

PBS4

PBS4 Office

Inspection report

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Date of inspection visit:
26 November 2019
06 December 2019
12 December 2019

Date of publication:
17 February 2020

Ratings

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

Summary of findings

Overall summary

About the service:

This service provided care and support to 23 people living in 'supported living' settings, so that they can live as independently as possible. People ranged from younger adults to older people living with a learning disability and associated conditions, such as autistic spectrum disorders.

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

The leadership of the service demonstrated an outstanding commitment to engaging with people, stakeholders and the local community, to promote positive outcomes for people. They helped raise awareness and understanding of people's needs in their local community, supported local provider's in best practice and contributed on a national level, in helping to promote best practice in learning disability care.

The leadership team played an active role in the day-to-day care and support people received. They had systems in place to monitor the quality and safety of the service and listen to people's feedback and concerns.

People and relatives were happy with the care they received from the provider. People were treated with dignity, respect and as individuals. Their care focussed on helping them to live full and active lives in the community, whilst building skills and increasing their independence.

The provider had established positive working relationships with stakeholders to meet people's complex needs. People's needs were assessed and reviewed in line with best practice. Their care plans reflected their preferences, routines and ways in which staff could help keep them safe.

People were supported with their healthcare and nutritional needs. The provider worked with people to overcome historical anxieties around accessing healthcare services. This resulted in positive outcomes for people's health.

Staff had received training in line with people's needs and were appropriately supervised in their role. Staff understood people's needs and were motivated to provide good quality care. There were enough staff in place, who had been subject to appropriate recruitment checks to ensure they were suitable to work with people.

People and relatives told us they were fully involved in decisions about their care and that any complaints or feedback would be listened to by the provider.

The provider met people's communication needs and helped them contribute towards making decisions about their care. 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

The service was rated good at our last inspection (report published 4 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in our well led findings below.

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one assistant inspector.

Service and service type

This service provided care and support to 23 people living in various '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.

The service had a manager registered with the Care Quality Commission. A registered manager 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 it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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 reviewed previous inspection reports and notifications the provider had sent us about significant events which occurred at the service. We received feedback from seven professionals who had recent experience of

working with the service. We used all this information to plan our inspection.

During the inspection

We visited three people at their homes to ask them for feedback about the care they received. One person was able to give us feedback about their care. We spoke to two people in the provider's office. We received feedback from six relatives via telephone call or email.

We visited the provider's office on 26 November, 6 and 12 December. We spoke with the registered manager, the enablement director and the operations manager. We spoke to a range of other staff including, managers, practice leads, positive behaviour support (PBS) consultants, care staff and the human resources manager.

We reviewed a range of records. This included five people's care plans, three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies, procedures, audits, incident reports, quality assurance questionnaires and risk assessments were reviewed. We also reviewed two quality monitoring reports from local authorities, which were carried out in 2019.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's care plans contained detailed, individualised risk assessments. Risks associated with people's mood, anxiety and behaviour were assessed and reduced where possible. There was guidance for staff to follow when supporting people to manage their anxieties and de-escalate potentially challenging situations, where people put themselves or others at risk. Staff minimised the use of any form of restraint, adopting a positive behaviour support approach to support people to remain calm.
- There were plans in place to reduce the risks to people associated with their health and medical conditions. For example, one person had comprehensive risk assessments in place around their epilepsy. The assessments detailed protocols staff needed to follow to monitor the person's condition and how to keep the person safe in the event they had a seizure. Guidance was developed with healthcare professionals and reviewed regularly to ensure they reflected the person's current needs.
- The provider carried out assessments of people's home environments to help ensure they were safe for people and staff. Each person had a personalised evacuation plan in place, which detailed the support they would need to exit their home in the event of an emergency. The evacuation plans made consideration to how people may react to an emergency and how best to keep them calm in this situation.
- The provider had a business continuity plan in place, which outlined how to keep the service running smoothly in the event of an emergency, such as loss of power at the provider's office.

Systems and processes to safeguard people from the risk of abuse

- People felt safe receiving care from staff. One person told us, "I would go to staff if I was worried about anything." Relatives told us they trusted the provider to help keep their family members safe. One relative told us, "I know they do their best [to keep my relative safe]."
- Systems and processes were in place to protect people from the risk of abuse. The provider had a safeguarding policy, which outlined staff's responsibilities in safeguarding people from abuse and coming to avoidable harm. The safeguarding policy was shared with people in an adapted form, which was presented in a way which they could understand.
- Staff had received training, which outlined appropriate action to take if they suspected a person was subject to abuse or harm. Staff we spoke with understood risks to people and ways to keep them safe.
- Professionals told us the provider understood their safeguarding responsibilities and had made referrals to local safeguarding authorities where appropriate. Comments included, "Staff are proactive and creative in ways to help keep their clients safe from abuse and avoidable harm", and, "They report everything pertinent to safeguarding and change care plans and best interests as soon as situations arise that necessitate this."

Staffing and recruitment

- There were enough suitably skilled staff in place to meet people's needs. People's individual care needs were determined by assessments by funding health and local authorities. There was appropriate staffing in line with these assessments.
- The provider used agency staff to cover permanent staff's absence or to help facilitate transitions of new care packages. This included block booking agency staff when transitions were being planned. Agency staff also received training in line with the provider's mandatory requirements. This helped to give people a consistent staff team.
- We received mixed feedback about the use of agency staff from relatives. Three relatives told us, whilst they understood the reasons for agency use, they felt their relatives would benefit from higher levels of permanent staff. One relative commented, "The agency staff are trained and are fine, but we would feel a lot better if we knew staff were permanent." The provider had recognised the benefits of higher numbers of permanent staff and was actively recruiting staff at the time of inspection.
- People were able to contribute to the selection of staff to help determine whether they were compatible to work together. In some cases, this involved helping to develop interview questions or develop profiles of desired skills of potential staff. People were able to request changes and exclusions to their staff team if they felt they were not suitable. One professional told us, "Their interviewing and employment procedures appear good and they are careful to employ the right people to match the service."
- The provider had safe recruitment processes in place to assess prospective candidates experience, character and competency in relation to their role. This set of recruitment checks helped to ensure that suitable staff were employed to work with people.

Using medicines safely

- People were supported to take their medicines as prescribed. Care plans detailed medicines prescribed, instruction around administration and people's preferred routines. This helped to ensure staff tailored the support they gave to an appropriate level.
- Some people were prescribed PRN (as required) medicines for pain or anxiety. The use of these medicines had been minimised to ensure they were only administered after all other positive behavioural strategies had been tried. PRN guidance had been developed in partnership with health professionals involved in people's care.
- The provider had worked with people, families, GPs and Psychiatrists to review and explore if it was possible to reduce the medicines that people required. This was part of an NHS led initiative called 'STOMP (Stopping the over medication of people with learning disabilities and autism)'.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons when supporting people with their personal care. This helped to minimise the risk of spreading germs or infection.

Learning lessons when things go wrong

- The provider's positive behaviour support consultants completed a monthly analysis of all incidents to look for triggers, trends and ways to reduce risk of reoccurrence. One professional told us, "PBS4 complete a monthly analysis and these are distributed to care managers and circles of support. The analysis provides in-depth information, including strategies for support staff to employ, incident duration, severity antecedents and any restrictive practices including skills development of the person." This analysis had been effective in promoting learning from incidents to promote safety for people and staff.
- Learning from incidents was shared with staff to ensure there was a shared understanding of how risks were managed. This was through meetings, supervisions and senior staff modelling good practice in line with learning from incidents.

Is the service effective?

Our findings

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

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

- The provider had a very good understanding of the range of needs they could meet and where potential referrals would not be suitable for their service. This helped to ensure that they had the right skills and training to work effectively with people
- The provider's positive behaviour support consultants completed a functional behavioural assessment during the first 12 weeks of care commencing. A functional behavioural assessment is an approach to understanding the causes for people's behaviour. PBS consultants had training and qualifications to carry out these assessments.
- Staff used 'positive behaviour strategies' to help people manage their anxieties and deescalate potentially challenging situations. This is an approach to supporting people which focusses on teaching people new skills to replace the behaviours which may challenge.
- There were plans in place to minimise the use of any form of restraint to ensure it was as least restrictive as possible. Staff understood the triggers to people's anxieties and how to best keep people safe when they became anxious. The plans and protocols in place had been agreed by people, relatives and professionals.

Staff support: induction, training, skills and experience

- People, relatives and professionals told us staff were skilled and competent in their role. Comments included, "[My relative] has a regular consistent, well trained and effective staff team", "Care workers are very skilled in dealing with challenging behaviour and providing positive support", and, "The care workers appear conscientious and well trained."
- New staff received training in line with the Care Certificate. This is a nationally recognised set of competences for staff working in social care. Staff also received training to meet people's specific needs. This included; positive behaviour support, autism awareness, epilepsy, mental health awareness and management of challenging behaviour. Training was a combination between online and classroom-based.
- Staff received appropriate induction, which included a period working alongside an experienced staff member and reading people's care plans to help understanding their specific needs. Staff induction was adapted according to their experience and the complexity of the people they were working with.
- Staff's working performance was monitored through supervision meetings, competency assessments and observations of working practices. This helped to ensure they had the opportunity to identify areas for development and training needs.

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

- People's dietary preferences and requirements were identified in their care plans. This included the level of independence they had in preparing and eating their meals and drinks. Some people were able to plan,

cook and eat their meals without assistance, whilst other people needed full support to maintain a healthy balanced diet.

- Some people had received specialist input around their nutrition by speech and language therapists or dieticians. The provider had incorporated this guidance into people's care plans.

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

- The provider worked with people, relatives and health professionals to ensure there were smooth transitions when people moved between services. The provider had detailed individualised transition plans in place. These identified key things needed in preparation, during and after people moved. This helped the provider ensure that people were supported to transfer between services at a pace which they were comfortable with. One professional told us, "The process around moving two clients who can find change very difficult to manage was a positive experience. PBS4 managed this really well, ensuring both clients were introduced to the new properties over a period."
- In another example, the provider worked with a person in the gradual transition from living at a shared property to their own home. The move was carefully planned to ensure the person was comfortable and felt in control of the change. Since the person moved, there had been a significant reduction in incidents related to the person's behaviour and anxiety. The person told us they were happy and settled in their new home.

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

- People's healthcare needs were identified in their care plans. Each person had a health passport, which ensured important information about their needs and risks was shared with medical staff when they attended healthcare appointments.
- Some people had ongoing input from healthcare professionals which required regular updates and communication with the provider. We received positive feedback from healthcare professionals about how these relationships were maintained. One professional told us, "One of the people they support has a number of health issues and they are quick to summon assistance from GP, Psychiatrist or other professional and ensure they do all they can to meet this person's health needs."
- People were supported to overcome anxieties in relation to accessing healthcare services. Staff worked with people to become more familiar with healthcare settings, staff and the format of upcoming appointments. This helped to remove the barriers that had previously prevented people from accessing healthcare services. In one example, one person was supported to attend an opticians' appointment after being previously reluctant to do so. The person had previously struggled with their vision in aspects of their daily life. After being diagnosed with long sightedness, their quality of life improved after they were supported to choose and use glasses as prescribed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibilities in this area and had made the appropriate

referrals to commissioning authorities to apply for these safeguards.

- Staff understood the need to gain appropriate consent to people's care. Each person had assessments in place which documented decisions about their care they were able to make and the support they needed to express their view. These assessments acknowledged people's right to make unwise choices if they had the capacity to make an informed decision.
- Where people did not have the capacity to make decisions about their care, the provider had appropriate systems in place to document how decisions were made in people's best interests. These actions were in line with the MCA. One professional told us, "PBS4 are good at responding to fluctuating capacity and ensuring the appropriate paperwork is in place."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy and comfortable in the presence of staff. They told us they had developed trusting relationships and effective working partnerships. One person told us, "All the staff are good." Relatives told us staff were well matched to their family members. One relative said, "They try to find staff who have things in common and they can relate too."
- Staff were given time to get to know people well and understand their care and support needs. There was a focus on supporting people to learn new skills or trying new activities. Staff were knowledgeable about people, their motivations and the best way to encourage them to try new things. Comments from relatives and professionals included, "[Staff] have done a lot of work [with my relative]. They understand them and are doing their best to help them live a full life", "Staff not only meet their care needs but they also provide them with emotional support, which has enabled [person] to progress and make positive changes with their own behaviour", and, "Staff are knowledgeable about the people they work with and have suggestions in improving their quality of life."
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act (2010). Care documentation included information such as people's religion, ethnic origin and cultural beliefs. This helped ensure the diversity of people's needs was considered during the planning of their care.

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

- People were involved in making choices about their day to day care and support. This included food choices, what to wear and how to spend their time. One relative commented, "[My relative] has as many choices as they like, they plan their own day. They are in control."
- Where appropriate, relatives were involved in the planning and reviewing of their family members care. We received positive feedback from relatives about the communication and collaboration from the provider. Comments included, "Excellent, worked with me every step of the way," and, "The communication is excellent."
- The provider was constantly seeking to improve engagement with relatives in the planning and reviewing of care. They organised regular review meetings with people and relatives, where ideas for improvements were sought. They had also recently introduced a monthly newsletter which was sent to each relative. The newsletter included photographs and updates from their family member. Relatives told us this had been a welcome addition, which helped them stay connected with their loved ones.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People's homes were treated as their own as opposed to care settings. Staff were conscious to minimise the appearance of any care documentation and supported people to decorate in manner of their choosing.
- People's right to privacy was respected. Staff understood when people wanted personal space or private time and how this had a positive effect on their wellbeing.
- People were supported to be as independent as possible in managing aspects of their daily life. Activities to promote independence were carefully planned to ensure there was a balance between promoting people's independence and managing risks. Goals set were realistic to the individual, which meant they had the opportunity to experience success and recognise their own progress. A professional told us, "They are also particularly good at managing risk in a positive way [when promoting people's independence], ensuring they are not being overly restrictive."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported to identify goals and aspirations, putting plans in place to achieve these. For example, one person was supported to recognise triggers to their anxiety to help them manage their behaviour. This person had been successful in reducing the support they needed from staff in daily life. The person had a clear idea of the steps they measured their success against and staff were clear about how to provide support appropriately.
- Another person was supported to explore and recognise their own emotions. They had previously struggled to recognise their own emotions and how their anxiety affected their behaviour. By working with staff to identify the triggers to their behaviour, the person had successfully reduced the number of incidents which their anxiety had contributed towards.

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 provider complied with the Accessible Information Standard. People's communication needs were documented in their care plans and staff were confident in adopting effective strategies to meet these needs. They used a variety of methods to provide information and communicate with people, including photographs, visual planners, symbols, easy read documents, simplified text and social stories. These had been used to help people prepare for activities, appointments and when establishing daily routines.
- In one example, one person used Makaton signs and a pictorial daily planner to supplement their communication with staff. Makaton is a language system that uses symbols, signs and speech to enable people to communicate. Staff supported the person to learn new Makaton signs and vocabulary, which helped them to improve how they communicated choices in their everyday life.

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 worked with people to identify, plan and pursue activities in line with their interests. This included pursuing social, work and leisure opportunities. In many cases, this involved preparatory work with people to help them overcome anxieties associated with new people or experiences.
- People were supported to stay in contact with families and loved ones. Key contacts were identified in people's care plans, which included detail of the support people needed to maintain agreed contact. In one example, staff provided support to a person whilst they took a holiday with their family. They had previously

not been able to enjoy a family holiday together due to the increase in behaviours an unfamiliar environment may bring. Staff worked with the person in preparation for the trip to help them become familiar and comfortable with the location and plans for the holiday. This helped to ensure they were able to enjoy the time with their family.

Improving care quality in response to complaints or concerns

- People and relatives felt comfortable raising complaints to the provider. Comments included, "I would tell staff if I had a problem", "[The staff] are excellent, we have never had an issue being able to raise something if we have needed too", and, "If we have a suggestion to help improve our son's care, then they have reacted and as far as we can tell have updated staff accordingly."
- There were effective systems in place to deal appropriately with complaints. The provider's complaints policy detailed how people could raise issues and how the provider would respond. This policy was in different adapted formats, which incorporated simplified language, symbols or pictures, depending on each person's preferred communication method. This helped people understand what they should do if they had concerns.
- We reviewed records of complaints the provider had received since the last inspection. There were a low number of complaints which had been received. Where concerns had been raised, these had been investigated in line with the provider's policy.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life. However, the provider had processes in place to assess people's wishes and preferences about receiving care towards the end of their life.
- The provider had training available for staff should they be required to deliver end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives praised the approachability and collaborative ethos of the provider. Comments included, "I know them [management staff] well. They are all alright", "[The provider] show patience and empathy with our relative, and in how they listen to us", and, "I have not one bad word to say about PBS4. They are person-centred in real life, not just on paper".
- Professionals told us the provider had an open approach and delivered good quality care. Comments included, "The service does deliver high quality care to the person that I support. They have made very good progress in the time they have been supported by PBS4", "I consider them a very good provider who deliver high quality care to all", and, "They have been open, professional and enthusiastic about the clients they work with."
- The registered manager and enablement director had a good understanding of the day to day culture of the service. They regularly visited people in their own homes to get feedback about care and carry out quality audits. This helped ensure they were a visible presence to people and staff and were aware what was happening in people's lives.
- The provider was a not-for-profit organisation. They had a governance board which included representatives from people using the service and relatives. The registered manager was answerable to the governance board which helped to ensure that key decisions were taken with people's welfare in mind. The provider had a clear plan in place to develop how the service would grow to support more people, without diluting the quality of the service.
- The provider had produced a 'social value report' in partnership with the governance board. The 'social value report' outlined the providers efforts and progress in adding 'social value' by contributing to the long-term wellbeing of people and their local communities. This helped to ensure that the provider was adhering to its values, principles and the additional work in the community and with other stakeholders had a measurable benefit to people. These benefits included, raising awareness of people's needs and learning disability care within the local community, which promoted understanding and inclusion.

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

- Professionals told us that the provider had good infrastructure in place to promote the delivery of good quality care. Comments included, "Their communication is very good, and they seem very organised. They have the right professionals involved such as behaviour specialists", and, "PBS4 work in partnership by keeping us informed of any updates for the person that they support."

- There was a clear management structure in place and staff understood their roles. The operations manager oversaw the day to day running of the service. Each supported living setting had a designated manager, who oversaw people's care. Each tier of management had defined responsibilities and accountability in their role. This helped to ensure there was a clear understanding of quality performance.
- Senior staff carried out a series of regular audits to monitor the quality and safety of the service. These audits included, medicines management, finance records, health and safety and observations of staff working practice. The provider's PBS consultants carried out audits of incidents and analysed trends of people's behaviour. They produced monthly reports evaluating the effectiveness of care plans and making suggestions to make improvements.
- The registered manager understood their regulatory responsibilities to inform CQC about significant events that happened at the service. They had submitted the appropriate notifications to us as required.

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

- The provider raised learning disability awareness in people's local community to help promote integration and understanding of people's needs. In one example, the registered manager provided learning disability awareness training to pupils at a local school. This was in response to incidents involving a person and students. This engagement had helped to promote better relations between the person and youths in their local area.
- The provider was officially recognised as a 'third party hate crime reporting centre'. This was in partnership with Hampshire Constabulary as part of a network of over 30 reporting centres in the county. By being part of this network, people with learning disabilities in Hampshire were directed to the provider for advice and support in the event they were concerned or had experienced a disability hate crime. People who used the service benefitted from this service as staff had the training and skills to give appropriate support or advice in the event they were victim of a hate crime.
- The provider helped to foster support networks between relatives. In one example, they organised a monthly coffee morning held at the provider's office. Relatives told us this was a good opportunity to share their experiences with others. One relative commented, "I went along and found it quite useful to talk to other people." The registered manager also dedicated time each week where people or relatives were able to meet with him to give feedback. This was either through coming into the provider's office, via telephone or by video calling using the computer. This helped ensure people and relatives had regular opportunities to engage with the registered manager.
- The provider held staff meetings, which were specific to each 'supported living' setting. These meetings were effective in enabling staff to suggest improvements and changes where required.

Continuous learning and improving care

- The provider was making further improvements to staff training and care management systems. They had recently recruited additional internal trainers to provide improved training for staff around behavioural support. They had also invested in a new electronic care management system. This system had functions which would enable the provider to respond quickly to incidents.
- A monthly 'business performance meeting' was held between senior management and the provider's governance board. In this meeting, key aspects of the quality and safety of the service were reviewed. Any outstanding actions were formulated into an action plan, which was reviewed at subsequent meetings. This helped to ensure there was a consistent view of quality throughout the organisation.
- The provider had developed an 'engagement strategy,' which outlined how they would continue to improve key areas of the service. This included improving communication and working relationships with key stakeholders, such as commissioners and relatives. Examples of ongoing improvements were, increasing staff and infrastructure in each local area where people were supported. This helped ensure

people had good local links to the provider which were easily accessible.

Working in partnership with others

- The provider had been invited to contribute towards developing industry wide best practice guidance in the field of learning disability care. In one example, the provider contributed to the development of 'The Positive Behavioural Support Competence Framework'. The framework had been produced by the PBS Coalition, who are a collective of individuals and organisations promoting PBS in the UK. It was designed to provide guidance for providers to promote best practice in delivering PBS support. The provider used this best practice framework as the basis to how their support was delivered. This helped to ensure people benefitted from a consistent and high-quality approach to their care.
- In another example, the provider participated in NHS England's 'Ask Listen Do' project. As part of this project they helped to develop accessible complaints leaflets and guidance aimed at people with a learning disability. These documents had been widely distributed by the NHS. The provider had used learning from this project to improve the accessibility of their own documents around the complaints policy and service user guides. This helped to ensure people were given information in a bespoke manner, which was accessible and meaningful for them.
- The provider was part of a local PBS network; whose aim was to promote good quality PBS support in the local area. This included providing training, mentoring and guidance to other providers, which promoted good practice in delivering positive behaviour support. The provider had recognised the opportunity to pass on their skills and knowledge to other providers, giving time and resources to help promote improvements to how positive behaviour support was delivered across the local area.
- The provider was part of the local NHS led Transforming Care Partnership. The aims of this include improving community services so that people with a learning disability can live near their family and friends. The provider had worked with the local clinical commissioning group to discharge people from long term hospital placements in to their own home in the community. The provider's knowledge, experience and skills had enabled people to live successfully in the community, after past failed placements, due to their complex behavioural needs.