

Pure Assistance Ltd

Network Healthcare

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Network Healthcare provides personal care to people living in a 'supported living' setting, so they can live as independently as possible. The service is registered to support younger adults living with learning disabilities, autism, mental health diagnoses, sensory impairment and associated physical disabilities. At the time of the inspection there were two people using the service who received personal care at their own individual homes.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Network Healthcare was able to demonstrate how they were meeting all of the underpinning principles of Right support, right care, right culture.

Right Support

- Staff supported people to have the maximum possible choice, control and independence to enable 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.
- Staff supported people to make decisions following best practice in decision-making and communicated with people in ways that met their needs.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes.
- Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. Staff had training about how to recognise and report abuse and they knew how to apply it.
- Staff were knowledgeable about and committed to using techniques that promoted the reduction in restrictive practice.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

- People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.
- People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.
- People were supported by staff who 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 compassionate and empowering care that was tailored to their needs.
- Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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

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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Network Healthcare

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. 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.

Inspection activity started on 2 March 2022 and ended on 22 March 2022. We visited the location's office on 2 March 2022 and carried out home visits on 3 March 2022.

What we did before the inspection

We reviewed information we had received about Network Healthcare since it first began to provide a 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority, safeguarding team and other health and social care professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We asked the registered manager to prepare some documents in advance of visiting the service's office. We used this information to plan our inspection.

During the inspection

We spoke with two people and four relatives about their experience of care and support provided by the service. We spoke with the registered manager, the assistant manager, the business manager and four staff. We reviewed a range of records, including two people's care records and medicines administration records and five 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 also reviewed.

After the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We continued to seek clarification from the provider to validate evidence found and spoke with three community health and social care professionals who engage with the service. We requested and received further records, quality assurance documents, and were provided with a variety of additional evidence for consideration.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. Staff explained how they recognised signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People told us they felt safe and trusted the staff who supported them. One person told us, "Yes I am safe" and "I know what to do if I'm unhappy or frightened. I talk to [registered manager and staff]."
- Relatives consistently told us that staff promoted a safe, consistent atmosphere that met people's individual needs. A relative told us, "The atmosphere at [relative's] house is warm and friendly. However, boundaries are in place so that [relative] knows not to cross them."
- Staff completed safeguarding training, which was refreshed regularly to maintain their knowledge and to update them on any changes in guidance. Staff knew how to recognise and report abuse. One staff member told us, "The training made it clear that safeguarding is everyone's responsibility."
- The provider worked effectively with other professionals and relevant authorities, to make sure people were protected from abuse and avoidable harm. For example, oversight by a multi-disciplinary team ensured people's human rights were respected.
- People and their chosen representatives had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. One person told us, "[Staff members] have talked to me about being safe and how to use my words."

Assessing risk, safety monitoring and management

- Risks to people's safety had been identified and assessed. People told us the registered manager and staff had spoken with them about how they wished risks to be managed. Staff could explain how they minimised risks to people's health and well-being. For example, the support people required to mitigate the risk of choking, dehydration, scalding and accessing the community.
- Risk assessments were reviewed regularly with people and relatives and advocates where appropriate, staff and multi-disciplinary team professionals. Regular review ensured risk assessments were up to date and accurately reflected people's changing needs.
- Staff supported people to remain safe whilst maintaining their freedom and giving them choices, in accordance with their support plans.
- People experienced living with learning disabilities/autism, together with associated behaviours which may challenge others. People had detailed positive behaviour support plans, which detailed how to keep people and staff safe.

- Staff worked with people, their families and community multi-disciplinary teams to look at how they managed risks to themselves and to others.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. For example, 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. People told us that the registered manager consistently arranged rotas to ensure the most appropriate staff were available to support people with their chosen activities. One person said, "I like to do a lot of things, but I know I can change my mind if I want to do something else."
- Staff recruitment, induction and training processes promoted safety, including those for agency staff. One person told us how they had been involved in their new staff inductions.
- People, relatives and professionals told us people experienced good continuity and consistency of care from regular staff who knew them well.
- The provider had completed relevant pre-employment checks to make sure staff had the appropriate skills and character to work with people made vulnerable by their circumstances.
- The provider checked prospective staff's conduct in previous care roles and their right to work in the UK. Where necessary the provider had completed risk assessments to assure that applicants were suitable to support people living with a learning disability.
- The registered manager completed a staffing needs analysis which ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely. This was confirmed through staff rotas reviewed.
- Every person's record contained a clear one-page profile with essential information, including 'dos and don'ts' to ensure that new or temporary staff could see quickly how best to support them. At the time of inspection, the service was deploying no agency staff.

Using medicines safely

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff ensured 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 that people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible. During a home visit, one person requested support to gain more knowledge and understanding in relation to their as required (PRN) medicines and suggested creation of an easy read document. The registered manager agreed to meet the person to discuss this request fully.
- Where people had PRN medicines, for example for pain or anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and how to record their use.
- Records demonstrated that people had received their medicines as prescribed, in a way they preferred, in line with their medicine management plans.

Preventing and controlling infection

- Staff supported people to follow effective infection, prevention and control measures to keep people and staff safe. People had good arrangements for keeping their individual homes clean and hygienic. Staff and people completed cleaning schedules to demonstrate that daily, weekly and monthly tasks had been completed.
- The service made sure that infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing when required.

- Staff had access to personal protective equipment, such as disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Learning lessons when things go wrong:

- The registered manager had developed an open blame-free culture, where staff were actively encouraged to report incidents. Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- All accidents and incidents were reviewed daily by the registered manager. Staff recorded any use of restrictions on people's freedom, and the management team reviewed use of restrictions to look for ways to reduce them.
- The registered manager reviewed all incidences of restraint and used the examples as learning within the provider's restrictive intervention's reduction programme.
- The management team took prompt action to implement the required learning identified from incidents, accidents and near misses. For example, devising positive behaviour support strategies to support people's escalating anxieties.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations.

- Support plans set out people's current needs, promoted strategies to enhance their independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

Relatives told us care planning reflected continuity and progression towards people's longer-term goals. For example, one relative told us, "[Relative] attends college and has a work experience placement. Network Healthcare work hard to promote their independence."

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant, high quality training in evidence-based practice, in the wide range of strengths and impairments people may have. This included, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions.

- People told us staff knew their health and wellbeing needs well. One person told us, "They know me and what to do." A relative told us, "There are no weak links in the team. They [staff] have all been 'trained' to a high standard and [relative] has been involved in the induction of new team members. The team is very stable which works very well for [relative]."

- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff were able to explain how their training and personal development related to the people they supported.

- Staff underwent an induction programme, which included periods getting to know the person and shadowing an experienced colleague. Staff told us their training had fully prepared them to meet people's complex needs.

- Staff were knowledgeable about and committed to using techniques that promoted the reduction in restrictive practice. The registered and assistant manager checked staff's competency, to ensure they understood and applied training and followed best practice.□

- During our site visit staff were completing safe management of medicines training with the assistant manager. One staff member with previous experience working for other provider's told us Network Healthcare's training was a strength of the service. One staff member told us, "The manager is passionate about positive behaviour support and delivers our training, so it is related specifically to [people]." Another

staff member told us, "The training about how to recognise early signs and how to reassure people has increased my confidence."

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

- People were involved in choosing their food, shopping, and planning their meals, to support them to eat and drink enough to maintain a healthy, balanced diet. Staff promoted people's independence by supporting them to participate in preparing some of their own meals.
- Staff supported people to make healthy choices about what they ate and drank to improve their diet, which had a positive impact on people's lives.
- Staff could tell us about the unique needs of each individual and the support they required to maintain their health, for example; those who required support to eat more slowly or drink more.

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

- People and relatives consistently told us that staff quickly provided effective support when needed. For example, one relative told us, " [Person] now has a complex and serious health issue, which they [staff] have been managing extremely well, caring for [person] and understanding their pain.
- Staff promptly referred people to other healthcare services if they had concerns and worked effectively with other agencies, including social services, case managers, and health and social care professionals.
- Staff engaged with healthcare professionals to ensure people had the required support and equipment to promote their safety, independence and meet their health needs.
- Healthcare specialists consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- People were supported by staff to arrange and attend healthcare appointments.
- Each person had a health action plan which reflected the support they required to maintain good health and wellbeing, including an annual health check, screening and primary care services, in line with best practice for people living with a learning disability.
- The registered manager and nominated individual ensured appointed representatives, multi- disciplinary team professionals were involved in developing support plans to improve people's care.
- The provider worked effectively in partnership with health and social care professionals from different disciplines to benefit people and make sure there were no gaps in their care.

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

- The interior and decoration of people's homes was adapted in line with good practice to meet people's sensory needs. For example, one person was supported to create a dedicated sensory room, to which they retreat to reduce their recognised anxieties.
- When people moved into their homes family and staff supported them to redecorate and furnish to their tastes, using themes of their choice and favourite colours.

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.

- The service was working within the principles of the MCA. People were living with a learning disability or autism, which affected their ability to make some decisions about their care and support. Capacity assessments considered specific decisions people needed to make about their care and treatment and detailed how decisions about capacity had been made.
- Staff were skilled in how to obtain people's consent for care and treatment, involving them in related decisions and assessing capacity when needed. Where decisions were required in peoples' best interests, these included the least restrictive options for people, involved those people important to them and considered any relevant past or present wishes. For example, a decision in relation to whether a person should undergo a surgical procedure followed a lawful best-interest decision making process.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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 felt valued by staff who showed genuine interest in their well-being, quality of life and created a warm, inclusive atmosphere. People told us they experienced close relationships with the registered manager and their designated staff, with whom they had developed a special bond. One person told us, "I am really happy here. I am proud of what I am doing."
- Family members, care managers and visiting health and social care professionals described the provision of support by staff to be very caring and compassionate. A relative told us, "[Relative] has never been this settled. She is engaged in lots of activities and is happy and relaxed most of the time. Network Health are responsible for her being this settled. The stable team work hard to ensure that [relative] experiences life to the full despite her challenges."
- Staff spoke with pride and affection about the people they supported. One staff member told us, "I have never been so happy at work. If you can see how far [people] have come. It's amazing. I'm just so proud."
- People were well matched with their designated support worker and as a result, people were at ease, happy, engaged and stimulated. During home visits we observed people consistently received kind and compassionate care from staff who used positive, respectful language, which people understood and responded well to.
- Staff told us the management team allocated enough time for them to get to know people, which enabled them to understand people's care and support needs, wishes, choices and any associated risks.
- Staff told us it was important to be patient and use appropriate and different styles of interaction with people, depending on how they were feeling. One staff member told us, "The training from the manager has really helped us [staff] to develop our skills and understanding about sensitive interaction with people."
- Professionals and relatives told us that people's complex needs and behaviours were supported by staff who were alert and responded promptly to emotional communication, frustration and signs of distress. A relative told us, "[Person's] team all know them so well that they [staff] know before [person] does that she might be struggling. They [staff] intervene verbally with her and encourage verbal communication from her. They [staff] are all patient, kind, firm and fair."
- We observed people making choices about how they wanted to spend their time. The management team and staff demonstrated high levels of commitment and flexibility to meet people's wishes, especially when people changed their minds at the last minute.

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

- People were enabled to make choices for themselves by staff who ensured they had the information they

needed. Staff supported people to express their views and were given time to listen, process information and respond. We observed staff were calm and attentive whilst supporting people to express their views and be involved in making decisions about their care and planning daily activities.

- People were empowered to make decisions about the service when appropriate and felt confident to feed back on their care and support. One person told us, "We [person and staff] discuss how things are going then I decide what I want." They also told us, "If I want to change anything I speak to [registered manager/nominated individual]."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. We reviewed records which clearly demonstrated people's wishes in relation to whom they wished to be involved in their health care planning and decisions.
- People told us staff were very good at supporting them to maintain links with family members and friends.

Respecting and promoting people's privacy, dignity and independence

- Staff followed best practice standards in relation to supported living services, which ensured people experienced privacy, dignity, choice and independence in their tenancy. People and relatives praised the partnership working between the provider and local authority to arrange such 'lovely accommodation' to meet their needs and promote their independence.
- People had the opportunity to try new experiences and develop new skills to promote their independence. We reviewed lifestyle plans which identified target goals, aspirations and supported people to achieve greater confidence and independence. For example, through attending college and work placements. People and relatives spoke passionately about the commitment of staff to promote their independence and achieve their goals.
- One person showed us their sensory room and told us how staff supported them to have private time in this 'safe place' when they began to feel emotional.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. For example, staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People and relatives told us that staff spent time exploring people's goals to ensure they were meaningful and how they could be achieved.
- People consistently experienced high quality person-centred care, which had significantly reduced the level of behaviours they experienced which may challenge others, and incidence of self-injurious behaviour. This had enabled people to access the community and take part in stimulating activities, which had enriched the quality of their lives.
- Professionals consistently told us that the service was focused on providing person-centred care and support, which achieved desired outcomes for people.
- Medicine administration records confirmed that people had consistently experienced a reduction in their prescribed medicines. The management team and staff were proud of the service' achievements in relation to STOMP.
- People and relatives were fully involved in the planning of people's care and support. They consistently told us the registered manager was passionate about enabling people to have as much choice and control of their lives as possible.
- Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service developed.

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 had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. For example, there were comprehensive descriptions about how people appeared when they were happy or unhappy, together with information about how to support them. During inspection we observed staff calmly talking with people who required minimal information, as they only processed a small number of information carrying words at

one time, in accordance with their communication plan.

- Staff had good awareness, skills and understanding of people's individual communication needs. We observed staff knew how to facilitate communication and when people were trying to tell them something.

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

- People were encouraged and motivated by staff to reach their goals and aspirations and supported to participate in their chosen social and leisure interests on a regular basis. For example, one person was supported to host more barbeques and to improve their cooking and baking skills.
- People were supported to engage in meaningful activities and maintain relationships important to them. For example, one relative told us, "[Person] is well supported. [Person] has a college placement, work experience and meets up with her friends and family regularly, and importantly goes to church. [Person] loves a look around the shops, walks and feeding the ducks are also a favourite."
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests. For example, one person was being supported with their ambition to become involved in voluntary work with older people and animals, whilst another was supported with their aspiration to attend college.

Improving care quality in response to complaints or concerns

- People and their representatives were provided with a copy of the complaints procedure, which was available in an easy read format.
- People's relatives and representatives were aware of the provider's complaints process and knew how to use it.
- People knew how to complain and were confident the management team would listen and take appropriate action if they raised concerns.
- The service had received one formal complaint from a relative, which had been dealt with to the satisfaction of the person using the service, their representative and the local safeguarding authority.
- The registered manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, which they shared with staff.
- The registered manager used feedback to drive improvements in the service. People, their representatives and professionals told us the registered manager worked hard to make improvements to improve the quality of people's lives.

End of life care and support

- No people were receiving end of life at the time of the inspection or anticipated to be so in the immediate future. Due to the sensitive nature of the subject and the complex needs of people, their wishes had not yet been fully explored.
- One person's end of life wishes had been partially explored during a multi-disciplinary team meeting in relation to an impending surgical procedure.
- The registered manager undertook to explore this area of support with the multi-disciplinary team of professionals supporting people, to ascertain when and how this could be achieved without causing distress to people.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The nominated individual and registered manager worked hard to instil a culture of care, in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. This was achieved by management being highly visible, taking a genuine interest in what people, staff, advocates and other professionals had to say.
- The registered manager consistently motivated and inspired their staff, which had resulted in a strong team spirit and high levels of staff satisfaction.
- The registered manager, nominated individual and assistant manager worked directly with people and led by example. This achieved good outcomes for each individual, which had a significant impact on their well-being and the quality of their lives. For example, when the service began to support one person, they initially required two to one staff support to protect them from their escalating self-injurious behaviours, which endangered themselves and property. The personalised approach of staff has led to the person becoming settled and reassured to such an extent, that the provider contacted the commissioners to arrange for a reduction in the required staffing level. The care and support implemented also promoted the person's independence and had a significant impact on the quality of their life. For example, they are now able to engage in learning independent life skills for the first time.
- Another person experienced escalating challenging behaviours, which were harmful to staff and others. The registered manager recognised that all staff required enhanced training to support this person with crisis prevention and early intervention, with an emphasis on behaviour support and person-centred planning. The registered manager qualified to deliver approved training in these skills, then provided bespoke training for staff, matched to meet the specific needs of the person. Since this strategy was implemented 18 months ago, the person has experienced a 97 per cent reduction in the frequency of incidents where they experienced extreme complex behaviours.

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 clear in their understanding of the duty of candour and knew the action to take should something go wrong.
- The registered manager assumed responsibility and accountability when concerns had been raised or mistakes had been made.

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

- The registered manager had the skills, knowledge and experience to perform their role. They demonstrated a clear understanding of people's needs and had clear oversight of the service.
- Governance was well-embedded within the service and the management team operated a robust monitoring and assessment system. The provider's performance management processes were extremely effective, reviewed regularly and reflected best practice. These processes helped to keep people safe, protect people's rights, provide good quality care and where required hold staff to account.
- There was a clear management structure within the service. The registered manager and staff clearly understood their individual roles and responsibilities, and how they needed to work together to achieve the best outcomes for people.
- The management team often worked alongside staff and monitored the quality of service delivery. This ensured people experienced a consistent level of support. Rotas demonstrated there was always a designated manager available out of hours.
- Health and social care professionals were impressed by the person-centred approach of the registered manager and had confidence in the staff's capability to deliver high quality care to meet people's complex needs.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- People, and those important to them, worked with managers and staff to develop and improve the service. A relative told us, "I have an extremely good working relationship with Network Healthcare. Day to day management is run by them well. I am consulted as and when needed and always told of things that need celebrating or discussion."
- The management team were highly visible and readily approachable. They spent meaningful time with people, relatives and staff. This enabled them to seek feedback on a regular basis and involve them in decisions about any changes. People's views were listened to and acted upon.
- The registered manager recognised good work by individuals in supervisions and team meetings.
- Staff told us that the registered and assistant manager actively encouraged them to discuss concerns and voice their ideas to improve the quality of care people received. We observed staff were highly responsive to suggestions and ideas, for example; changing plans at short notice to accommodate people's changing needs and choices.
- Service improvement plans were developed to ensure action was taken to drive improvements.
- The provider had arrangements to support the registered manager, for example, through daily telephone conferences with the nominated individual.
- The registered manager sought feedback from people and those important to them during regular reviews and used the feedback to develop the service.

Continuous learning and improving care

- The registered manager consistently placed the views of people using the service at the core of their quality assurance processes. This was underpinned by a strong emphasis on striving for continuous improvement to achieve the best outcomes for people.
- The provider kept up to date with national policy and recognised best practice to inform improvements to the service.
- Learning from concerns and accidents was a major factor to enable the registered manager to drive continuous improvement. For example, staff recorded accidents and incidents, which were reviewed daily

by the registered manager and discussed with the nominated individual. The provider fulfilled their responsibility to identify trends and took the required action to keep people and staff safe, by reducing the risk of repeated incidents.