

Southwark Disablement Association

Southwark Disablement Association

Inspection report

Southwark Resource Centre
10 Bradenham Close
London
SE17 2QB

Tel: 02075255248
Website: www.sdail.org

Date of inspection visit:
07 February 2018

Date of publication:
14 March 2018

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an announced inspection of the service on 7 February 2018.

Southwark Disablement Association is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection, 64 people were using the service.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good but improved its rating of the key question of Responsive to 'Outstanding'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People received care that was exceptionally responsive to their individual needs. People using the service and their relatives commented the registered manager and staff went over and beyond to place people at the centre of the service. Health and social care professionals highly commended staff for meeting people's needs. The registered manager and provider continually looked for ways of developing the service to enhance people's lives. This was in line with the provider's vision to ensure people living with a physical disability enjoyed and lived their lives to the fullest and as equal citizens.

A high person centred approach greatly minimised the risk of social isolation and loneliness prevalent to people with a physical disability. The provider, registered manager and staff were abundantly flexible in supporting people to pursue their hobbies, develop new interests and skills. People received support to undertake activities at home and in the community regardless of whether this formed part of their care package or not. The provider developed plans which enabled people living with a disability access activities, events and opportunities available to those without a disability.

People had their health and well-being needs assessed. Staff delivered care and support to people as planned and in line with their choices and preferences. People knew how to make a complaint and were confident issues would be resolved.

Staff delivered people's care with kindness and compassion. People had their dignity and privacy maintained. People had access to information and advocacy services they required.

People received care in a manner which protected them from the risk of harm. Appropriate arrangements remained in place for staff to identify and report safeguarding concerns and abuse. Risk assessments and management plans were detailed and ensured people continued to receive safe care and support. There were enough numbers of suitably recruited staff deployed to provide care. Staff administered and managed people's medicines in a safe way. Staff knew how to prevent and control the risk of infection. Staff learnt from incidents.

People underwent an ongoing assessment and review of their needs. Staff delivered care in line legislation and best practice guidance. Staff received support to undertake their roles, attended training and had supervision. People received the support they required to eat healthily and meet their dietary needs. People had access to healthcare services.

People enjoyed good standards of care because of the regular checks and audits carried out on the support they received. People benefitted from an open culture at the service that focussed on their individual needs. The provider valued people's feedback and made the necessary improvements to develop the service.

People using the service and staff commended the management team and the manner in which they managed the service. The close working partnership of the registered manager with other agencies ensured people received joined up care and high standards of support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service was exceedingly responsive and flexible in meeting people's individual needs. Staff knew people very well which enabled them to provide exceptional care. Staff were passionate about their roles and went beyond their call of duty by ensuring people were well cared for.</p> <p>People received remarkable support to enable them to maintain their independence and enjoy life to their full potential.</p> <p>The provider actively encouraged people to share their views about the service and acted on their feedback. The registered manager showed a high level of commitment in ensuring people living with a disability experienced life opportunities similar to those without a disability.</p> <p>Feedback and compliments about the service, staff and management were exceptionally positive and consistent.</p>	<p>Outstanding ☆</p>
<p>Is the service well-led?</p> <p>The service remains Good.</p>	<p>Good ●</p>

Southwark Disablement Association

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 7 February 2018 and was carried out by one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that registered manager would be in.

Prior to the inspection, we reviewed the information we held about the service including notifications. Statutory notifications include information about important events, which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During our inspection, we spoke with 20 people using the service and three of their relatives. We spoke with seven members of care staff, an operations manager, the registered manager and the chief executive officer. Inspection site activity was carried out on 7 February 2018. Telephone calls to people using the service and their relatives were made on the same day.

We looked at 12 people's care records, including their risk assessments and medicine administration records. We reviewed information about the management of the service including safeguarding reports, incident records and policies and procedures. We looked at 10 staff records that included recruitment,

induction, training, supervisions and appraisals.

After the inspection, we received feedback from four health and social care professionals.

Is the service safe?

Our findings

People were protected from harm because staff knew how to identify and report abuse. One member of staff told us, "I will report anything suspicious to the office." Staff regularly attended a refresher course in safeguarding adults to keep their knowledge up to date. Staff understood the provider's safeguarding procedure and their responsibility to escalate unresolved concerns and poor practice to external agencies. The registered manager involved the local authority safeguarding team when necessary to ensure people's safety.

People continued to receive care that was planned to minimise risks to their health and well-being. Appropriate systems remained in place to assess and manage risks. Staff had sufficient guidance on areas such as supporting a person to transfer using a hoist, accessing the community and eating and drinking without choking. Regular reviews of risk assessments ensured staff had up to date information about how to provide safe care to people.

People continually received care when needed. One person said, "I know the carers who come to help me with my wash. It's all written down in my care plan." Another person said, "The staff are on time and never rush me. They do what they are meant to do and more." An ongoing recruitment programme ensured there were sufficient numbers of staff to meet people's needs. Staff told us the rotas were planned in a manner that minimised travel between calls. This allowed them enough time to complete their work without feeling rushed. One relative commented, "They are always on time and stay for the whole of the time." Rotas confirmed there was a regular team of staff to provide care. The provider emphasised staff retention and was flexible to their needs, which had seen some long serving employees with an average of 10 years at the service.

The office staff monitored staff punctuality on visits through telephone calls to ensure they minimised delays or missed calls. Staff had access to out of hours and emergency numbers to inform the duty manager when they were delayed on a call, needed guidance or additional support.

The provider constantly followed appropriate recruitment procedures to employ only staff suitable for their role. Staff told us and records confirmed they only started to provide care when recruitment checks were complete.

People were supported to take and manage their medicines. Staff told us they followed the provider's procedures and protocols when administering people's medicines. Records were clear when a person self-administered, or when a family member supported them to take medicines to minimise the risk of errors. Medicine Administration Records (MARs) were completed and regularly audited to ensure staff followed safe practice. Staff had undergone training and assessment about how to manage people's medicines safely.

Staff understood how to minimise the risk of infection. Staff had access to personal protective equipment such as gloves and aprons. Staff told us they followed good handwashing methods to prevent and control the spread of infection. The managers carried spot checks to check on staff practice to ensure they

minimised the risk of cross contamination.

Staff were encouraged to be open when things went wrong and to learn from their mistakes. Managers discussed incidents and accidents at team meeting and staff supervisions to promote learning and to reduce the risk of a recurrence.

Is the service effective?

Our findings

People using the service and their relatives commended staff for delivering effective care. Comments included, "Yes, they are great, it's a perfect relationship", "[Staff] are very good" and "They do all the things right." Each person underwent a detailed assessment of their needs before they started to use the service. One person told us, "We had a meeting to set up a plan of what I can and can't do, the meeting was really good." Care and support plans were in place and highlighted the services each person required. Health and social care professionals were positive in the manner in which staff sought and followed their guidance to provide people's care in line with best practice and legislation.

Staff were continually supported in their roles. They had access to guidance and attended the provider's mandatory and refresher training to keep their knowledge and skills up to date. Managers carried out supervisions and appraisal and put learning and developments plans in place when needed. New staff completed an induction which included Care Certificate course which sets out the expected standards that social and health care workers are required to follow.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA).

We checked whether the service was working within the principles of the MCA. People confirmed they consented to care and treatment. Comments included, "[Member of staff] ask before they help me with anything", "They check if it's OK with me to have a wash" and "[Member of staff] knows how I like things done, she is encouraging, but allows me to make choices from if I want to get up, dress, or what I want to wear." Staff had received the MCA training and understood their responsibility to obtain people's consent before providing care. Staff told us they reported to the operations manager or office staff when a person declined care to ensure best interest decisions were made by health and social care professionals and or a family member where appropriate. Daily observation records showed staff provided care which met people's preferences and choices.

People who required support to eat and drink were supported according to their identified needs. One person told us, "[Member of staff] will take me shopping and help me with meal preparation." Another person said, "Yes, they heat up my food that's in the fridge." One relative said, "Yes they cook her breakfast and lunch for her." People made decisions about what they ate and drank. They commented that staff encouraged them to eat healthily. Staff warmed and served meals and refreshments when this was needed. Staff knew people's dietary needs and the support they required to eat and drink safely. Staff were able to describe how they followed the guidance provided by a Speech and Language Therapist to support a person who was at risk of choking.

People had access to healthcare services when needed. One person told us, "[Member of staff] could see I had a problem with breathing so she called an ambulance and stayed with me until the paramedics came." One relative said, "They have called the ambulance for [person]." Another relative said, "They will contact

their supervisor and then call us, the family." Staff worked closely with relatives involved in people's care and healthcare professionals for medical reviews and when they had concerns about a person's well-being. People were supported to attend GP and other medical appointments such as visits to the hospital, dentists and opticians.

Is the service caring?

Our findings

People using the service and their relatives told us staff continued to provide care with kindness and compassion. They were positive about the manner in which staff displayed compassion when providing care. Comments included, "They are caring and helpful", "[Person] can be challenging sometimes, they have never failed him/her. They know how to manage [person] in different situations" and "The team is very caring in a professional manner."

People had developed positive and caring relationships with the staff that supported them. People had regular members of staff assigned to provide their care which enabled them to receive consistent care. People told us staff understood how they wanted their care delivered. Staff knew people's preferences and worked closely with family members involved in each person's care. Staff told us they discussed the values of caring, compassion and dignity in supervisions and team meetings. Staff were able to describe acts of kindness such as sitting down to have a chat and listening to people talk about their worries.

People were consistently happy with the way staff respected and promoted their privacy and dignity. One person said, "They knock on my door." Another person said, "[Staff] are very polite and humble too." One relative commented, "Yes very much, they shut the bathroom door when they wash her." Staff understood their responsibility to uphold people's privacy and maintain their dignity. Staff had received training in equality and diversity and said this enabled them to respect the differences in people's cultures, religions and preferences.

People were involved in making decisions about their care and support. One person told us, "They ask me how I want things done." Another person said, "I feel I am included." Relatives comments included, "They know, they do an annual review and we are all kept in the loop", "Yes once a year a person from head office comes and reviews the book" and "Yes indeed it's a rigorous care plan. We wrote it out and every minor detail is included."

Staff told us they understood how people communicated their needs. Staff said this enabled them to understand people's decisions about how they wanted their care delivered. Staff told us they asked people what they wanted to do and the support they required every day before providing care. For example, for people who were non-verbal, staff said they showed them items of clothes to choose from or asked them to write down what they wanted. Care plans contained information that showed staff involved each person in making decisions about their care. Daily observations records showed people made decisions about their day-to-day care such as where to have their meal or having a shower or bath. The managers asked people during spot checks and care reviews about whether staff involved them in making decisions to ensure that their rights were respected.

People using the service and their families had access to the information they required. Each person received a brochure of the services available from the provider. The provider sourced information for people about the services they required for their day-to-day living for example, support with benefits claims, submitting tax returns, applying for bus passes and disabled badges. Staff were aware of people's life

histories and backgrounds. They understood how this affected their day-to-day living and ensured they supported them with their routines they preferred.

Is the service responsive?

Our findings

People using the service, their relatives and health and social care professionals were overwhelming complimentary about the quality of care provided. They consistently said staff provided care which was highly tailored and responsive to each person's individual needs. One person told us, "I am very happy I have the best [staff]." Another person said, "[Staff] are excellent and [operations manager] is brilliant. The support is great." One relative commented, "[Person] is well looked after. We cannot imagine anything better." Another relative explained, "[Person] has had many opportunities to do things we never thought possible. [Staff] are brilliant." Health and social care professionals commented that staff were highly professional and passionate about ensuring the well-being of people using the service. A comment from a group of health and social care professionals that summed up the responsiveness of staff stated 'is being able to professionally care for service users' every physical and physiology need and fulfilling all activities of daily living.'

People regularly received care beyond their expectations. One person told, "[Staff] will only leave when I am set for the day." Another person said, "I know not all the domestic tasks they do are on their schedule. [Member of staff] will put the laundry in the washing machine, hang it out to dry, have a chat and still help with my bath and medicines. It's a lot they do for me, and I am very thankful."

Health and social care professionals were unanimous in highlighting the exceptional care that staff provided and in particular, the inspirational work of one care staff. They had nominated a care assistant for the Pride of Britain award, a national recognition for 'for a single act of incredible courage, a long-lasting battle against the odds, or for inspirational campaigning.' They commented, 'But let's imagine that you have no family and you are locked in to your body. Then here comes [member of staff] who all of a sudden organises your birthday party every year, stays with you for Christmas, stays with you during the night when you're scared being alone and paint your home with your favourite colour after she finished work.' They spoke glowingly about how the member of staff was 'an unofficial advocate to disabled people' and 'a role model for his/her colleagues and whom health professionals respect.' This message resonated in the compliments made to the service and the positive feedback we received from people about how the support made a difference to their lives.

People were overwhelmingly complimentary about staff's empathy. One person had commented in a thank you note to the registered manager, 'The operations manager and especially [member of staff] have greatly helped me to understand and accept my condition.' The person stated the care had 'enabled me to manage my condition and live well with it'. One family member wrote, 'The standard of work, commitment and dedication of [care staff] and the operations manager is comparable to none. We have used many agencies and none comes as close.' One person had experienced a lack of heating and hot water in their home and had difficulties in having the issue resolved. We saw efforts made by office staff to ensure the person's boiler was repaired. The person had commented, "It was unbearable not having hot water or heating. Once I let [office staff] know, I knew everything would be sorted. The managers took this up and everything was sorted in no time." Another person felt very pleased and safer because of the support they had received to have their house electricals rewired. A third person said they had, "regained their life" after they were supported

to arrange to move to a suitable place. This was because there was no service lift in the flat they lived and were confined to their home because of a decline in mobility. While this support was not part of people's care package this was the provider's ethos of creating an enabling environment, equal opportunity and access to services by people living with a disability.

Staff offered emotional support to people using the service and their relatives. One person told us, "Staff listen and report any issues I have to their managers." Another person said, "They care and will try to make things better. I discuss my worries and they do listen." Staff told us they understood there were some situations when they needed to just sit and listen to provide comfort. Staff said they showed patience to people with life limiting conditions and supported their family members who might be struggling with a diagnosis. One member of staff explained how they referred a family member to organisations that provide information about dementia because they did not have understanding of the illness. They said the family member had become more accepting of the person's condition after contacting one of a dementia organisation.

During our inspection, we observed office staff telephoning the revenue office to support a person to discuss their disability related benefits. Staff showed empathy and managed the person's anxiety by explaining what was being asked. The person was very happy that they had received the support to resolve an issue which they had not been able to do on their own. The registered manager, operations manager, office staff and records confirmed they acted on concerns people had issues regarding housing, personal budgets and allowances and accessing the community because they believed this had a huge impact on people's daily living.

People commented about the high flexibility in care delivery. People told us staff went the extra mile to support them to lead full lives such as attending functions, social events and visiting family and friends. Staff were flexible in providing care for example, when people arranged to receive care at a place convenient to them. One person told us, "There were times when I had to rush home, leave friends or a party to meet with [care staff] for help with my medicines or meals. The staff are so good. They come where I am. All I need is to tell them in advance where I will be." The provider highly encouraged and promoted the flexibility in care delivery because of their ethos that a person with a disability must have equal enjoyment and opportunities to lead a life equal to that of those without a disability. Staff understood and applied the provider's ethos of ensuring 'deaf and disabled people have access to society as a whole, are socially included and have the right to be full and active members of the community through choice and self-determination.' Office staff were able to arrange visit times appropriate to people's lifestyle such as attending health and social appointments. Staff told us and records showed people received care, for example at a day centre or when on social outings.

People were empowered to develop and retain their skills for daily living and encouraged to be independent. Staff had information about the tasks people could do for themselves and the level of support they required in their day-to-day living. One person said, "All carers are well chosen, they are very thoughtful and respectful, they allow me to do what I can and are excellent in all respects." One member of staff told us, "It's about empowering people to do what they can." Another member of staff said, "We don't take over tasks." Records showed one person required support to wash areas they could not reach and they were able to dress them. Daily observations records showed staff encouraged and promoted the person to undertake these tasks. Staff promoted people to be independent, for example arranging transport, bus passes and disabled badges to enable them to access the community independently. Daily observation records highlighted in detail the length staff went to in encouraging a person to undertake a task. For example, one person rested between walks to the bath, while dressing and brushing their teeth. Staff told us they "never took over tasks" or "hurried" people, as this would deskill them and reduce their self-esteem.

Staff were supportive of people remaining living in their own homes. One person told us, "I have all the help I need and extras, without which I would be in a care home." Another person said, "Staff are positive and encourage me to do the things I can for myself." Health and social care professionals commended staff for their determination to ensure that people retained their independent daily living skills and lived fulfilling lives. They commented that staff were proactive in identifying equipment and aids that supported people to maintain their independence and worked closely with them to ensure this was addressed.

People highly appreciated the opportunities to develop and maintain relationships. The provider had established a team of volunteers, some of who were people using the service to lead a befriending and social interaction group to reduce the risk of social isolation and loneliness. One person told us, "I am very happy that I have someone to talk to. Life would be dreadful without the friendships." Another person said, "The volunteers and [care staff] are the only people who have been there for me. They are my family. That's all I have." Volunteers visited those people who preferred a one to one interaction at home.

The provider ensured they minimised social isolation, loneliness and stigma that people living with a disability might face. For example, people attended social functions arranged by the provider. People were very happy about the Bits and Pieces social club held every Friday. Comments included, "It's very nice to dress up and go out for a drink" and "Friday is the day. It's a boost really to meet friends and have a moan and a laugh." People said they used the social event to catch up on current affairs, meet old, make new friends and enjoy themselves. Attendance at the Bits and Pieces social club averaged 30 which included people using the service and others from the community living with a disability. Staff identified people who did not interact with family members and/or friends. The operations manager and staff monitored people's interaction with family members, friends and visitors. Plans were in place to minimise the risk of isolation to people who did not have a network of friends and family. People were supported to organise and attend activities in the community, which included macramé, swimming and football. A person said staff had supported them to attend a Black History month event and were very pleased about the "eye opening" occasion.

People told us the provider was very passionate about social inclusion. The provider identified areas where people had a difficulty in accessing a service because of their disability. They worked closely with local authorities and agencies to ensure they broke down barriers that prevented deaf and disabled people to take part in activities. People were happy with the removal of barriers for example, they now had free access to facilities such as swimming. One person told us, "I have taken up sport without worrying about payments. I am healthier and have less aches and pain." Another person said they had regained their confidence having dropped swimming because of their disability and the cost. People were supported and encouraged to take part in Sport and Physical Activities (SPA) and Intosport projects initiatives supported by the provider. The initiatives were part of the provider working in partnership with other agencies to meet people's physical and well-being needs. The provider's office was manned by staff who had a disability which showed they lived up to their ethos.

People's views about the service were sought and acted on. The operations manager held regular meetings with people using the service and their relatives and carried out reviews about the quality of care to obtain each person's views about care delivery. People told us they were confident that the registered manager would take action when needed. People said the regular members of staff who provided their care always checked if they were happy with the service and the support provided at each visit. People told us they had regular contact from office staff and this added communication ensured that any issues were resolved in a timely manner. People completed satisfaction surveys about the quality of care, staff support and the management of the service. People were exceedingly happy with their care and an overwhelming 94% said

the service had made a positive difference to their lives and that they were now more in control of their lives.

People's care plans were individualised and had details of the support each person required with their health and social life. Staff had sufficient information about each person's background, life history, likes and dislikes, preferences and routines. One person told us, "[Staff] know how I want things done. They also know my regime. I don't have to explain much." Another person said, "I have my plan which they follow. However, they are happy to change things if I have other plans for the day." A third person said, "There is general chit chat when I am having care, we have a laugh, I feel very lucky with my carers." One relative commented, "[Family member] has a great rapport with [members of staff], they laugh and chat the whole time they are here, they just get on with things, never any problems, they seem to understand each other very well." Staff knew people well and told us they used the background information and life history to start conversation when providing care. Staff told us this worked well as this made them focus on the individual and not the task. People received support from staff who shared similar interests. Staff used the information about people's background to find appropriate activities in the community, for example taking people to theatres, museums and other places of interest.

People were able to contact the service and were happy the managers were highly responsive to their requests. One person told us, "I was unwell in the night. I phoned the manager who got me an out of hours GP. [Member of staff] checked me first thing in the morning." Staff had out of hour's guidance and commented that the managers' response times were excellent. People's requests for additional support to appointments were considered and staff made available when needed. The operations manager worked closely with health and social care professionals when a person's needs had increased and required more hours of care. People told us staff continued to provide their care while reassessments were made on their care package. The provider ensured they continued to meet people's increased needs.

People knew how to make a complaint and were confident their concerns would be resolved. One person told us, "I would tell the [member of staff] or ring the office. I would not call anything a complaint as such. The staff are very good." Another person commented, "I don't expect anything to go wrong. The operations manager, office staff and [care staff] are very open. We talk about any niggles and it's resolved there and then." Each person had received a service user's handbook which contained the complaints procedure. The registered manager informed us that the service had not received any complaints about the service in the last 12 months. However, they promoted honesty and openness to enable people to speak out when they had concerns. The registered manager told us they had learnt from people who had changed care providers that they preferred to have a consistent and regular team of staff assigned to support them. They had used this information to ensure people received support from a regular staff. One person told us, "I have had the same two carers since 2007. I have two other carers who provide holiday cover." Each person had a team of three or four staff assigned to their care. This enabled people to have a consistent approach to their care delivery provided by staff who knew them well thereby reducing the likelihood of complaints.

People at the end of their lives received coordinated care and were made comfortable. One relative commented, "The care was amazing. Staff were supportive and made [person] comfortable." Staff explained they worked alongside other health and social care professionals such as district nurses and hospice nurses in providing end of life care and supporting people with complex needs. Comments included, "It is difficult to care for the dying and your heart has to be in it to provide excellent care. The training and support from my colleagues, managers and nurses makes it worthwhile. At times all we do is sit and comfort [person]", "We make sure a person is comfortable whether they are in bed or seated on a sofa" and "It's tender care and doing things gently." Staff told us they had received end of life care training which enabled them to understand how to support appropriate care. Records showed staff followed guidance provided by health and social care professionals to ensure people had a dignified death. This included positioning a person in

bed, changing clothing and incontinent pads to prevent skin breakdown. The provider arranged with Macmillan nurses to provide care to people with complex and/or palliative needs which included those at the end of their lives. People were also supported to manage their pain at this stage of their life. Staff had information about people's plans for end of life and supported them as they wished. Family members had written to the registered manager complimenting staff for the compassion they showed when their relative was receiving end of life care.

Is the service well-led?

Our findings

People using the service, their relatives, health and social care professionals remained complimentary about the running of the service. Their comments included, "There is a committed team at SDA", "They will do anything possible to deliver excellent care" and "[Operations manager] is on the ball. The agency is managed very well" and "This is the best place to work."

People and staff said there was an open and inclusive culture at the service. Staff told us the office staff, operations manager and registered manager were supportive and approachable. They were very positive about the support and guidance provided. Comments included, "The managers are genuinely concerned about us and the clients we care for" and "There is total respect for what we do. We feel very valued and appreciated." Staff told us the operations manager was a role model and demonstrated the provider's values of empowering people using the service. The Provider Information Return form highlighted staff retention, training, motivation and good support was essential to enable the team to provide person centred care. Staff told us and records confirmed this and said the provider made opportunities available to develop in their roles and to progress into management positions.

Staff enjoyed good teamwork and continued to attend team meetings to discuss issues at the service. Staff said information sharing was good and felt the operations manager and registered manager valued their views and acted on their feedback. A staff survey of 2017 showed 100% satisfaction with management support, training offered and team relationships. Staff were clear about their roles and responsibilities and the reporting structures to raise concerns about the service. Staff were passionate about the service and showed commitment to providing high standards of care.

People were placed at the centre of decision making about their care. People told us staff were flexible to their requests about times of care delivery. The registered manager ensured care plans focussed on people's needs and were not task oriented. Staff involved health and social care professionals and family members when appropriate to champion people's interests. Minutes of staff meetings and supervisions showed discussions around people's welfare and how best to meet their needs.

People's care delivery underwent appropriate checks and monitoring. Audits were carried out on care planning and reviews, record keeping and medicines administration records. The registered manager ensured they addressed any shortfalls identified to drive improvement. Office staff and the operations manager carried out home quality assurance visits and telephone interviews with people using the service and their relatives to check whether staff were delivering care as planned. Staff's practice underwent monitoring through spot checks, supervisions, formal and informal catch-ups with the operations manager and office staff. People, staff and healthcare professionals completed stakeholder surveys about their experiences with the service. The latest feedback showed they were happy about the running of the service, quality of care provided and the drive to make improvements when needed.

People's records were well organised and easily accessible when needed. The operations manager ensured people's records were up to date and securely and safely stored.

People received improved quality of care because of the close working relations between the service and other agencies. The provider subscribed to Skills for Care, encouraged, and financed staff to undertake vocational qualifications from accredited institutions to equip them with best practice knowledge. The provider worked closely with organisations to raise the profile of people living with a disability and championed their rights. These efforts saw the quality of people's lives enhanced. The registered manager attended external meetings with service commissioners, other health and social care organisation and networks to develop their knowledge of providing high standards of care.