

The Aldingbourne Trust

Outreach

Inspection report

75 Aldwick Road
The Aldingbourne Trust
Bognor Regis
West Sussex
PO21 2NW

Tel: 01243838533
Website: www.aldingbournetrust.co.uk

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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

We carried out a comprehensive inspection of Outreach on 8 March 2018.

Outreach is a domiciliary care agency. The service provides support to adults and younger adults with learning disabilities or autistic spectrum disorder. It provides personal care to people living in their own houses and flats in the community and to people in supported living arrangements.

Supported living is where people receive support so that they can live in their own home 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.

Not everyone using Outreach received regulated activity; CQC only inspects the service being received by people being provided with 'personal care'; help with tasks related to personal hygiene and eating. Where the service does provide any wider social care, we also take this into account. At the time of the inspection the service was supporting one person with personal care.

Outreach has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager 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.

This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in December 2016.

There were systems and processes in place to keep people safe from abuse and avoidable harm. The person using the service told us, "I feel very safe". People using the service had support to know what abuse, including discriminatory abuse, could look like and how to get help.

Staff had received safeguarding training and knew how to recognise and report abuse. The registered manager reviewed and investigated any safeguarding incidents or concerns and took action to keep people safe. People had risk assessments in place and any control measures needed to minimise risks were put in place in the least restrictive manner. Staff reported accident and incidents and the service took appropriate action to prevent future incidents from occurring.

There service had enough staff with the right skills and experience to meet people's needs. Rotas were written so staff matched the needs of the people they supported. There were safe recruitment practices and all staff had a satisfactory Disclosure and Barring Service (DBS) check.

Staff had received training in infection control and food hygiene best practice and provided support for people to maintain a clean and hygienic environment and to store, prepare and handle food safely.

People's physical, psychological and social needs had been assessed so staff knew the support they needed and how to help them achieve their preferred support outcomes. The person using the service and their relative told us they had been actively involved in this process. The provider promoted equal rights for people with learning disabilities and was committed to helping people overcome any form of discrimination to achieve the support outcomes they wanted.

The provider operated a number of other different services within its organisation to help people achieve good outcomes and have a good quality of life. Staff worked with these internal services to co-ordinate people's support, so their needs could be effectively met. The person using the service told us they were encouraged to attend the evening social events at the provider's drop in centre, which allowed them to meet friends independently. Staff told us of examples where Outreach clients had successfully been able to find jobs after receiving support to be referred to the provider's employment service.

Staff had training in a range of subjects, including learning disabilities and autism to give them the right skills and knowledge to be able to meet people's assessed needs. Staff could request additional training at any time if they felt they needed to improve their skills. Staff received an induction that met the Care Certificate standards and had on-going probation, supervision and appraisals to help them to be confident they were meeting people's needs in the best way.

The person using the service told us they consented to all aspects of their care and were involved in regular reviews of their support. Staff received Mental Capacity Act (MCA) training and people were supported appropriately in line with the consent and decision-making requirements of this legislation. Staff regularly discussed people's wellbeing and helped them to quickly access healthcare services if needed. The person using the service had effective support to understand and maintain a balanced diet and the service promoted the importance of healthy eating.

The person using the service told us staff were kind, listened to them and offered them emotional support if they needed it. They said, "I can talk to staff if I have had a bad day. If staff see that I am upset they encourage me to talk about what is wrong". Staff knew and respected who people were as an individual and had built trusting and productive professional relationships with people using the service.

Staff involved people in making decisions about their care so they felt included and had control over their support. The person using the service was communicated with in a way that suited them best and was encouraged to be as independent as possible. People's privacy, dignity and confidentiality was respected. People's personal information was managed in line with the principles of the Data Protection Act.

The person using the service and their relative contributed to the planning of their care and support and this was regularly reviewed. Their care plan contained details about their personal preferences, strengths and levels of independence. Staff read these and talked to people and their families so they knew how to meet their needs in a personalised way.

The person using the service was encouraged and supported to develop and maintain relationships, follow their interests and take part in meaningful activities of their choice in the wider community. Information

about care and support for people with a disability or sensory loss related communication need was available for people, as outlined in the principles of the Accessible Information Standards (AIS).

The person using the service told us they knew how to raise a complaint and felt confident to do so. There was a complaints policy in place complaints were reviewed by and responded to appropriately and used as a learning experience to improve the service.

There was a positive and inclusive team culture. The registered and deputy manager were capable and visible. Staff contributed to developing the service. Managers and the wider organisation recognised and rewarded individual and team achievements and staff felt valued and encouraged to carry out their roles to a high standard. The service took steps to help staff maintain good physical and mental well-being. An equality and diversity policy was in place and the service was committed to supporting the equal rights of staff with protected characteristics under the Equality Act 2010.

The provider had a clear vision of empowering people with a learning disability and strengthening their relationships with other people in their community. There were expected values in place for staff to follow to help realise this vision. The registered manager used regular supervisions and performance reviews to embed these values in staff practice. People's views and experiences were gathered and acted on to shape and improve the service and its culture.

Quality assurance and governance systems were in place. Management used these systems to effectively monitor the quality and safety of the service and ensure actions and improvements were being completed on time. Service performance was measured against current compliance and best practice guidelines and regularly audited. This identified what was and wasn't working and areas to build on or improve to ensure the service was continuously improving.

The registered manager followed their statutory responsibilities to submit notifications and adhere to the Duty of Candour regulations. They maintained honest and open communication with people, relatives and other stakeholders when important events involving people using the service occurred. The service worked in partnership with other agencies such as the local authority, Police and health and social care professionals' in response to significant events in people's lives, to help improve people's support.

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.

The person using the service told us they felt safe.

There were systems and processes in place to keep people safe from abuse and avoidable harm, including discriminatory abuse.

People had risk assessments in place. Any control measures needed to minimise risks were put in place in the least restrictive manner.

Staff reported accident and incidents and the service took appropriate action to prevent future incidents from occurring.

There were safe recruitment practices and enough staff with the right skills and experience to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People's physical, psychological and social needs were assessed and the service did not discriminate against people's support choices.

People achieved their preferred support outcomes and had a good quality of life.

Staff had training in a range of subjects, including learning disabilities and autism so they could meet people's needs.

People consented to their care and the service supported people in line with the principles of the Mental Capacity Act 2005.

People had support to access healthcare services and received effective support with eating and drinking.

Is the service caring?

Good ●

The service was caring.

The person using the service said staff were kind, listened to them and offered them emotional support if they needed it.

Staff knew and respected who people were as an individual and had built trusting and productive professional relationships with people.

Staff involved people in making decisions about their care and communicated with in a way that suited them best.

People were encouraged to be as independent as possible. Staff respected people's privacy and dignity and confidentiality.

Is the service responsive?

Good ●

The service was responsive.

The person using the service and their relative contributed to the planning of their care and support and this was regularly reviewed.

Care plans contained detail about people's preferences, strengths and levels of independence. Staff knew how to meet people's needs in a personalised way.

People had support to develop and maintain relationships, follow their interests and take part in meaningful activities of their choice in the wider community.

Information about care and support for people with a disability or sensory loss related communication need was available for people. People knew how to raise a complaint and these were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

The service had a clear vision of empowering people with a learning disability and strengthening their relationships with other people in their community.

There was a positive and inclusive team culture. Staff felt valued and contributed to developing the service to realise its vision.

The service encouraged accessible and open communication with people who used the service. Their views and experiences

were acted on to shape and improve the service and its culture.

Quality assurance and governance systems were effective and the service looked to continuously improve.

Outreach

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 checked 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 inspection took place on 8 March 2018 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to allow enough time for the provider to arrange for us to visit people in their own homes on the day of the inspection.

The inspection team consisted of an inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. We considered the information which had been shared with us by the local authority and other people, looked at any safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events the provider is required to tell us about by law. This is necessary so that, where needed, the Care Quality Commission (CQC) can take follow up action.

During the inspection, we visited one person in their home to talk with them and observe their care. We spoke with a relative of the person on the telephone. We spoke with two support workers, the deputy manager and the registered manager.

We reviewed care records for the one person receiving personal care support and 'pathway tracked' them to understand how their care was being delivered in line with this.

We reviewed staff training, supervision and recruitment records, medicines records, care plans, risk assessments, and accidents and incident records. We also reviewed complaints and compliments documents, quality audits, policies and procedures, staff rotas and other records related to the management of the service.

Is the service safe?

Our findings

The person using the service told us they felt safe. They told us, "I feel very safe". We found the service was operating safely and people were protected from abuse and avoidable harm.

There were systems and processes in place to keep people safe from abuse. The organisation that provided the service ran a drop in centre which had events and shared information and resources. This promoted awareness of all different types of abuse, including discriminatory abuse. Staff encouraged people to attend these so they could recognise potential abuse situations and be empowered to speak out against them. For example, the local Police had recently held a talk at the drop in centre on bullying and other forms of hate crime and what people could do to get help in these situations.

Staff had received safeguarding training and understood how to recognise signs of abuse and stop or prevent them. Staff monitored people and recorded and reported any concerns about abuse so action could be taken to help keep people safe. The registered manager reviewed and investigated any safeguarding incidents or concerns and reported them externally if appropriate. Staff knew who to contact outside their organisation to raise concerns if they thought this was necessary to prevent abuse.

People had risk assessments in place that identified any potential hazards to their well-being and the control measures needed to minimise the risks of these hazards. The service looked to find simple solutions to managing risk that restricted people's independence as little as possible. For example, the person using the service had help to plan journeys in advance to places they had not been before so they could feel confident going there on their own without support. The service 24 hour on call number was placed into their mobile phone on speed dial. This allowed them to go to places on their own but still be able to get support if they felt worried or threatened or needed advice whilst they were out.

Staff completed daily notes and specific accidents or incident report forms. These were then reported to the manager, who we were told "Will always follow up if needed". The registered manager told us they logged all accident and incident reports centrally and this log was regularly reviewed. These reviews helped identify any patterns and to implement actions needed to prevent future incidents from occurring. Staff told us that the registered manager regularly communicated outcomes and learning following accidents and incidents at staff meetings. The registered manager reported incidents and accidents onto other relevant partner agencies such as the local authority for review and to agree a plan to keep people safe.

The person using the service told us their support calls were never missed and, "If staff are running late they will let me know". We were told there had been a historical issue where the person felt staff had been leaving too early, but that this had now been resolved. Staff told us there were enough staff and they and their colleagues had the right skills and experience to work at the service. One staff member said, "I am very impressed with the experience of this team".

The registered manager confirmed staff turnover was consistently low and there were no current recruitment or retention issues. There was a bank of relief staff employed by the service. Relief staff had

been trained to the same standards as permanent employees and provided effective cover for any shortfalls in staffing levels caused by annual leave or sickness. We sampled rotas and saw they were written to make sure people's individual needs were met. For example, staff with particular experience and knowledge had been allocated to support certain people who would benefit from this.

All staff working at the service had undertaken a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions and help prevent unsuitable staff from working in a care setting. Staff files we sampled evidenced all staff had to submitted an application form, supplied two references and completed a successful competency based interview before they started work. Staff then had to complete a satisfactory probation period where their performance was regularly monitored and evaluated before their employment contract became permanent.

The person using the service managed all of their medicine needs independently. Staff sometimes offered physical assistance with the application of a topical cream. Following a review with the local authority, it had been agreed as creams were only applied under the instruction and direction of the person it was not necessary to complete a Medicine Administration Record (MAR).

Staff had supported the person to be as independent as possible while ensuring they received their medicines properly and safely. For example, the person placed the correct amount of topical cream in the staff member's hand before they applied this. The person was prescribed a liquid to be added to their bath. Staff had recently provided a pre-marked measure so the person could add the correct amount of liquid themselves, without the need for support.

Staff had received training in infection control and food hygiene best practice. The person using the service told us staff always used protective plastic gloves when supporting them with personal care tasks. There was a supply of these available at the person's house. Food hygiene checks had been recorded in the person's support files to evidence staff had provided support for the person to store, prepare and handle food safely.

Is the service effective?

Our findings

The person using the service told us their support enabled them to have a good quality of life. Their relative told us, "They are looking after him properly, in the way he wants, he is very happy".

An assessment of the person using the service's physical, psychological and social needs had been completed so the service knew how to help them achieve their preferred support outcomes. The person using the service told us they had been actively involved in this process. They said, "When I first started they did an assessment and we worked out what I wanted". The person's family member told us, "I was asked for my views on how [name] was to be supported". This involvement was important and helped to ensure their relative got the support they wanted and needed.

The provider promoted equal rights for people with learning disabilities and was committed to helping people overcome any form of discrimination to achieve the outcomes they decided they wanted support with. The provider operated a service that supported people with learning disabilities to deliver equality and diversity training on attitudes and approaches towards learning disabilities. This training was delivered internally and externally and was designed to raise awareness, challenge social stigma and promote inclusion to help improve the quality of life for people with learning disabilities.

Staff working at Outreach had received equality and diversity training from this service and told us it was, "Very good". Staff told us they always respected people's differences when supporting them with their goals. One staff member said, "Everybody is treated equally and fairly, there is a lot of diversity here and we practice what we preach. We are encouraged not to see a person's disability". We saw examples of how people using Outreach services' had been supported to successfully exercise their right to get married and have children. Other people had been supported with their right to explore and develop Lesbian, Gay, bisexual and transgender (LGBT) social and sexual relationships.

The provider operated a number of other different services within its organisation to help people achieve good outcomes and have a good quality of life. These included a drop in centre that providing practical social advice, information, workshops, courses, creative arts, peer support and events. The provider also operated a service to match the needs of employers with the skills of people with a learning disability, to help people gain employment.

Staff told us they worked with these internal services to help co-ordinate people's support so their needs could be effectively met. The person using the service told us they were encouraged to attend the evening social events at the drop in centre, which allowed them to meet friends independently. Staff told us of examples where Outreach clients had successfully been able to find jobs after receiving support from the provider's employment service.

The person using the service had been involved in interviewing staff who worked at the service. This input was valuable in helping to ensure staff and people were well matched. Staff had training in a range of subjects, including learning disabilities and autism. Training was regularly updated either by taught courses

from an internal training team or via an on-line system. This gave staff the right skills and knowledge to be able to meet people's assessed needs. Staff could request additional training at any time if they felt they needed to improve their skills.

When staff first joined the service, they received an induction that met the Care Certificate standards. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. Staff also had to successfully complete a number of work based competencies during a probation period, including receiving feedback from a person using the service. This helped to make sure staff delivered effective care and support.

After induction and probation had been completed, staff had regular spot checks, supervisions and appraisals. The registered manager told us they kept up to date with the latest professional practice by attending local and national learning disability provider forums and events. They used their knowledge to share information and help staff learning during supervisions and observations. Staff told us this support was beneficial and helped them to be confident they were meeting people's needs in the best way.

The Mental Capacity Act (MCA) 2005 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. We checked to see if the service was operating within the principles of the MCA and found that it was.

The person using the service told us they consented to all aspects of their care and were involved in regular reviews of their support. Staff received MCA training and understood the consent and decision-making requirements of this legislation. The person using the service's mental capacity to be able to make decisions about different activities was assessed. Where they were not able to make certain decisions, the person with authority to act in their best interests in this area was clearly identified. For example, it was recorded the person's father oversaw their financial affairs and the person had consented to this.

Staff regularly discussed people's wellbeing and helped them to quickly access healthcare services if necessary. The person using the service told us staff attended health appointments with them to explain the advice given, so they understood all the information about their health and treatment options. Staff completed forms with the reason and outcome of their health appointments. This helped monitor the person's health and ensured they had consistent support to maintain their health. People had a 'Care Passport' containing important information about their health, social and communication needs, to help them get effective healthcare support independently if needed.

The person using the service told us they had effective support with their eating and drinking needs and said they always had enough to eat. Staff helped them understand the importance of maintaining a balanced diet and the person then planned their menu independently using this advice. The provider's drop in service had kitchen facilities and ran workshops to help people develop cooking skills and promote the importance of healthy eating.

Is the service caring?

Our findings

The person using the service told us staff were, "Nice" and they thought they were caring. Their relative said that staff were kind and, "They help him and they talk to him ok".

The person using the service told us when they first joined the service, they had explained to staff about how they liked to be supported, their personal preferences and why this mattered to them. Staff had listened and could now support them in the way they liked. The person said, "They know me inside out now". The person's care plan contained sections detailing "Who I really Am" and "What is Important" which provided additional information to help staff to know and understand the person as an individual.

Staff told us they invested time in talking to people and reading about their likes and dislikes and personal backgrounds, and they knew and respected who people were as an individual. Staff told us this was important as it helped to build a trusting and productive professional relationship. Staff chatted with the person using the service about the results of their favourite football team, their regular social routine, their families and people they knew. The person responded well to this approach, and laughed and joked with staff whilst receiving their support.

The person using the service told us staff were compassionate and gave them emotional support when needed. They said, "I can talk to staff if I have had a bad day. If staff see that I am upset they encourage me to talk about what is wrong". Staff told us they always asked how people were and made sure they responded to any of their emotional needs, and had time to do this during shifts. Staff spoke with the person using the service in a relaxed and friendly manner, enquiring about their welfare and checking they were feeling ok during the course of their conversations.

The person using the service told us they felt involved in making decisions about their care. They said, "Staff ask me when they do things, I like to get involved". Staff told us they always encouraged the person's involvement, so they felt included and had control over their support. One staff said, "It's important to pass the power onto the person, ask them what they want or how they want things done, even if you think you know the answer". Staff asked questions and permission when supporting the person using the service. This allowed them to direct their support at their own pace and according to their own choices.

Staff understood of the importance of considering how to communicate in the most accessible way for people. Staff spoke with the person using the service in a way that suited them, using simple language and allowing them time to process information before they responded. The person using the service told us, "The staff communicate well with me, in a nice way".

The person using the service and their relative told us they felt staff respected their privacy and dignity. They could request support from a staff member of a particular gender with their personal care. Staff promoted people's dignity and treated them with respect at all times and told us this was discussed in their supervisions as being an important part of their role. Staff gave us examples of how they respected the

person's dignity when supporting them with personal care. They asked permission before performing tasks and allowed them time alone in the bathroom when they did not need direct support.

The person using the service told us they were encouraged to be as independent as possible when receiving support. They gave us an example of how they needed support to use the oven, but otherwise they did other aspects of their cooking themselves. They said staff always let them do as much as possible themselves in all areas of their support and told us, "They let me have a go and if I am struggling then they will step in". Staff told us they would only complete personal care tasks the person was not able to do and they "Never took for granted what the person wanted them to do, and if they don't want support then that is fine".

There was a confidentiality policy in place that followed the principles of the Data Protection Act. This explained why people's personal information was collected, what was done with it and who else could see it. Staff we spoke with understood their responsibilities to maintain people's confidentiality and could explain in what circumstances it was acceptable to share information about people. For example, if someone was thought to be at risk of harm. People signed a 'Permission to share' form that evidenced they had been made aware and agreed with the terms of the service confidentiality policy.

Is the service responsive?

Our findings

The person using the service said the service was responsive and their care was personalised to meet their needs. Their relative said, "They know his needs and they do help him".

The person using the service contributed to the planning of their care and support. They said, "I was involved in this, someone came to see me and wrote down what I said". The person's relative told us they had also been involved in providing information helping to plan their support. This helped to make sure the service knew about all of the person's strengths and levels of independence so they would be able to meet their needs.

The person's care plan contained detail about how they liked to be supported with their care routines. There were descriptions of how they liked to live their life, interests, future goals, learning, personal motivations, health, social activities and relationships. This information allowed staff to know the person as an individual and understand what was important for them to do when supporting them.

Staff told us as well as reading care plans, they also got to know people's history, background and likes and dislikes by talking to them and their family members. The person using the service told us they saw the same staff regularly and they knew them well. They said this helped them to receive consistent personalised care, as they felt new staff could take time to get used to their needs.

People's care was regularly reviewed. The person using the services' support hours had been increased and they had help to access and manage equipment when their mobility needs had changed. The person was pleased with the response and told us, "Staff got to grips with the changes quickly", so their quality of life had been affected as little as possible.

The service had an electronic system that stored people's care plans and staff could access these via electronic devices they carried with them to support visits. Staff could update care plans straight away if it was identified people's support needs changed following a review or a visit. This allowed staff to have the most up to date information about how best to meet people's needs.

The registered manager told us this system was not yet being used to its full advantage due to technical issues and staff needing more time to be comfortable using the system. However, once these issues had been overcome they planned to encourage people to use this technology to be more involved with the physical re-writing of care plans on a more regular basis. This would enable them to exercise greater control of the planning and delivery of their support.

The person using the service was encouraged and supported to develop and maintain relationships. Their care plan detailed important people in their lives and how often and where they liked to see them. They told us, "Staff always make sure I am going to my regular meetings with friends or my Dad and going to my evening activities. They check in to see if I am going". This helped the person avoid any risks of becoming

socially isolated.

People had support to follow their interests and take an active part in the wider community. The person had said they wanted to start going swimming recently and staff now supported them to do this once a week. The person was an active member of a local self-advocacy group for people with learning disabilities. The service had moved the person's support days in order to accommodate them starting work there one day a week doing administration tasks. This support and flexibility ensured the person was able to take part in meaningful social activities.

The service made sure information about care and support for people with a disability or sensory loss related communication need was available for people. The registered manager was aware of the importance of this, as outlined in the principles of the Accessible Information Standards (AIS). They told us they could provide information about their services in large print or 'Easy Read' formats if required. Staff told us they provided pictorial rotas, calendars and plans and read correspondence and other written materials to people, so they understood information about their support.

The person using the service told us they knew how to raise a complaint and felt confident to do so. They told us they could ring the office at any time and speak to one of the managers if they wanted to raise any concerns. This had not had to happen very often, but they said that when they had raised a complaint in the past they were happy with the response. Their relative told us, "It does change" if they had made a complaint.

There was a complaints policy in place and people using the service had access to this in 'Easy Read' format. The registered manager told us all complaints were formally acknowledged and there was an expected timeframe for responding. Complaints were reviewed by management and with staff at team meetings and, if necessary, partnership agencies such as the local authority so they could look how to improve their service. We saw an example of how a complaint had been acknowledged and resolved satisfactorily following this process.

Is the service well-led?

Our findings

The person using the service told us "I think the service is well managed" and that the manager was "Very pleasant". We found the service was well-led and management and governance of the service assured the delivery of quality person centred care and promoted a positive staff culture.

The provider had a clear vision of empowering people with a learning disability and strengthening their relationships with other people in their community. There was a core set of values that were expected to be the foundation for staff to base their practice, so they could achieve this vision. These values included, choice, dignity, competence and community presence and participation.

The registered manager had regular accountability and performance reviews which encouraged staff to always consider the organisation's values in how they approached their role. They then used their own team meetings, supervisions and appraisals to help embed these values in their staffs' practice. Staff said this helped them to understand how they were accountable for displaying the values in all aspects of their roles and responsibilities and made them feel motivated to do this.

There was a positive, supportive, and inclusive team culture. The registered manager told us they promoted an, "open door culture" and they thought the opinions of their staff were important. They recognised individual and team achievements to help staff feel valued and encouraged to carry out their roles to a high standard. They told us, "This is a busy role with a lot going on so it is important to take time to reflect with staff to capture best practice". There were regular nominations within the team and from managers for staff awards to reward good practice. Staff could receive a number of material prizes, some of which a managing director from the organisation would personally present.

Staff said the registered and deputy manager were capable and visible and felt this allowed them to contribute to developing the service. One staff said, "The team culture is good. There is no 'them and us'. I will speak up if I think things can improve and things will change". Another staff said, "We all support each other and all managers lead by example. There is respect for staff and they are open with us. I am not afraid to speak up if I've done anything 'wrong'".

There were regular staff meetings and minutes showed changes to working had been discussed and actions agreed in response to service delivery issues, to help drive improvement. There was a staff association and staff completed surveys which allowed them to formally suggest changes to improve performance at an organisational level. There was a whistleblowing policy in place that allowed staff to raise concerns confidentially at any time.

The service encouraged accessible and open communication with people who used the service. There was a monthly newsletter sent to people and staff. There was a website and the provider had social media profiles to share information with people and allow them to contact services this way. People were encouraged to regularly visit the Outreach office to talk with staff and managers face to face.

People's views and experiences were gathered and acted on to shape and improve the service and its culture. Surveys asking what the service did well and how it could improve were sent to people, their relatives and other stakeholders. An annual 'Developmental Review' of the service was carried out by the registered manager, who took this feedback into account to create an action plan, which senior management had an active role in overseeing the completion of.

The provider took steps to support staff well-being. For example, by promoting awareness of the importance of maintaining good health and providing information and resources for staff to achieve this. The service supported staff's emotional as well as physical health. One staff told us how the registered manager had been very empathetic and had arranged flexible compassionate support based around their emotional needs when they had been bereaved.

An equality and diversity policy was in place and the service was committed to supporting the equal rights of staff with protected characteristics under the Equality Act 2010. For example, by holding a regular working group to support staff with dyslexia and providing resources and equipment for the service to become a 'dyslexia friendly workplace'.

Information about service performance was received from a number of sources and uploaded onto an electronic quality assurance system. The system would then generate reports of any actions that were needed, and when they should be completed. If an action overran the specified timeframe, the system would flag this up as an urgent priority. Management then used these reports to monitor the quality and safety of the service and ensure actions and improvements were being completed on time.

There was an on-going service development plan that contained a number of key performance indicator questions (KPIs), which were based on legal and contractual requirements. The registered manager completed the KPI questions each month using information from the quality reports. This helped to measure how the service was performing against current compliance and best practice guidelines. The development plan was audited every three months by an internal quality team. These audits identified what was and wasn't working and areas to build on or improve. This helped to ensure the service was continuously improving.

Care homes and other health and social care services are required to notify the Care Quality Commission, (CQC), of important events that happen in the service. This enables us to check the action the service took and if necessary request additional information about the event itself. The service had not had cause to notify the CQC since it was registered. However, the registered manager was aware of their responsibilities and knew how to raise a notification if necessary.

The registered manager was aware of the Duty of Candour CQC regulation. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons'. They told us how they maintained honest and open communication with people, relatives and other stakeholders when important events had taken place in the lives of people using the service, such as a notifiable safety incident.

The registered manager had been proactive with notifying external agencies such as the local authority, Police and health and social care professionals to work with them in response to other important events in people's lives. This helped to agree and put in place actions that would improve people's support. For example, the service had worked with the care manager and occupational therapist team of the person using the service to install adaptations in their home following a change in the person's needs.

