, changes to the Mental Capacity Act, and deprivation of liberty safeguards were actioned and rolled out to staff.
- New staff who had no prior recognised training were supported to complete 'The Care Certificate', This is an agreed set of standards that staff within the health and social care sector are expected to complete.

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

- People were supported to budget for shopping and make nutritional decisions based on their individual dietary needs. We spoke to one person who told us staff were helping them find a supermarket which stocked dishes from their native country.
- Support plans evidenced referrals had been made to dieticians in cases where people had lost weight; advice around supporting people with fortified meals was followed by staff.

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

- Care staff worked closely with the local authority and other health and social care agencies ensuring that additional health need were identified and responded to in a timely manner.
- We saw numerous examples of engagement and excellent relationships between Mediline and healthcare professionals, this demonstrated a truly holistic approach to partnership working.
- One medical professional told us, "The staff will always follow advice and guidance given." This person also went on to discuss how the person they were involved with had received good outcome focussed support.

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

- One person showed us around their home and explained how they had been supported by staff to choose new furniture and colour schemes for their home along with the people they lived with.
- People were supported by staff to keep their homes clean and in good repair.
- Consideration had been given to design and layout of the registered office at Mediline. There was directional signage around the building for the toilets and exits, and there were numerous areas of the office which acted as 'resource zones' for people to be able to visit, acquire information or complete an activity.

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

- The registered manager and management teams had identified that people did not always attend routine screening appointments due to not understanding what they were for.
- We saw that the service had overcome this by providing information in an accessible format, in this case, an application on a tablet computer which explained screening procedures and why they were important.
- There were sensitive and personal examples of where barriers and health care were addressed by staff which had positive effects.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been included in routine discussions around their support, and this was clearly shown in support plans. One person said, "I am spoken to every step of the way, I am not treated like a child and that is really important to me."
- Best interest meetings were arranged for people who were unable to make more complex decisions
- Staff had tried and tested other alternatives for some people before DoLS was applied for, for example, one person required their medication to be administered covertly. Before this process was put in place there

had been various conversations with the GP around different techniques to help the person take their medication.

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

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

- The organisation excelled at supporting people to express their views and wishes, and to be involved in their support right from the start.
- There were creative ideas and documentation shared amongst staff and managers around how people can be further included, for example the development of the 'speak up' group, which was ran by people who used the service, as well as people having the freedom to express their individuality and sexual preferences. We saw sensitive examples of success stories where staff had researched various support groups and advocacy to help people accept themselves and embrace who they are.
- We saw sensitive and personal examples where staff had supported people with confidence in order for them to make choices around their lives.
- People's privacy and decisions were treated with the upmost care and respect. Staff supported people to maintain their privacy by not sharing sensitive information. One staff member said, "If people trust us enough to be part of intimate journeys in their life, there is no way we would break their trust. It would just be unheard of here."
- Private and confidential information was stored and protected in line with GDPR regulations and there was a contract in place to destroy confidential waste. Information was not unnecessarily shared with others.

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

- People spoke extremely positively about the staff, and their support experience in general. We received a range of comments including; "They are just spot on, absolutely amazing staff. I really don't know where I would be right now without them." Also, a person said, "The staff have made me feel exceptionally welcome here." A different person said, "They have changed my life. I can't even single a person out, they all just bring their own skills and personalities." We spoke to a family member who's relative had been receiving support for a number of years, they said, "It is just so reassuring for us as a family to have them there. They have really made a difference to [person]."
- One person liked to express their views, and they had been 'trolled' online for their views and opinions in certain areas. Staff arranged for the person to engage in online safety to ensure they understood what they were posting and how to cope with negative comments from people. They often gave radical views, which had to be carefully and sensitively monitored by staff.
- Our conversations with staff demonstrated they were highly motivated and committed to treating people with compassion, empathy and respect. We spent time talking to staff who spoke enthusiastically about the people they supported and how they felt they make a difference. One staff member said, "Your heart has to be in it as well as your wage slip."
- The organisation promoted caring working relationships between people and their staff members by trying to 'match' people and staff according to their backgrounds and hobbies. Everyone in the organisation,

staff included, were required to complete one-page profiles which were used to 'skill match' similarities between people and staff to ensure people got the most out of their support.

- Staff helped one person plan a route to their place of worship. This person told us, "I was worried I would not be able to attend when I moved here, but it's all okay now."
- The caring ethos began from the top of the organisation. There were examples discussed privately with us regarding instances when the managers had supported not only people who used the service, but staff with sensitive and personal issues. This meant Mediline went above and beyond what would normally be expected to ensure their workforce was well supported.

Respecting and promoting people's privacy, dignity and independence

- Staff described how they encouraged people's privacy and dignity, particularly for those people living in houses of multiple occupancy. One staff member discussed how they supported people to keep personal items in their rooms, and why it was important for each person to do their own washing and ironing. One staff member said, "It is so important to them that the house it just like a normal house you would share with your mates. As a staff team, we all have the same values."
- Support plans were written in a way which put the person in control. People knew exactly what they wanted from the support, and staff took direction from them with regards to their daily choices. For instance, staff had responded creatively to one person using a variety of different shift patterns to ensure that one person maintained regular contact with their families. The registered manager told us, "We can't support people with the most important aspects of their lives during a nine to five job. Families work as well, and we need to be flexible." This meant the person continued a normal relationship with their family.

Is the service responsive?

Our findings

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

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.

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

- Staff used innovative and creative ways to ensure people were involved in their support plans and the delivery of support was focused entirely around that person's individual needs.
- Staff had an exceptional understanding of people's support and behaviours. This was highlighted by staff having a key worker role which enabled them to provide one-to-one support for people and oversee their plan of care. Staff were matched to people based on shared characteristics, hobbies and preferences.
 - People told us they felt consulted with and 'in control' of their lives and received innovative support by staff to express themselves. For example, we saw how staff had gone the extra mile and involved others in the persons support needs, to ensure their rights and privacy was respected.
 - People who wished to express themselves differently in terms of their gender, had been invited to review and amend their support plans to ensure their preferred name and different support needs were recorded. Staff fully embraced the people's choices around this.
 - One person disused with us how their values and beliefs had been respected by staff to ensure they were being the person they wanted to be. They said, "My confidence has really grown, I feel the staff have been with me every step of the way, their support is phenomenal."
 - Some of the examples we saw were sensitive in nature, however it was abundantly clear the focus of Mediline was to protect and empower people's diverse needs, choices and characteristics protected by the equality act.
 - Reasonable adjustments were made to ensure people had the opportunity to engage in activities and employment that were important to them. One person's diagnosis affected how they engaged in new activities. Staff came up with a creative way to support the person to ensure they had 'rehearsals' before they had to be at their place of work. This worked extremely well.
 - One person was supported by staff to work through their phobias using a range of learning techniques and had recently achieved an outcome of spending the day out of the home engaging with others.
 - Support plans varied in their content dependent on the need of the person. We saw, for one person, there was lots of emphasis on their sensory abilities, and their support plan was written in way which involved them as much as possible, even though they could not communicate with staff or hear.
 - Creative support strategies included, 'let the person smell the drinks, to help them make a choice 'also, draw the letter C on the persons hand for cup, to ask them if they wanted a drink.' We also saw the person was encouraged to smell the bubble bath before a bath and feel the sponge so they knew what was happening next. Staff had been trained in Makaton and had adapted certain signs, so the person could understand them, such as the if they wanted toast, or if they wanted bread.
 - People were supported to safely access social media platforms. The staff had arranged for online safety talks to be completed with people, so they understood what they could and could not post online to protect their safety.

Meeting people's communication needs

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

- The organisation had excelled in their approach to presenting information in different ways to help involve people not only their support, but also in the wider community.
- Various types of information such as policies, procedures, had been converted into different formats to help people understand the information and make informed choices.
- People were supported with communication in a range of settings. We saw examples where communication had been used very effectively to help people access important medical 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 went above and beyond to ensure people were cared for and happy in a way that was person centred and meaningful. One staff member had accessed an on-line family history site in their spare time to help find someone's relatives. They were successful in doing this, and a reunion was arranged for this person who had not seen their family member for over sixty years.
- The staff member supported this person to remain in contact with them, and regular visits were arranged. This person's life had positively changed; they believed they had no family to build a loving and trusting relationship with.
- The organisation organised development days which took place in the registered office. We saw numerous photographs and projects people had engaged in during these days.
- Additionally, there was a Friends and Neighbours project (FANs) which encouraged people to be part of their local communities.
- Recent trips to Sefton park had been organised for picnics and a fun days, as well as other charitable events the organisation regularly took part in, such as sponsored walks, and supporting the local the food bank.
- People told us how much they enjoyed attending the development days and they had made some excellent relationships with people. One person said, "It's amazing that they (the organisation) actually goes out of their way to make sure we have things and we can attend."

Improving care quality in response to complaints or concerns

- There was a complaints process which everyone was aware of.
- People said they knew how to complain and felt their complaint would be investigated and responded to. One relative told us, "In the past we have made the odd complaint, but it was always addressed with respect and courtesy."
- The registered manager was positive in their attitude towards complaints and showed us evidence that lessons had been learnt as a result of concerns being raised.

End of life care and support

- There were various types of documentation available for people to access with regards to their last wishes. One person explained how the documentation had been renamed for them as they did not want this to include the word 'death'.
- Where appropriate, families had been liaised with and best interest meetings had been arranged with regards to funeral plans and arrangements for people when they passed.

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 key question has been rated outstanding. This domain is 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

- Without exception, everyone told us that the service was exceptional. Comments included, "I just don't think you would get that type of leadership anywhere else but here." Also, "You can tell how excellent the managers are by the attitudes of the staff; - truly bespoke."
- We continuously saw how the managers led by example and responded with compassion, imagination and thoughtfulness to people's preferences for support. Outcomes were well planned for people, and there was a strong emphasis on working collaboratively with others to ensure people got the best possible support.
- We saw creative thinking from the manager which in turn was implemented across the staff teams in response to catering for people's diverse needs, whilst ensuring they had a voice and freedom to be who they wanted to be.
- Staff told us the registered manager led by example and was known as a figure of support and trust. Staff shared numerous personal examples with us of how the manager had supported them both in work and outside.
- Staff completed values training, which encompassed the organisations values of 'DIRECT' which stood for Dignity, Inclusive, Responsive, Empowering, Compassion and Teamwork. Staff understood what these values stood for, and agreed they were an excellent representation of the organisation. One staff member said, "The difference working here is that they truly uphold those values."
- The service was subject to in depth checks and evaluation using a robust quality assurance framework which mirrored CQC's key lines of enquiry. Following quality assurance visits, comprehensive action plans were submitted, and actions were delegated for completion.

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

- The registered manager was transparent in their role. This was evidenced in their ability to rigorously challenge themselves and be open to improvement and change.
- The registered manager attended events and networking meetings to ensure they were up to date with any regulatory changes which could impact their service, for example, we saw how new training programme was being rolled out in response to the changes in the mental capacity act 2005 and DoLS.
- The registered manager had informed CQC of any notifiable events and understood their role with regards to this.

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

regulatory requirements

- Managers were given areas to 'champion' such as medication, safeguarding and training. This meant each manager had 'specialised knowledge' in a certain field and could therefore share this knowledge amongst the rest of the team. This culture of skill sharing was well received by staff who knew who the champions were and said they could always contact them for advice and support.

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

- The registered manager worked closely with the other managers, the local authority and community healthcare professionals to ensure people received excellent outcomes and creative support solutions. One healthcare professional informed us the number of incidents one person was experiencing had reduced due to the collaborative working between themselves and the staff team.
- People who used the service were continuously involved and had a say in the vision of the organisation; this was demonstrated in people's involvement in support plans, team meetings and support groups. Everyone knew who the registered manager was and understood the support structure within the organisation.
- Survey results from last year which were extremely positive were shared with people in different formats and any opportunity for improvement was discussed at development days.
- Quality assurance checks were completed in people's homes and encouraged people to share their views on the care they received. We saw how the management team had taken on a flexible approach to this and completed some checks at the weekend to ensure people who were not available through the week could also be included in this process.
- There was a strong emphasis on community involvement. We saw how a piece of work had been undertaken in the community which involved a map of Liverpool, available bus routes and activities people said they wanted to engage in, such as yoga or swimming. Each event was added to the map, along with the bus route to get people there. This was provided to people as a 'guide' they could use and made available in different formats to support their understanding.
- One relative told us, "They [organisation] are not just there for [relative] they support us as well, sometimes it's hard to expect they can do things on their own. They have created a safe and happy environment for my [relative.]"
- Staff were encouraged to submit ideas around training. One staff member had submitted an idea to the registered manager regarding improvements to the record keeping. We saw how this new approach was adapted and rolled out across the organisation. The registered manager actively promoted and encouraged staff to share their skills and experience, which led to improvement within service provision.

Continuous learning and improving care; Working in partnership with others

- Different professionals such as occupational therapists, the fire service, and positive behaviour specialists were consulted with when needed and their expertise was well received by the management team.
- The registered manager had a positive attitude with regard to feedback and improvement. They had clearly used feedback and experiences from previous inspections to improve their own leadership and management and were open to continuous learning opportunities.